

CLIENT CONNECTION CARD

Please complete this form in black or blue ink. Have your provider sign this card and return it. Control Center staff will then notify you and your provider in writing of the start date, fee amount and the provider's billing rate.

Provider Selected:		Provider FEIN/SSN:	
Parent's Name: (First and Last)		Parent's SSN:	
Child's Name (First and Last) List only the child(ren) that have been approved for SC Voucher Program services.	Type of Care Needed (Circle One)		Requested Start Date (Note: This date may not coincide with the approved transfer date.)
	Full-Time	Half-Time	Both
	Full-Time	Half-Time	Both
	Full-Time	Half-Time	Both
	Full-Time	Half-Time	Both
	Full-Time	Half-Time	Both
	Full-Time	Half-Time	Both
	Full-Time	Half-Time	Both
If any of the children attend school, what school district do they attend? (County and district number)			
Parent's Signature:	Date Signed:	Parent's Phone Number: ()	
Provider's Signature:	Date Signed:	Provider's Phone Number: ()	

FOLD HERE

- Has enough adults to care for all children.
- Allows you to visit at any time and communicates with you regularly.
- Provides a clean and safe environment.
- Provides a variety of age appropriate activities and materials.
- Provides a schedule that allows for nap, and both inside and outside activities.
- Positive interaction between adults and children.
- Listens and is responsive to your needs/concerns.
- Uses positive discipline.
- Child is happy and enjoys going there daily.

DO NOT STAPLE