

VPK Provider Application Documentation Submission Checklist

Fiscal Year 2025-2026

For Providers Use

Note: Documentation listed below in the **“Checklist I”** will need to be **“Submitted back with your VPK Application”**.

<input type="checkbox"/>	Owner /Operator Form
<input type="checkbox"/>	Copy of IRS FEIN Letter
<input type="checkbox"/>	If Leasing Facility, Copy of your current Lease Agreement. (New Provider's Only)
<input type="checkbox"/>	W-9 Form (2024 version)
<input type="checkbox"/>	VPK Provider Profile Form for FY 25-26

Note: Documentation listed below in **“Checklist II”** will need to be **“Uploaded to your Documents Library in the Provider Portal”**.

<input type="checkbox"/>	Direct Deposit Authorization Form
<input type="checkbox"/>	Scanned Voided Check or Letter from your bank, on Bank Letter head

Note: Documentation listed below in **“Checklist III”** will need to be **“Uploaded to your Provider Profile in the Provider Portal”**.

<input type="checkbox"/>	Liability Insurance
<input type="checkbox"/>	Unemployment Insurance (FL Dept of Revenue Employer's Quarterly Report RT-6 Form)
<input type="checkbox"/>	Workers' Compensation Insurance
<input type="checkbox"/>	Transportation Insurance (If transporting SR/VPK children)
<input type="checkbox"/>	W-9 Form (2024 version)
<input type="checkbox"/>	DCF License
<input type="checkbox"/>	DCF Exemption Letter (if applicable)
<input type="checkbox"/>	Accreditation Certificate from Accrediting Agency
<input type="checkbox"/>	DCF Religious Exemption Letter (Required Annually if Religious Exempt)
<input type="checkbox"/>	Gold Seal Certificate
<input type="checkbox"/>	E-Verify Supporting Documents (E-Verify Notarized Affidavit is required Annually)
<input type="checkbox"/>	Updated Sunbiz