



# Rhode Island Department of Human Services

## Office of Child Care

### License Exempt/Relative Provider Application

Thank you for your interest in becoming a license exempt Child Care Provider with the Department of Human Services. This application includes all required information to become CCAP-approved to serve as a license exempt child care provider. Please refer to the instructions, below, to ensure you complete all necessary sections.

This CCAP License Exempt application has two parts:

- **Part 1: Core Questions**
- **Part 2: CCAP Provider Agreement**

**Please complete the following application and submit it with all required documentation and fees to:**

Rhode Island Department of Human Services  
Office of Child Care, Third Floor  
25 Howard Avenue, Building 57  
Cranston, RI 02920

For any questions or inquiries, please contact: [DHS.ChildCare@dhs.ri.gov](mailto:DHS.ChildCare@dhs.ri.gov)

#### Fees

The following individuals **must each pay a ten-dollar fee (\$10.00)** for each Department (DCYF) Clearance request:

- Providers
- Emergency assistants
- Household members age 18 and older

#### Fingerprinting and Background Check Fees

**All applicants and providers, including household members eighteen years or older and all associated assistants must have comprehensive background checks every five years.** All are encouraged to go to the Rhode Island Attorney General's office to be fingerprinted. The Attorney General's office is located in the Pastore Center at 4 Howard Avenue in Cranston. **Payment for fingerprint background checks is \$40.00 per person and can be made by credit card, debit card, check or money order.** For questions, please call the Attorney General's office at 401-274-4400.

**Renewals only – this information can be found in the CCAP portal**

**My DHS CCAP Provider ID \_\_\_\_\_**

**Note:** This form must be completed in ink and legible print to process your application.

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**Background:**

The Child Care Assistance Program (CCAP) is a voluntary program where license exempt providers may receive subsidy payments for providing care to **relative** children who are enrolled in the CCAP program. License exempt providers must be a relative to the child receiving CCAP who is enrolled in their care and are not authorized to serve more than six (6) related children. If the license exempt provider is caring for their own children under six (6) years of age, this would be included in the maximum number of allowable children in care. To receive payment for CCAP eligible children, the provider must verify the relationship to all children in care by submitting birth certificates and marriage licenses as needed. Acceptable degrees of relationship in CCAP are limited to grandparents, great-grandparents, aunts, uncles, great-aunts, great-uncles and adult siblings.

**DHS Approved License Exempt Providers are Required to:**

- Be a current Rhode Island resident;
- Be twenty-one (21) years old or older;
- Have a working phone;
- Have a valid email address;
- Live in a different household from the child for which you receive CCAP payments;
- Prove that you have a stable residence. You cannot be a boarder in someone's household; and
- Report all individuals living in your household. Individuals eighteen years or older, must also pass the clearances below:
  - Department of Children, Youth and Families (DCYF) Child Protective Services (CPS) clearance, and
  - Comprehensive background check from the Attorney General's Office.
- Have a valid certificate number for the child(ren) you will be caring for.

## License Exempt Application Overview

Required for license exempt providers applying to become a **NEW** CCAP provider or **RENEW** their current CCAP Certification.

If any of the following required documents are missing from the application, a decision on your application to become a new CCAP Provider or renew your CCAP Provider Certification will be delayed.

A complete CCAP application consists of the following documents:

- CCAP License Exempt Application**
  - **Part 1**—Core Questions (needs to be signed and dated)
  - **Part 2**—CCAP provider agreement needs to be signed, dated and notarized
- W-9**- Needs to be filled out, signed, and dated

Applicants must also submit copies of the following:

- Photo ID
- Social Security card
- Birth Certificate, Passport or Naturalization Certificate (for US citizens)
- Proof of legal immigration status (for non-US citizens)
- Copy of current utility bill (gas or electric, or lease stating utilities are included) with applicants' name and address on it.
- Copy of current phone bill with applicants' name, current address and phone number printed on it.
- Health & Safety Certificate documenting successful completion of the required, online trainings offered by the Center for Early Learning Professionals (CELP.)
- DCYF Clearance Fees (for the applicant provider and all household members 18 years of age or older)
- Background Check Results (for the applicant provider and all household members 18 years of age or older)

**Note:** If your application is approved, new providers will receive an approval letter and instructions to attend a mandatory training class. Please allow thirty (30) days for the Office of Child Care to process your CCAP application.

