



# How to Register as a State Licensed Provider

Child Care Assistance Provider

## Before getting started:



Be prepared to fully finish the registration process as the system will not save your place. This should take about 10 minutes.



If a W9 is not already on file, you will be prompted to upload one.

- Go to <https://dhsprovider.dhs.nd.gov/>
- Under CCAP Providers, click "Sign In."

**Self-Service Portal (SSP) for Providers and Vendors**  
Welcome to the Department of Human Services Online Self-Service Portal

Register as a Child Care Assistance Program (CCAP) provider, a Low Income Home Energy Assistance Program (LIHEAP) Vendor, or register for an HPE provider account and submit HPE applications.

**CCAP Providers**  
View provider information about CCAP [here](#).  
For provider licensing information click [here](#).  
**Sign In**

**LIHEAP Vendor**  
Find information on becoming a LIHEAP Vendor [here](#).  
**Sign In**

**Hospital Presumptive Eligibility**  
Refer to the HPE Desk Reference Manual provided at training.  
**Sign In**

**For Client Portal** [click here](#)

**Need Assistance?** **Call Us (800) 472-2622**

DISCLAIMER | [PRIVACY POLICY](#) | [ACCESSIBILITY](#) | [REQUEST FOR APPEAL / HEARING](#) | [APPLICATION FOR ASSISTANCE GUIDEBOOK](#) | [HEALTHCARE.GOV](#) | [REPORT FRAUD](#) | [CHILD CARE AWARE](#)

600 East Boulevard Ave. Dept. 325 Bismarck, ND 58505-0250  
Phone: (701) 328-2310  
Toll Free: (800) 472-2622  
ND Relay TTY: (800) 472-2622  
Fax: (701) 328-2359

dhseo@nd.gov

- Enter the login credentials for your North Dakota login account and click "Sign In."

North Dakota [nd.gov](http://nd.gov) Official Portal for  
North Dakota State Government

North Dakota  
*login*

**Sign in**

Don't have a North Dakota Login?  
[Create an account.](#)

User ID

[Forgot user ID?](#)

Password

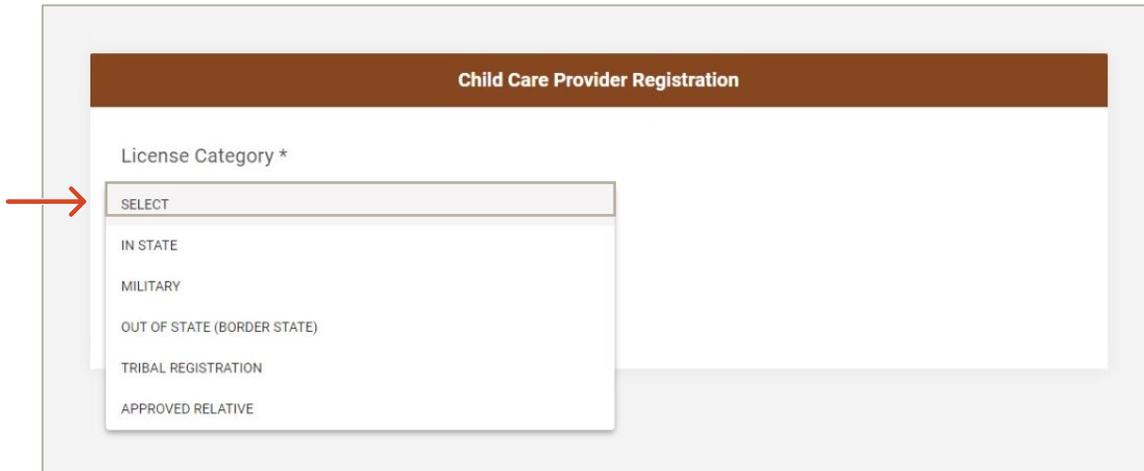
[Forgot password?](#)

Sign In

[Disclaimer](#) [Privacy Policy](#) [Security Policy](#) [Help](#)

 Privacy + Terms

- Click the drop-down box and select the license category that applies to you.
- Once you've selected your license type, enter your Provider Tax Identification Number and License Expiration Date.
- Click "Verify."



