# How to Submit Family/Group TEACH Early Childhood Education Information Form

This form is only for Family/Group Childcare Centers

1

Navigate to providerportal.dss.sc.gov/#/dece/teach-apps/stu...

Alert! Note: Please be aware that you will have 72 hours to finish this application section. The section link will become invalid after 72 hours. It will be necessary to submit a new application if the link expires.

Alert!!! Listing the names of all the children and the weekly amount their parents pay on childcare center letterhead is the simplest way to submit proof of income. (See below example)

ABC Home Childcare Center Monday- Friday 7am to 5pm 888-888-8888 123 Main Street

ABC Home Childcare Center weekly rates are \$XXX.XX. I have # of children enrolled Children enrolled here at ABC Home Childcare Center.

Names of current enrollees: (List names of children enrolled into your center)

Thank You ABC Home Childcare Center Director

# 2 Select "Proof of Income"

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# **5** Select "Reimburse Receipts CACFP (if applicable)"

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#### Made with Scribe - https://scribehow.com

8 Select "Reimburse Receipts SC Voucher (if applicable)"

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#### 9 Click " + to add Reimburse Receipts SC Voucher document"

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Maline Address *			
123 Starlight Drive			
	1000		
GREENVILLE	500	- 29405	
Phone Number 85/250/078	Fax blumber		
FacilityErnal			
ashered85@gmail.com			

# Alert! All amounts should be 4 digits. eg. 0040 for \$40 and 0300 for \$300

**12** Enter " What is the total amount paid to you by parents each week?" (Please read yellow highlighted area before completing this question)

Center Name *		
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Maling Address *		
420 State of the October		
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CREENVILLE		- 29905
Phone Number	Fax Number	
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Facility Ernad		
ashered85@gnal.com		
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#### **13** Question 2 amount will auto-populate

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123 Startight Drive		
City *	State*	Zip*
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Phone Number	TaxNumber	
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ashened85@gmail.com		
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**15** Enter "How much was the monthly DSS or Child Care Program Subsidy for children in your care?"

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4. * How much was the monthly DSS or SC Child Care Program Subsidy for children in your care ?	0375
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# **19** Monthly Earnings amount will auto-populate

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# 22 Sign form electronically

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#### 23 Click "Submit"

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Mickey Mc	Noe	teacheo@dea.ac.gov	
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Alert! Note: Please be aware that you will have 72 hours to finish this application section. The section link will become invalid after 72 hours. It will be necessary to submit a new application if the link expires.