## Part 1: Core Questions

*Required for ALL applicants:  
New or Renewal CCAP Provider Certification*

Section 1: Applicant Information			
First Name:		Last Name:	Middle Initial:
Maiden Name:		Date of Birth:	Social Security Number:
			If applicable, FEIN:
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Are you a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			If no, Legal Residency #:
Primary Phone*:		Secondary Phone:	
<b>*YOU MUST HAVE A WORKING TELEPHONE TO BE APPROVED</b> <i>MUST include a copy of the phone bill with the NAME of a household member, the residence ADDRESS &amp; the PHONE NUMBER printed on the bill</i>			
Email:			
Primary Language:		Secondary Language:	
<b>Physical Address</b>			
Number & Street:		City/Town:	
State:	Zip Code:	Phone Number:	
<b>Mailing Address</b> <i>*If different than the above address</i>			
Person of Contact for Mailing Address:			
Number & Street:		City/Town:	
State:	Zip Code:	Phone Number:	

Section 2: Core Questions	
Do you have a High School Diploma or GED Equivalency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been an approved license exempt provider with DHS in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when:	

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**Section 2: Core Questions**

Please list each child you will be caring for, their date of birth, and relationship to you.  
Please note: relative status will need to be verified by the Office of Child Care by either birth certificate and/or marriage certificate.

Child's Name	Child's Date of Birth	Relationship to Provider	CCAP Certificate Number

Have you been known for/treated for alcohol or drug abuse?  Yes  No

Please provide all your addresses in the past five (5) years:

Number & Street	City/Town	State	Zip Code	Dates of Residence
				to
				to
				to
				to
				to
				to

**Section 3: Household Members**

You must list **EVERYONE** that lives in your home (spouse, friends, children, other relatives, etc.)

**Spouse/Partner Information**

Last Name	First Name	Date of Birth			Sex	
		MM	DD	Year	M	F
					<input type="checkbox"/>	<input type="checkbox"/>
Middle Name	Maiden Name/Other	Social Security Number			<input type="checkbox"/>	<input type="checkbox"/>
		-	-			

**Child Information** (Please list all children, regardless of age, who are living in your household)

Last Name	First Name	Middle Name	Date of Birth			Sex	
			MM	DD	Year	M	F
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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**Section 3: Household Members**

Additional Household Members								
Last Name Maiden/Other	First Name	Middle Name	Date of Birth			Sex		Relation to Applicant
			MM	DD	Year	M	F	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

**Section 4: Children in your Care**

	Yes	No						
Are you providing child care to children not enrolled in CCAP?	<input type="checkbox"/>	<input type="checkbox"/>						
If yes, are any of these children related to you?	<input type="checkbox"/>	<input type="checkbox"/>						
If you answered yes to the question above, please list each child you provide child care for and their relationship to you.								
Last Name	First Name	Middle Name	Date of Birth			Sex		Relation to Applicant
			MM	DD	Year	M	F	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

**Section 5: Additional Household Member Information**

Health and Wellbeing of Household Members		
<i>Are you and ALL members of your household:</i>		
	Yes	No
In good physical health?	<input type="checkbox"/>	<input type="checkbox"/>
In good mental health?	<input type="checkbox"/>	<input type="checkbox"/>
Free of communicable disease(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Household Member Information		
<i>Have you and/or ANY members of your household:</i>		
	Yes	No
Had any previous DCYF involvement, including juvenile probation?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide explanation:		
Ever been arrested, or charged by the police or have been arraigned, indicted or convicted of any offense?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide explanation:		

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Section 1: General Information	
<b>Child Care Provider Name</b>	<b>DHS CCAP Provider ID <i>(If Applicable)</i></b>
<b>Instead of issuing your reimbursement checks in your social security number you provided on page 1 of this application, do you prefer that we use your business FEIN number?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, FEIN #:</b> _____

