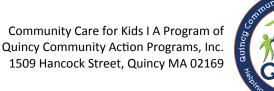


## **Voucher Provider Contact Information**

Please complete the following information.

Federal Tax ID #:		
Program Name as it appears on your EEC License:		
Mailing Address for Checks and Billing:		
Program Telephone Number:	Fax Number:	
riogram receptione ramber.	Tax Number.	
Name of Depart Agency		
Name of Parent Agency:		
Mailing Address for Parent Agency:		
Program Director's Name:		
Program Director's Telephone #:	Program Directors E-mail:	
Name of Person Responsible for Voucher Enrollment:		
Voucher Enrollment Person's Telephone #:	Voucher Enrollment Person's E-mail:	
Billing Person's Name:		
Billing Person's Telephone #:	Billing Person's E-mail:	





Executive Director's Name:		
Executive Director's Mailing Address:		
	T	
Executive Director's Telephone #:	Executive Director's E-mail:	
Location of care program name and address:		
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	_	
Is your organization: ☐ For Profit ☐ Not For Profit		
Does your parent company have a Basic Contract with EEC? ☐ Yes ☐ No		
If yes, in which EEC region(s)?		
Does your program provide transportation? ☐ Yes ☐ No		
***If yes, you must return a copy of your programs transportation policy.		
* "		
Does your program offer any discounted rates? ☐ Yes ☐ No		
If yes, which: ☐ sibling discount ☐ employee discount ☐ sliding scale based on income		
Other:		
Other.		
Note: Any discounts are also applied to voucher rates.		
Signature:	Date:	
Print Name of Signer:	Title of Signer:	
0 -		

<sup>\*\*\*</sup>Please note that it is your responsibility to report any changes to Community Care for Kids\*\*\*