

**CHECKLIST**  
**In-Home Provider Initial Application**

Provider's Name

Provider Number

Care is provided in child(ren)'s home  Yes  No

Care is provided for 6 or fewer children in a private residence or facility  Yes  No  
Provider is a Family Child Care Provider. Provider must submit a Family Care Provider Packet.

No Proceed with checklist.

**PART 1:**

YOUR CCAP APPLICATION MUST BE ENTERED INTO THE CAFÉ ONLINE SYSTEM located on our website [www.louisianabelieves.com](http://www.louisianabelieves.com). Click on the heading, Early Childhood, CCAP Provider Certification, then "**Become a CCAP Provider**".

The online application includes entries for your registration form, provider agreement, provider rate agreement, W-9 tax information and direct deposit information.

**PART 2:**

The following required information must be submitted within the 30 day application processing period. Items may be uploaded via CAFÉ, faxed to us at 225-342-4180 or mailed to the following address: CCAP Provider Certification, P. O. Box 2510, Baton Rouge, LA 70821:

Copy of a current Fire Marshal Inspection Report.

Verification of identity (must be a government issued pictured ID such as a driver's license)

Social Security Card (copy)

Residence Verification (Verification of physical address. Provider cannot live in child's home)

Age Verification

Current Infant, Child and Adult CPR Verification

Expires On: \_\_\_\_\_

If verification is not provided, indicate reason:

Class taken but card not yet received.

Class is scheduled. Date of class: \_\_\_\_\_

Other: \_\_\_\_\_

Current verification of Pediatric First Aid Training

Expires On: \_\_\_\_\_

If verification is not provided, indicate reason:

Class taken but card not yet received.

Class is scheduled. Date of class: \_\_\_\_\_

Other: \_\_\_\_\_

A CCAP 16E, Criminal Background Check Authorization form completed for **each** of the following: the provider, any adult living at the location where care is provided, any adult employed at, or any adult employed on the property where care is being provided (this does not include the parents/ caregivers).  
NOTE: Complete two (2) sets for each person, one to submit with your CCAP application and one set to keep until Provider Certification staff notifies you to go to your local Sheriff's office to obtain the Live Scan.

Verification of checking or savings account.

Verification of rates charged (notice to parents such as newsletter, bulletin, memo, etc.)