Section 2: Terms and Condition of Payment
ALL APPLICANTS: PLEASE READ CAREFULLY BEFORE SIGNING
<p>I agree to accept payment based upon the Department of Human Services authorization for a full week, as well as a three-quarter week, half week, or quarter week rate, as payment in full and understand that any services I provide in excess of authorized hours shall be the responsibility of the parent.</p> <p>I agree to enroll all CCAP assisted children using the Provider Portal upon receipt of a CCAP Certificate Number and a signed Parent/Provider Enrollment Agreement.</p> <p>The Department will reimburse for child care services provided to CCAP eligible children according to the time authorization for each individual child in accordance with the reimbursement rate established by law for your particular child care provider type. Additionally, I agree to maintain written attendance records on a weekly basis for all DHS children for a period of at least three years and make them available upon request by DHS or their designee.</p> <p>I agree to provide child care in a non-discriminatory manner and in accordance with state and federal regulations.</p> <p>I hereby certify that all the information that I have provided is true to the best of my knowledge. I also agree to notify the Office of Child Care with any changes to the information in this application within ten (10) business days by calling 401-462-6877 or by email <a href="mailto:DHS.ChildCare@dhs.ri.gov">DHS.ChildCare@dhs.ri.gov</a>.</p> <p>I understand the penalty of withholding information or giving false information. I hereby certify that all the information that I have provided is accurate to the best of my knowledge.</p> <p><i>I understand that I <u>will NOT</u> be reimbursed by DHS for child care rendered to any child living in my household.</i></p>

<b>Signature of Applicant</b>	<b>Date</b>
<b>Print Name</b>	<b>Position/Title</b>
<b>Witness Print Name</b>	<b>Date</b>
<b>Witness Signature</b>	

**CCAP Provider Agreement**  
Licensed Exempt Provider

Agreement with \_\_\_\_\_  
(Provider Name)

an approved Licensed Exempt Provider located at  
\_\_\_\_\_  
\_\_\_\_\_  
(Program Address)

and is entered into by both parties for the purposes established in Rhode Island Code of Rules, Title 218 – Department of Human Services, Chapter 20 – Individual and Family Support Programs, Part 4 Child Care Assistance Program (218-RICR-20-00-4), pertaining to the Child Care Assistance Program (hereinafter CCAP).

I, \_\_\_\_\_ (hereinafter Provider), understand that as a CCAP  
Applicant Name

approved Provider, I must comply with the terms and conditions set forth in this Agreement in order to receive payment from DHS for any authorized child care services I render under the review of the CCAP. I understand that failure on my part to comply with these terms and conditions shall result in termination of this Agreement and the withdrawal of my CCAP approved Provider status.

Therefore, as a condition of maintaining CCAP approved Provider status:

1. I agree to comply with all State and Federal laws, rules and regulations governing the CCAP. I have received a copy of the DHS rules pertaining to the CCAP and understand that I am responsible for meeting the applicable requirements set forth therein.
2. I agree to meet any requirements or standards established in Federal or State law, rules or regulations applicable to the setting in which I render child care that are necessary to retain either:
  - A. State Licensed Child Care Provider  
I agree to notify the Office of Child Care about any adverse action initiated against my State-issued child care provider license within ten (10) days from the date I receive written notice that any such action is or will be taken.
  - B. License Exempt Child Care Provider (relative care)  
I agree to notify the Office of Child Care of any persons moving into my household within ten (10) days of the date the change in the composition of my household occurs.
3. I agree to provide age appropriate and safe child care that takes into account the diverse needs of the children in my care.
4. I agree to accept, as full payment, the rate paid by the CCAP for the periods of CCAP authorized child care (as determined by DHS) that I provide to an eligible child who is enrolled for services in my care. I understand fully that in setting the payment rate for services I provide to children eligible for the CCAP, DHS is bound by the requirements established in State law and that any changes in the payment rate made by DHS must be authorized by State law accordingly, if applicable.



