



## Relative Exempt Request Form for Child Care Subsidy License Exempt & In-Home Provider

Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Recent federal changes made with the reauthorization of the Child Care and Development Block Grant Act requires providers who care for children receiving Subsidy to complete specific health and safety trainings, keep records for the children they provide care for, and complete an Emergency Preparedness plan.

License Exempt and In-Home Child Care Providers who solely care for children related to them are excluded from these requirements. Relatives are defined only as grandparents, great-grandparents, siblings, aunts, and uncles. Step-persons bearing these relationships are included.

Please complete and return this Relative Exemption Form, if you are a License Exempt or In-Home Child Care Provider, caring only for a relative child or children and meet the relative definition of grandparents, great-grandparents, siblings, aunts, and uncles. This exclusion is provided only if there are no other unrelated children who are cared for in the same setting.

If you meet the relative exemption, you will still receive an annual inspection at the time of your Subsidy Agreement renewal.

Please complete the below information for each child you are authorized to provide care for:

Name of child in care:	Describe relationship to child:
1.	
2.	
3.	
4.	
5.	
6.	

**This form must be received by 08/31/2019. Failure to submit this information will result in closure of your Child Care Subsidy Agreement. Verifications of relationship to children in care may be requested upon Department's review.**

Send form to Child Care Subsidy, PO Box 95026, Lincoln, NE 68509 or email at [dhhs.ccsubsidy@nebraska.gov](mailto:dhhs.ccsubsidy@nebraska.gov) to:

Provider Signature: \_\_\_\_\_

Provider signature above attests this information is true and accurate.