



Missouri Department of Social Services  
**Child Care Provider Disproportionate Share 2 Rate Differential Agreement**

Provider Name	Facility Name
Provider Mailing Address	City, State, Zip Code
Provider Email Address	Departmental Vendor Number (DVN)
Provider Telephone Number	Provider County

**Disproportionate Share Rate Differential Terms**

To qualify for the disproportionate share 2 rate differential, I understand that I must agree to the following :  
 (Agree to each of the items by initialing that you have read and understand each statement.)

- \_\_\_\_\_ 1. I understand I must maintain a child care license or a Religious-In-Compliance license-exempt status with the Department of Health and Senior Services, Section for Child Care Regulation.
- \_\_\_\_\_ 2. I understand that the number of Child Care Subsidy eligible children enrolled in my child care facility must be at least fifty percent (50%) of the total number of children enrolled. If the number of Child Care Subsidy eligible children enrolled in my child care facility falls below 50% of the facility's total enrollment, I will no longer be eligible to receive the disproportionate share 2 rate differential.
- \_\_\_\_\_ 3. I understand that upon request, I am responsible for submitting my child care facility enrollment information to the Department of Social Services (DSS) to verify the percentage of Child Care Subsidy eligible children enrolled at my facility. I understand if I do not return the requested enrollment information as specified by the DSS, my eligibility to receive the disproportionate share 2 rate differential will be terminated.
- \_\_\_\_\_ 4. I understand I must submit a current Certificate of Accreditation or documentation from a DSS approved accrediting body verifying I have requested a site visit to my child care facility, if a Certificate of Accreditation has not been submitted with this agreement.
- \_\_\_\_\_ 5. I understand that I may receive the disproportionate share 2 rate differential for no more than 6 months while I am waiting on a site visit from a DSS approved accrediting body.
- \_\_\_\_\_ 6. I understand I must notify DSS within 10 business days upon learning that my child care facility will not be accredited or upon learning my child care facility is no longer accredited.
- \_\_\_\_\_ 7. I understand I must notify DSS of any changes to my child care facility within 10 days of the change. I understand certain changes and failure to report a change within 10 days may result in a loss of my eligibility to receive the disproportionate share 2 rate differential.
- \_\_\_\_\_ 8. I understand that if I become ineligible for the disproportionate share 2 rate differential, my future requests to receive the disproportionate share 2 rate differential may be put on a wait list for eligibility.

**Return Address**

Early Childhood and Prevention Services Section  
 Fax (573) 526-9586  
[CD.ASKECPS@DSS.MO.GOV](mailto:CD.ASKECPS@DSS.MO.GOV)

Submit this form and the following documents to be considered for the disproportionate share 2 rate differential:

1. An alphabetical list of all children (state- and parent-paid) enrolled in your child care facility. Indicate the children for whom you currently receive payment from either the Family Support Division and/or Children's Division.
2. An alphabetical list of all children participating in your Head Start or Early Head Start Grantee/Partner. (If you are not a Head Start of Early Head Start Grantee/Partner, this does not apply.)
3. A current copy of your Certificate of Accreditation or provide documentation from a DSS approved accrediting body verifying I have requested a site visit to my child care facility and accrediting body has accepted my request for a site visit. (A Certificate of Accreditation must be submitted within 6 months of the submission of the Child Care Provider Disproportionate Share 2 Rate Differential Agreement).

By signing this agreement, I certify that I serve a disproportionate number of Child Care Subsidy eligible children and the above information is accurate and I agree to abide by the Disproportionate Share 2 Rate Differential Agreement.

Child Care Provider Signature	Date
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