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5. I agree to offer child care services in accordance with the requirements of Title VI of the Civil Rights Act of 1964 (42 usc 2000d et seq.); Section 504 of the Rehabilitation act of 1973, as amended (29 usc 794 et seq.); Title IX of the Education Amendments of 1972 (20 usc 1681 et seq.); the United States Department of Health and Human Services regulations found in 45 CFR parts 80 and 84; and the United States Department of Education implementing regulations (34 CFR, parts 104 and 106), which prohibit discrimination on the basis of race, color, national origin, handicap, or sex, in acceptance for or provision of services, employment, or treatment in educational or other programs or activities incorporated herein by reference and made part of this agreement.
  - I agree to comply with all other provisions of applicable laws, including the Americans with Disabilities Act of 1990; the Governor's Executive Order no. 96-14, which prohibits discrimination on the basis of race, sex, age, national origin, sexual orientation, or disability; and the governor's Executive Order no. 95-11 relating to sexual harassment.
  - I certify to the best of my knowledge and belief, I am not presently or within the last three years been debarred, suspended, proposed for debarment, declared ineligible, defaulted, been terminated from any transaction covered by any federal department or agency, if applicable.
6. I agree to maintain a smoke free environment when providing CCAP authorized child care services.
7. I agree to ensure that parents have unrestricted access to their children while in my care.
8. I agree to give the parent/guardian of a CCAP eligible child who is enrolled for services in my care, a minimum of a seven (7) day advance notice before terminating child care services unless such termination is for reasons that would place the CCAP eligible child, other children, or my staff at risk of immediate harm.
9. I agree to maintain daily attendance records for any CCAP eligible children enrolled for services in my care. I understand that I must retain these daily attendance records, in readable form, for a period of three (3) years and, upon request, make them available for inspection to DHS and/or its designee.
10. I agree to retain a **signed DHS Parent/Provider Enrollment Agreement** for each CCAP eligible child in my care in the same location as the child's attendance record. I understand I must also provide a copy of the Enrollment Agreement to the child's parent. I understand further that any changes in a CCAP eligible child's enrollment requires that I complete and retain an additional Enrollment Agreement as part of the child's record.
  - I shall ensure that any change in enrollment will be made only with the consent and knowledge of the CCAP eligible child's parent.
  - I shall also safeguard and restrict the use of any access code issued to me by DHS in order to enroll CCAP eligible children.
11. I agree to provide a refund to the parent of a CCAP eligible child for any payments made by the parent to me for any authorized services that I, at a later date, received payment for from DHS. I understand that I must make a refund to the parent upon receipt of the payment from DHS. I understand, further, that I am prohibited from applying any such refund to co-payments the parent may owe me for CCAP authorized child care services I render at a later date, unless expressly requested in writing by the parent due the refund.
12. I agree to request payment from DHS in accordance with the CCAP Established Schedule of Maximum Weekly Rates in effect at the time my request is made.
  - In making such requests, I shall submit attendance reports and documentation biweekly in a form acceptable to DHS. I understand fully that DHS will only make payment for CCAP authorized services provided timely (within the batch period.)

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- I understand further, that if DHS makes a payment to me that is over the allowable rate or amount, whether due to any error on my part or that of DHS, or an omission, misrepresentation or fraud, I must promptly make a refund to DHS, upon request, and in the amount of the overpayment. I am aware that DHS, at its option, may off-set the amount of the overpayment against any future requests for CCAP payment I may make.

**ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY**

I have read R. I. Gen. Laws §§ 40-5.2-26 and 40-6-12, both of which are entitled "Records as to Assistance". I am fully aware of the provisions of these statutes, including the provision by which a violation of either statute is made a misdemeanor punishable by a fine of not more than two hundred dollars (\$200.00), Imprisonment for not more than six (6) months, or both.

I agree to comply with all the provisions of R. I. Gen. Laws §§ 40-5.2-26 and 40-6-12. I am aware that all records pertaining to the administration of public assistance constitute confidential matter, and I am aware that it is unlawful for me to make use of, or cause to be used, any information in said records for purposes not directly connected with the administration of public assistance.

Furthermore, I am aware that general information not identified with any particular individual, such as total program expenditures, total numbers of recipients, other statistical information, and social data which may be contained in studies, reports, or surveys, does not fall within the class of material to be safeguarded as confidential.

I acknowledge that should individual case records become necessary for illustrative purposes, I will effectively disguise the identity of the client(s), his or her family and his or her situation(s). Any records containing individual client information shall not leave the DHS premises. I also acknowledge that the term "records" includes original documents, photocopies, computer databases and any other form of reproduction.

Wherefore, I acknowledge the provisions of R. I. Gen. Laws §§ 40-5.2-26 and 40-6-12 and pledge to be bound by its provisions.

I understand that any amendments or revisions to this Agreement must be made in writing and signed by both parties. Failure on my part to meet the terms and conditions established herein shall result in termination of this Agreement, withdrawal of CCAP Approved Provider status, denial of access to the CCAP automated enrollment system, and denial of any request for payment I may make to DHS subsequent to the date the Agreement is severed.

I acknowledge and accept that any information or consent I provided to DHS in the Provider Information Application shall be considered part of this Agreement once I have affixed my signature below.

