



## 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 MyWICildCare 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 MyWICildCare 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 MyWICildCare 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.

**In-home providers only:** I agree to comply with any and all fingerprint-based caregiver background check requirements as listed in s. 48.685(2)(br), Wis. Stats. All licensees, adults that reside at the child care address, volunteers counted in staff-to-child ratios, and all employees (18 years and older) required to have a caregiver background check will be required to complete the fingerprint-based checks.

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.

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**SIGNATURE** – Authorized Representative for Program

Date Signed

**Upon completion, please mail complete application to:**

Wisconsin Department of Children and Families  
Attn: YoungStar  
201 E Washington Ave  
E200  
Madison, WI 53708

**Or send via fax to:**

608.267.7252

**For DCF Use Only**

Date Received	Initials	Complete?	Date Processed	Initials