

**Wisconsin Shares Participation Contract**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

This contract is for a two (2) year period, which may be renewed.

|  |  |
| --- | --- |
| Program Name      | Provider Number (if known)      |
| Location Number (if known)      | Facility Number (if known)      |
| Name – Director/Owner      |
| Name – Contact Person (If different from Director/Owner)      |
| Address – Child Care Program/Center (Street, City, State, Zip Code)      | County – Child Care Program/Center      |
| Telephone Number – Contact Person      | Cell Phone Number – Contact Person      |
| Email – Contact Person      |
| Number of Children Currently Enrolled    | Number of Classrooms (if applicable)    |
| Number of Children for Which Wisconsin Shares Reimbursement is Currently Received     |
| **As a recipient of Wisconsin Shares funding, I agree to the following:**I am aware of all the requirements and rules within the Wisconsin Shares program, and I will review and comply with policies laid out in Wisconsin Statutes 49.155 regarding Wisconsin Shares child care subsidy, (<http://docs.legis.wisconsin.gov/statutes/statutes/49/III/155>).I am willing to provide care for children participating in the Wisconsin Shares Child Care Subsidy Program. The Wisconsin Shares Child Care Subsidy Program provides monthly funds to parents utilizing the MyWIChildCare EBT (Electronic Benefits Transfer) card. I understand that in order to receive EBT payments my business will have to sign an agreement with DCF’s payments vendor, FIS, which includes my tax ID number and bank account information. I understand that it is a program rule violation:* To refund EBT payments, in whole or in part, to MyWIChildCare cardholders. Should a refund or adjustment be necessary, my program must contact the local or tribal agency that created the cardholder’s authorization.
* To provide cash, goods, and/or services (other than child care) to MyWIChildCare card holders in return for authorizing EBT payments to my program.
* To request that parents provide the Personal Identification Number (PIN) for their EBT account or leave their EBT card with my program or with any program staff member.
* For my program to initiate EBT transactions on behalf of a parent.

I agree to comply with all requirements spelled out in the Monthly Child Care Authorization Information notices, including: accurate completion of attendance on sign-in/sign-out forms, and retention of these forms within the program; notifying the local child care agency that a child receiving Wisconsin Shares funding is no longer attending my program immediately upon becoming aware of a change in attendance; and caring for no more children than regulation rules allow, regardless of whether these children are enrolled through private pay and/or subsidy.**Out of State providers only**: I agree to provide a valid copy of my state-verified child care license or certification to the Wisconsin Department of Children and Families (DCF). My eligibility to accept Wisconsin Shares funds will end at the time that my license or certification ends unless I provide updated, regulation renewal information to DCF. Should my license or certification end (either voluntarily or involuntarily) before the expiration date on the provided license or certification, I will notify DCF immediately. DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ IT OVER CAREFULLY, ARE CERTAIN YOU UNDERSTAND ALL OF ITS PROVISIONS, AND HAVE RECEIVED A COPY OF, OR ELECTRONIC ACCESS TO, ALL DOCUMENTS REFERENCED IN THIS CONTRACT.THIS CONTRACT IS LEGALLY BINDING. VIOLATION OF THIS CONTRACT MAY RESULT IN THE DEPARTMENT OF CHILDREN AND FAMILIES TERMINATING THE PROGRAM’S WISCONSIN SHARES AUTHORIZATIONS. |
| I,  |       | agree to follow all Wisconsin Shares Child Care |
| Subsidy Program requirements, as indicated in Wisconsin State Statutes 49.155 and Administrative Rules DCF 201. I have read and agree to follow the terms of this contract and policies as indicated in the *Wisconsin Shares Policy Manual* (<http://dcf.wisconsin.gov/manuals/wishares-cc-manual/>). As a representative of my program, I will ensure that attendance is accurately completed on sign-in/sign-out forms and retained within the program. |
|  |  |  |  |
|  | **SIGNATURE** – Authorized Representative for Program |  | Date Signed |
|  |  |  |
| ***\*\*Out of State providers only****: Please attach a copy of your current, state-verified child care license or certification with this contract\*\****Upon completion, please mail complete application to:**Wisconsin Department of Children and FamiliesAttn: Bureau of YoungStar201 West Washington AvenueP.O. Box 8916Madison, WI 53703-8916**Or send via fax to:**608.422.7156**Or email to:**youngstar@wisconsin.gov  |
| **For DCF Use Only** |
| Date Received | Initials | Complete? | Date Processed | Initials |
|  |  |  |  |  |