Child Care Provider Registration

License Category \*

SELECT

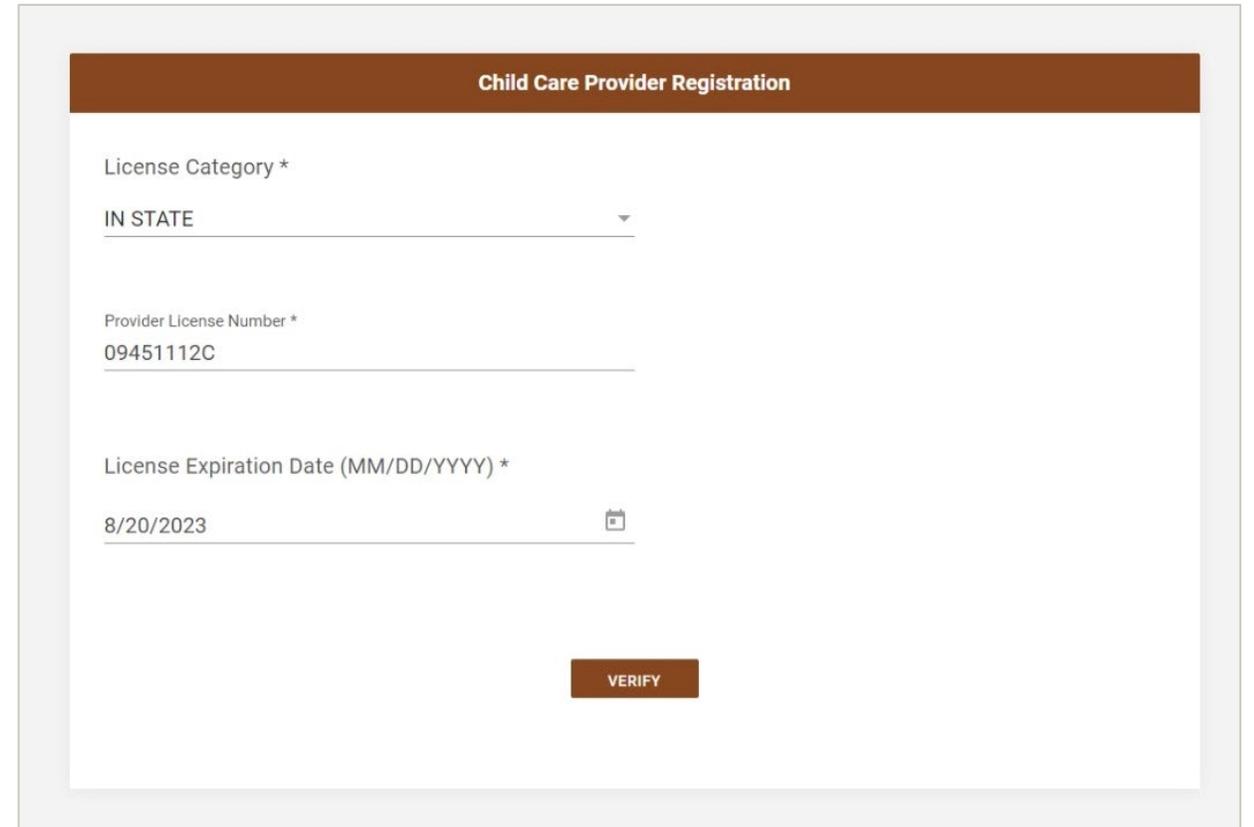
IN STATE

MILITARY

OUT OF STATE (BORDER STATE)

TRIBAL REGISTRATION

APPROVED RELATIVE



Child Care Provider Registration

License Category \*

IN STATE

Provider License Number \*

09451112C

License Expiration Date (MM/DD/YYYY) \*

8/20/2023

VERIFY

- Unknown Provider

**Child Care Provider Registration**

License Category \*

IN STATE

Provider License Number \*

09451112C

License Expiration Date (MM/DD/YYYY) \*

8/10/2023

**The provider license number entered is not known to our office. To verify your license number contact your licensing specialist for assistance.**

VERIFY

If you receive this message contact your licensing specialist for assistance. If you are unsure of how to contact them visit [www.hhs.nd.gov/child-care-licensing](http://www.hhs.nd.gov/child-care-licensing).

