



**Florida Family Child Care Home Association, Inc.
CO-PROVIDER VERIFICATION**

FFCCHA
9207 Edgemont Lane
Boca Raton, FL 33434
Membership@familychildcare.org

Provider Name: _____

Name of FCC Home on License/Registration: _____

Check One: Registered Licensed Large Licensed

License/Registration Number: _____ Expiration Date: _____

County: _____ Area # _____

Address: _____

City/State/Zip: _____

Home Phone# _____ Cell Phone # _____

This form is to verify that name below is my Co-provider as defined by FFCCHA, Inc.

A co-provider is any person works a minimum of forty (40) hours per month with a family child care provider. The co-provider meets the state standards for the 30-hour family child care home training and the 5-hour Literacy Module.

Co-provider members may have opportunities to apply for training and conference registration scholarships when funding is available.

This form must be completed, signed and submitted with the Co-Provider membership application.

Provider's Signature

Date

Co-Provider's Signature

Date