Accordingly, I hereby certify that the information provided in support of my Provider Application is truthful and accurate. I understand fully that any falsification, concealment, or misrepresentation of fact will be cause for termination of this Agreement and possible prosecution under Federal and State laws.

I understand further that any purposeful misstatement or omission of a fact in the application or enrollment process may result in criminal prosecution. I acknowledge that this is being signed under the pains and penalties of perjury and understand that DHS will grant me CCAP Approved Provider status based on the information I have presented.

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\_\_\_\_\_  
**Provider's Signature** **Date**

\_\_\_\_\_  
**Print Provider's Name**

State of Rhode Island, County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_  
Date Month Year

before me personally appeared \_\_\_\_\_  
Provider Name

being personally known to me or proved through satisfactory evidence of identification to be the person who signed the proceeding document.

Notary Stamp (below):

\_\_\_\_\_  
Notary Public (Print)

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Commission ID# Commission Expiration

***Please keep a copy of this agreement for your records.***





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Form W-9 (Rev. 10-2018)

Page 2

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

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**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

**Specific Instructions**

**Line 1**

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947



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The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

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**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(f)(E))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(f)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.



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The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

### **Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**ATTENTION:**

**You have now completed all three sections of this Application.**

The following pages include additional resources related to this Application.



In the pages that follow, you will find the following resources for you to keep with your records.

- Directions on how to access the required License Exempt Health and Safety Training
- License Exempt Weekly Rates
- Time Authorized and Enrolled
- Child Age Categories
- RI Works Program Regulations
- Public Assistance Act

For more information, please visit:

<http://www.dhs.ri.gov/>

Thank you for your interest in serving RI children and families.



## Health and Safety Training Requirement for CCAP License Exempt Providers

Effective April 2021, the Rhode Island Department of Human Services (DHS) requires all aspiring License Exempt Child Care Providers to complete the Rhode Island 18-hour approved **Health and Safety Pre-Service Training Certificate** as a condition of approval as a License Exempt Provider. The 16 self-paced video trainings are available in English and Spanish and must be completed before an application can be approved. A certificate will be provided when all 16 trainings have been completed and should be submitted along with the Provider's Application documentation.

Providers can access the free on-line training videos through the Center for Early Learning Professionals at: <https://center-elp.org/>

Please call or email the Center for Early Learning Professionals (CELP) if you have any difficulty accessing the on-line trainings: 401-736-9020  
[info@center-elp.org](mailto:info@center-elp.org)

Please call or email the DHS Office of Child Care if you have any questions about the Health and Safety training requirement: 401-462-6877 or  
[DHS.ChildCare@dhs.ri.gov](mailto:DHS.ChildCare@dhs.ri.gov)

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**DHS Child Care Assistance Program (CCAP)  
Effective January 1, 2020**

**Licensed Exempt Child Care Weekly Rates**

Time Authorized & Enrolled	Full Time			
Step Rating → Child's Age Category ↓	1	2	3	4
Infant/Toddler	\$ 100.96	\$ 101.95	\$ 102.94	\$ 103.96
Preschool	\$ 59.91	\$ 60.49	\$ 61.09	\$ 61.68
School Age	\$ 58.80	\$ 59.38	\$ 59.97	\$ 60.53

Time Authorized & Enrolled	Three Quarter Time			
Step Rating → Child's Age Category ↓	1	2	3	4
Infant/Toddler	\$ 75.72	\$ 76.46	\$ 77.21	\$ 77.96
Preschool	\$ 44.93	\$ 45.37	\$ 45.83	\$ 46.26
School Age	\$ 44.10	\$ 44.53	\$ 44.97	\$ 45.40

Time Authorized & Enrolled	Half Time			
Step Rating → Child's Age Category ↓	1	2	3	4
Infant/Toddler	\$ 50.48	\$ 50.98	\$ 51.48	\$ 51.98
Preschool	\$ 29.95	\$ 30.26	\$ 30.54	\$ 30.84
School Age	\$ 29.40	\$ 29.69	\$ 29.98	\$ 30.28

Time Authorized & Enrolled	Quarter Time			
Step Rating → Child's Age Category ↓	1	2	3	4
Infant/Toddler	\$ 25.24	\$ 25.49	\$ 25.74	\$ 25.98
Preschool	\$ 14.71	\$ 15.11	\$ 15.28	\$ 15.42
School Age	\$ 14.70	\$ 14.85	\$ 14.99	\$ 15.13