- If you are known to the system, the name of your daycare will be shown. Click “Next” to confirm.

### Child Care Provider Registration

License Category \*

IN STATE

Provider License Number \*

09451112C

License Expiration Date (MM/DD/YYYY) \*

7/31/2023

**If you are Autumn Leaves Drop In, please click 'Next'. If not, please enter the correct license number and expiration date.**

VERIFY NEXT

- A W9 is required for In State Providers. If one is not already on file, you will be prompted to upload one.
- Click "Provider Registration & Verification" to continue.

**Provider Registration/Association & Verification**

Certain documents will be required for registration:

In State Providers	Out of State / Tribal / Military Providers	Approved Relatives
<ul style="list-style-type: none"><li>• W9</li></ul>	<ul style="list-style-type: none"><li>• W9</li><li>• Copy of current license</li></ul>	<ul style="list-style-type: none"><li>• W9</li><li>• <a href="#">SFN 23 - Approved Relative Application</a></li><li>• <a href="#">SFN 433 - Child Abuse and Neglect Background Inquiry</a> (for all household members over the age of 18)</li><li>• Verification of relationship to the children that care will be provided for (birth certificates, adoption papers, court records)</li><li>• Verification of SSN or EIN</li></ul>

A provider agreement must be completed in order to request and receive payment from the Child Care Assistance Program.

Click on the 'Provider Registration & Verification' button to complete registration:

**Provider Registration & Verification**

- Verify the information shown. If anything is incorrect, reach out to your licensor to update.
- Click "Next" to continue.

### Child Care Provider Details

Business Name  
Autumn Leaves Drop In

First Name

Middle Initial

Last Name

Provider License Number  
09451112C

Provider License Start Date  
8/1/2022

Provider License Expiration Date  
7/31/2023

[BACK](#) [NEXT](#)

- Verify the information shown is correct, then click “Next.”
- If anything is incorrect, reach out to your licensor to update.

The screenshot shows a web form titled "License Address Details" within a user account interface. The interface includes a top navigation bar with "Dakota Health & Human Services" logo, "My Account", and a notification bell. Below the navigation bar are menu items: "Dashboard", "My Associations", "View Statements & Documents", and "FAQ".

The form itself is titled "License Address Details" and is divided into two main sections: "Residence Address" and "Mailing Address".

**Residence Address Section:**

- Street Address \*: 7050 S 152nd St
- Address Line 2: (empty)
- City \*: Fargo
- State \*: NORTH DAKOTA
- Zip Code \*: 58108
- Phone Number \*: (701) 111-9009
- Email Address: (empty)
- Is your mailing address the same as street address? \*:  Yes  No

**Mailing Address Section:**

- Street Address \*: PO BOX 22345
- Address Line 2: (empty)
- City: FARGO
- State: NORTH DAKOTA
- APO: SELECT
- AA: SELECT
- Zip Code \*: 58108

- Enter your banking information to enroll for direct deposit.
- If your info is already on file, it will be populated. If you would like to verify the details, click the boxes with \*\*\* to display the information.

- If you would like to apply for a direct deposit exemption, click the box for a dropdown menu.

### Direct Deposit Details

Name of Bank \*  
Bank Name \_\_\_\_\_

Bank Account Number \*  
\*\*\*\*\*5654 \_\_\_\_\_

Confirm Account Number \*  
\*\*\*\*\*5654 \_\_\_\_\_

Bank Routing Number \*  
\*\*\*\*\*0909 \_\_\_\_\_

Type of account? \*  
CHECKING ACCOUNT ▾

If you'd like to apply for direct deposit exemption please select one of the following reasons. Note: You must provide proof of reasoning. Please upload your proof on the Upload Documents Screen.

