

A young child with dark hair, wearing a blue and white striped sweater, is looking intently at a map on a table. An adult woman with dark hair, wearing a light-colored sweater, is smiling and looking at the map. The background is softly blurred, showing a window with curtains and a plant.

How to Register as an Out of State, Tribal or Military 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 and current provider license are not already on file, you will be prompted to upload them.

- 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.

North Dakota 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?](#)

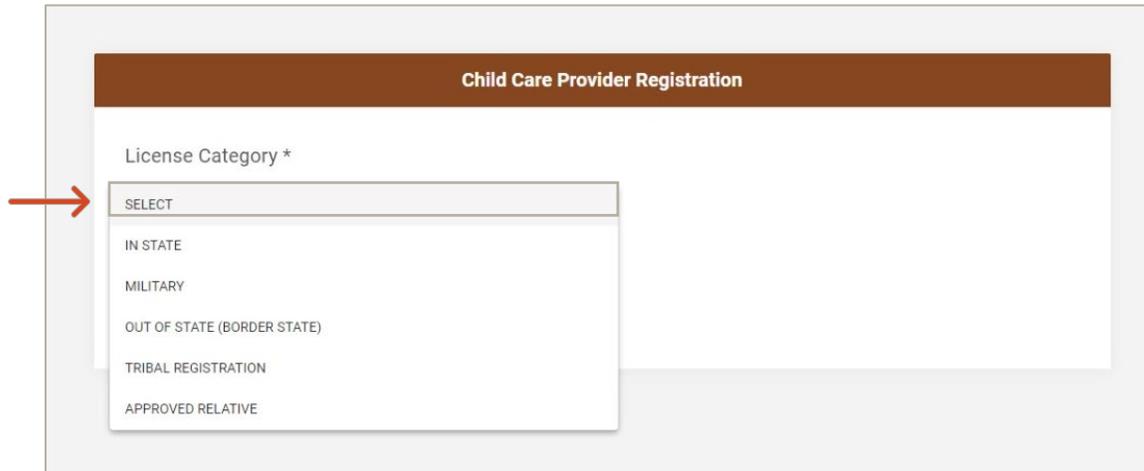
[Sign In](#)

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



- 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.
- Click verify.