**Time Authorized & Enrolled:**

- Full Time: 30 hours or more per week
- Three Quarter Time: 20-29 hours per week
- Half Time: 10-19 hours per week
- Quarter Time: 0-9 hours per week

**Child's Age Category:**

- Infant/Toddler: 1 week up to 3 years of age
- Preschool: 3 years up to 1st grade entry (includes ALL Kindergarten children)
- School Age: 1st grade up to 13 years of age

## TITLE 40

### Human services

#### CHAPTER 40-5.2

#### The Rhode Island Works Program

#### SECTION 40-5.2-26

**§ 40-5.2-26 Records as to assistance.** – (a) All records pertaining to the administration of public assistance pursuant to this chapter and chapter 8 of this title are hereby declared to constitute a confidential matter.

(b) In furtherance thereof:

(1) It shall be unlawful for any person to make use of, or cause to be used, any information contained in records for purposes not directly connected with administration thereof, except with the consent of the individual concerned.

(2) The director of the department shall have the power to establish rules and regulations governing the custody, use, and preservation of the records, papers, files and communications dealing with the administration of public assistance. The rules and regulations shall have the same force and effect as law.

(3) The records shall be produced in response to subpoena duces tecum properly issued by any federal or state court; provided, however, that the purpose for which the subpoena is sought is directly connected with the administration of public assistance. No subpoena shall be issued by a court asking either for the records, or for persons having custody or access to the records, unless the litigation involved in such matters is directly connected with the administration of public assistance.

(4) Any person who by law is entitled to a list of individuals receiving any of the assistance as provided in this chapter shall not publish or cause to be published the list except by the express consent of the director of the department, or to make use of thereof for purposes not directly connected with the administration thereof.

(5) Any person violating any of the provisions of this section, or the lawful rules and regulations made hereunder, shall be guilty of a misdemeanor and shall be fined not more than two hundred dollars (\$200), or shall be imprisoned for not more than six (6) months, or both.

(6) Nothing in this section shall be deemed to prohibit the director of the department or his or her agents duly authorized for that purpose, from issuing any statistical material data, or publishing or causing the data to be published whenever he or she shall deem it to be in the public interest.

(7) The director of the department may inquire into the records of any state department or agency in the course of his or her administration of public assistance.

History of Section.

(P.L. 2008, ch. 100, art. 16, § 1.)

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**

**TITLE 40**  
**Human services**  
**CHAPTER 40-6**  
**Public Assistance Act**  
**SECTION 40-6-12**

**§ 40-6-12 Records as to assistance.** – (a) All records pertaining to the administration of public assistance pursuant to this chapter and chapter 8 of this title are hereby declared to constitute confidential matter. It shall be unlawful for any person to make use of, or cause to be used, any information contained in records for purposes not directly connected with the administration thereof, except with the consent of the individual concerned.

(b) The director of the department shall have the power to establish rules and regulations governing the custody, use, and preservation of the records, papers, files, and communications dealing with the administration of public assistance. The rules and regulations shall have the same force and effect as law. The records shall be produced in response to subpoena duces tecum properly issued by any federal or state court; provided, however, that the purpose for which the subpoena is sought is directly connected with the administration of public assistance. No subpoena shall be issued by a court asking either for the records, or for persons having custody or access to the records, unless the litigation involved in such matters is directly connected with the administration of public assistance.

(c) Any person who by law is entitled to a list of individuals receiving any of the assistance as provided in this section, shall not publish or cause to be published the list except by the express consent of the director of the department, or to make use thereof for purposes not directly connected with the administration thereof. Any person violating any of the provisions of this section, or the lawful rules and regulations made pursuant to this section, shall be guilty of a misdemeanor, and shall be fined not more than two hundred dollars (\$200) or shall be imprisoned for not more than six (6) months, or both.

(d) Nothing in this section shall be deemed to prohibit the director of the department, or his or her agents duly authorized for that purpose, from issuing any statistical material or data, or publishing or causing the data to be published whenever he or she shall deem it to be in the public interest. The director of the department may inquire into the records of any state department or agency in the course of his or her administration of public assistance.

History of Section.

(P.L. 1987, ch. 118, art. 13, § 2; P.L. 1997, ch. 326, § 127; P.L. 2006, ch. 216, § 17.)

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**