SELECT ▾

BACK NEXT

If you'd like to apply for direct deposit exemption please select one of the following reasons. Note: You must provide proof of reasoning. Please upload your proof on the Upload Documents Screen.

SELECT

UNABLE TO OBTAIN A BANK ACCOUNT

BANKRUPTCY

OTHER

BACK NEXT



- If a W9 is needed you will be prompted to upload one.

- Use the dropdown to select the doc type for each upload.
- Click “Next” when you have finished uploading documents.

**Upload Documents**

Attaching below proof may help us enroll your registration faster.

- W9

⚠ Uploading password protected documents will cause a delay in registration process. Please ensure to upload documents that are not password protected.

Drag & Drop Your Files Here  
or  
[Click Here](#) to Browse  
(Max. 3MB)

✔ Blank W9.jpeg

Document Type \*  
W9

BACK NEXT

✔ Upload document.docx

Document Type \*

SELECT

SFN 23 Approved Relative Application

SFN 433 Child Abuse and Neglect Background Inquiry

W9

Verification of relationship to the children that care will be provided for (Birth c...

Verification of SSN or EIN

NEXT

- Read through the provider agreement.
- Click the “I have read and agree” box, then click next to finish the registration process.
- If you would like a copy of the provider agreement, [click here](#).

**North Dakota** Be Legendary.  
Health & Human Services

My Account ▼ 🔔

Dashboard My Associations View Statements & Documents ▼ FAQ

### Provider Agreement

By clicking this box, I certify that the information I provide during the North Dakota Child Care Assistance Program (CCAP) enrollment process is true and correct to the best of my knowledge and that I will comply with all terms, conditions, and responsibilities of this agreement. I understand that I am providing this information so that state agency officials can verify that I am eligible to receive subsidized child care assistance payments.

This Agreement is between the North Dakota Department of Health and Human Services (NDDHHS) CCAP and the provider of child care to children authorized under this Agreement. The Provider agrees to comply with this Agreement and all applicable state statutes, North Dakota Administrative Code (NDAC), and all applicable Federal statutes and regulations in order to be paid for providing child care.

In order to receive Child Care Assistance Payments from the North Dakota Department of Health and Human Services (NDDHHS), I understand and agree to the following:

#### General Information

1. I understand that I must at all times comply with all North Dakota child care laws and rules that apply to the child care I provide, including all rules related to North Dakota CCAP. I understand that failure to comply with North Dakota Child Care Requirements may result in termination of this Agreement.
2. I understand that I must keep all information I receive about children and families confidential.
3. I agree to submit a W-9 Form through the Provider Self Service Portal at initial enrollment with CCAP to submit an updated form when a change needs to be reported, and periodically review and certify the information is correct.
4. I understand that the income I receive as child care subsidy payments is taxable and all subsidy payments will be reported as income to the Internal Revenue Service. DHHHS does not withhold any taxes from subsidy payments.
5. I am responsible for any and all information provided through the Provider SSP. If I allow Financial or Facility Administrative security access to the Provider SSP to anyone else, I will be responsible for any incorrect information provided by that other individual even if the error was unintentional.
6. For providers who are licensed by another state, tribal agency, or military agency:
  - a. I agree to submit copy of current license from state of residence or tribal agency. Renewed licenses, registrations, and self-declarations must be submitted yearly.
  - b. I agree to disclose to NDDHHS any adverse action enacted or proposed, including license or certificate revocation or accreditation suspension or removal. Any disclosure of information to NDDHHS must be made within five business days of the enacted or proposed adverse action.
  - c. Secure, maintain, and display a license as required by NDAC sections 75-03-08-04, 75-03-09-04, 75-03-10-04, 75-03-11-04, and 75-03-11.1-04. A border state child care Provider is required to maintain and display the license certificate or approval to provide child care issued by the border state.

- If you were prompted to upload a W9, you will see this screen. Please allow two business days for registration approval.
- If were not prompted to upload a W9 and you see this screen, log out and back in from the “My Account” menu.

