Rhode Island Department of Human Services

Office of Child Care – Child Care Assistance Program (CCAP)

25 Howard Avenue, Louis Pasteur Building #57, 1st Floor, Cranston, Rhode Island 02920

Parent-Provider Agreement

Provider Information

CCAP Provider ID	
CCAP Provider Name	

Child Information

Child Name		Date of Birth
Certificate Number	Enrollment Start Date	☐ CCAP for Child Care Pilot

1. Purpose of Form
This form shall be used jointly by the parent and the provider when enrolling a CCAP-eligible or potentially eligible child with a DHS-approved Child Care Assistance Program (CCAP) provider.

2. Form Completion
A separate form must be completed for each enrolled child. The form must be updated annually or if the child's attendance reflects a change in the enrolled hours category for more than four (4) consecutive weeks.

3. Provider Enrollment Obligation
The provider is responsible for enrolling the child in the CCAP Provider Portal using the below schedule, and no later than the child's first week of care. Portal enrollment is permitted up to the child's authorized hours. If the child attends beyond those authorized hours, the family is responsible for paying the additional cost.

4. Agreed-Upon Schedule of Care
The provider affirms that the child's attendance schedule, including days and times of care, has been mutually agreed upon with the parent. The provider agrees to deliver care in accordance with the schedule documented in this form.

5. Acceptance of DHS Payment
The provider agrees to accept payment from DHS, based on the authorization level issued to the family (full-time, three-quarter-time, half-time, or quarter-time), as payment in full for authorized services.

6. Family Copayment
The parent agrees to pay any required family copay in accordance with the rules and regulations of the Rhode Island Department of Human Services, as specified in the notice issued by the RI DHS Child Care Assistance Program.

7. Responsibility for Excess Hours
Both parties acknowledge and agree that any services provided beyond the authorized hours shall be the sole financial responsibility of the parent.

8. Execution and Recordkeeping
This form must be completed and signed by both the parent and the child care provider. Each party shall retain a copy for their records.

Agreed Hours of Care

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time A							
End Time A							
Start Time B							
End Time B							

*Use *Start Time B* and *End Time B* when the child attends before- and after-school care, or when the child leaves and returns at any point during the day.

Parent Printed Name _____

Parent Signature _____ Date _____

Provider Printed Name _____

Provider Signature _____ Date _____