Child Care Provider Registration

License Category *

SELECT

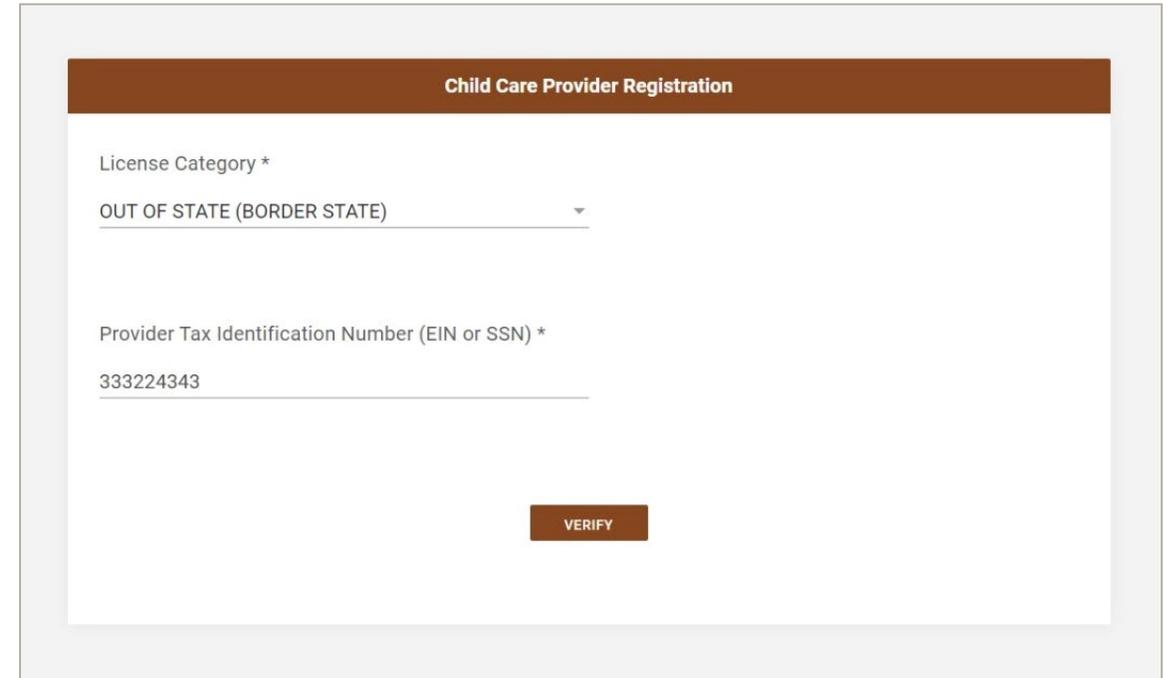
IN STATE

MILITARY

OUT OF STATE (BORDER STATE)

TRIBAL REGISTRATION

APPROVED RELATIVE



Child Care Provider Registration

License Category *

OUT OF STATE (BORDER STATE) ▼

Provider Tax Identification Number (EIN or SSN) *

333224343

VERIFY

- If you are known to SPACES you will see this message.
- Enter your SPACES ID then click "Link account."
Note: Your SPACES ID can be found on notices you receive from CCAP.

Child Care Provider Registration

You are already known to SPACES. If you want to associate your Provider Account, please enter your Provider ID and click 'Link Account' button. Or if you want to enroll yourself as a new Provider, please click 'Register' button.

If unsure, please click 'Cancel' button and contact Child Care Assistance Policy for any further queries.

- As an Out of State, Tribal or Military Provider you will need to upload a W9 and a copy of your current provider license.
- 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">• W9	<ul style="list-style-type: none">• W9• Copy of current license	<ul style="list-style-type: none">• W9• SFN 23 - Approved Relative Application• SFN 433 - Child Abuse and Neglect Background Inquiry (for all household members over the age of 18)• Verification of relationship to the children that care will be provided for (birth certificates, adoption papers, court records)• Verification of SSN or EIN

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 you may edit as needed.
- Click "Next."

Child Care Provider Details

Business Name
Fall Weather Care

First Name

Middle Initial

Last Name

Provider License Number

Provider License Start Date
1/1/2021

Provider License Expiration Date
12/31/2022

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

- Verify the information shown is correct, then click “Next.”
- If anything is incorrect you may edit as needed.

NORTH Dakota Be Legendary.
Health & Human Services

My Account  

License Address Details

Residence Address

Street Address *
4567 Happy Leaf Lane

Address Line 2

City * Moorhead State * MINNESOTA

Zip Code * 56529

Phone Number * (701) 222-7899

Email Address

Is your mailing address the same as street address? *
 Yes No

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

- 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 documentation is needed, you will be prompted to upload it.

- 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
- Copy of current license

⚠ 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)

✓ Upload document.docx  

Document Type *

License

✓ W9 Details.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](#).

The screenshot shows a web portal for the North Dakota Department of Health and Human Services (NDDHHS). The header includes the state logo and navigation links for Dashboard, My Associations, View Statements & Documents, and FAQ. The main content area is titled "Provider Agreement" and contains the following text:

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.

- You will see a confirmation that you have successfully completed the registration request process.
- Allow 2 business days for approval.
- Check the notifications badge for updates.

The screenshot displays a web interface for North Dakota Health & Human Services. At the top left, the logo reads "NORTH Dakota Be Legendary. Health & Human Services". At the top right, there is a "My Account" dropdown menu and a notification bell icon, which is highlighted with a red square. Below the header is a dark brown navigation bar with the text "View Statements & Documents" and a dropdown arrow. The main content area features a central white box with a dark brown header that says "Provider Registration/Association & Verification". Inside this box, a green checkmark icon is followed by the text: "Your provider registration request has been successfully submitted for review. You will be notified, via the notifications badge in the top right corner of this page, upon final decision or if more information is needed."