

# SUPPORT TEAM MEMBER CHILDCARE PROVIDER

**APPLICANT'S NAME** \_\_\_\_\_

## PROVIDER'S NAMES

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

1. The intention of having childcare providers is for them to provide regular breaks for your foster/ adoptive family and to provide emergency care when needed.
2. As foster/adoptive parents, please check with your agency to understand their requirements for childcare providers for placed children.