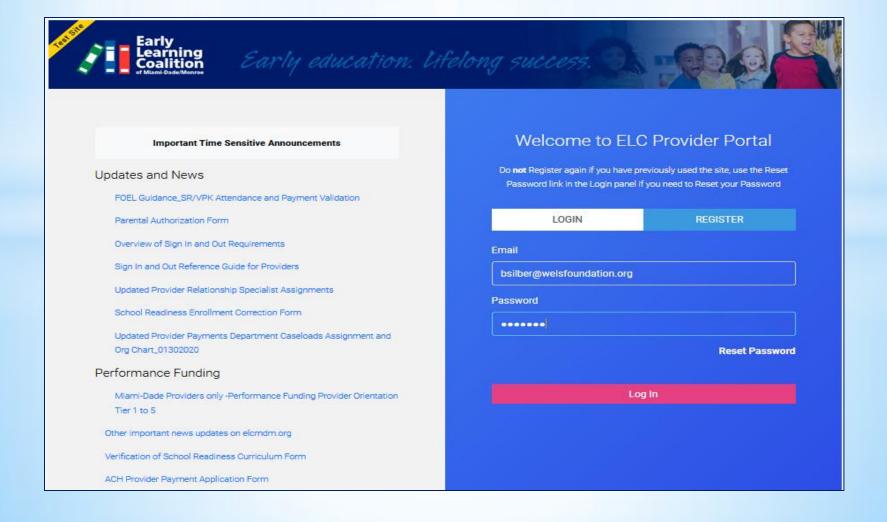
TB5 Provider Application Process

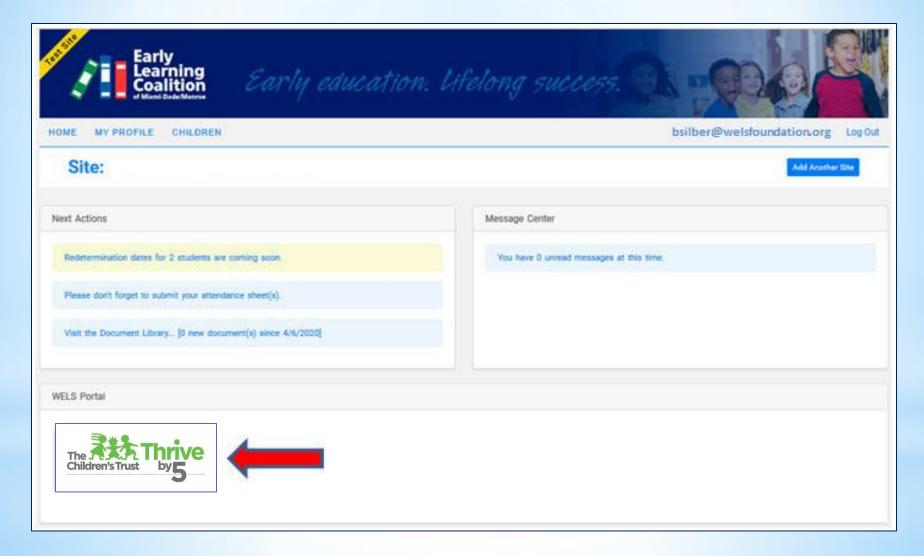


TB5 Provider Application Process

Login in to the Provider Portal:



Click on the WELS Portal Thrive by 5 link.



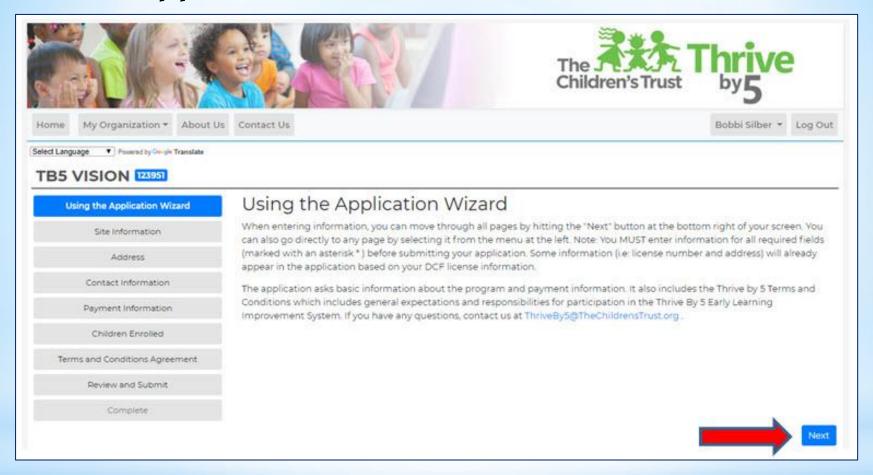
Start an Application



The new screen shows your dashboard/home screen, site(s), and allows you to participate in TB5.

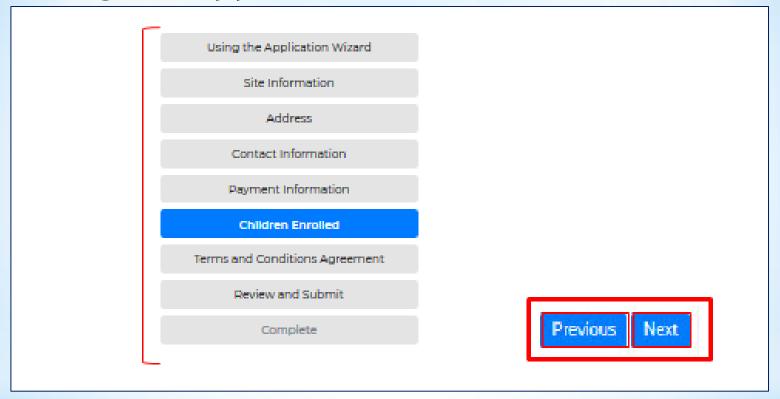
Select the site and click Start an Application.

The Application Wizard



The Application Wizard will step you through the application process.

Using the Application Wizard



* Each time you click **Next**, your information is **saved**. You can also click to a previous section by clicking the **Previous** button or by clicking on the section in the *Application Wizard* menu to proceed or go back to a specific screen.

Site Information



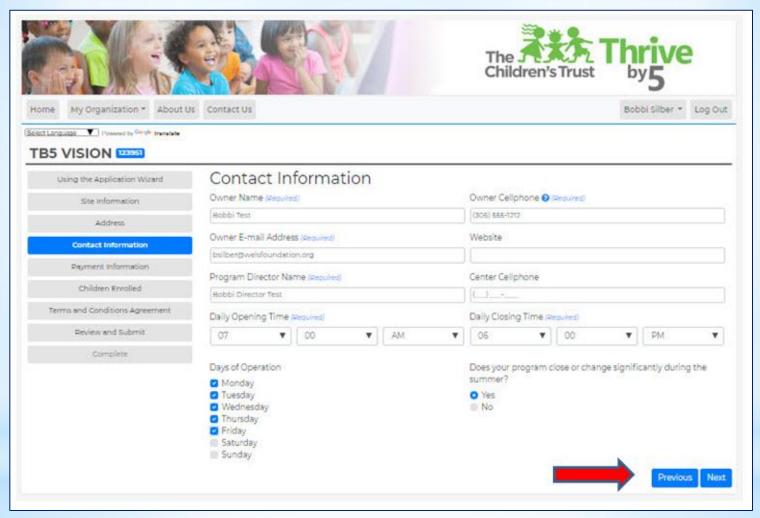
The Site Information page will have a check demonstrating that the site is participating in TB5.

Address



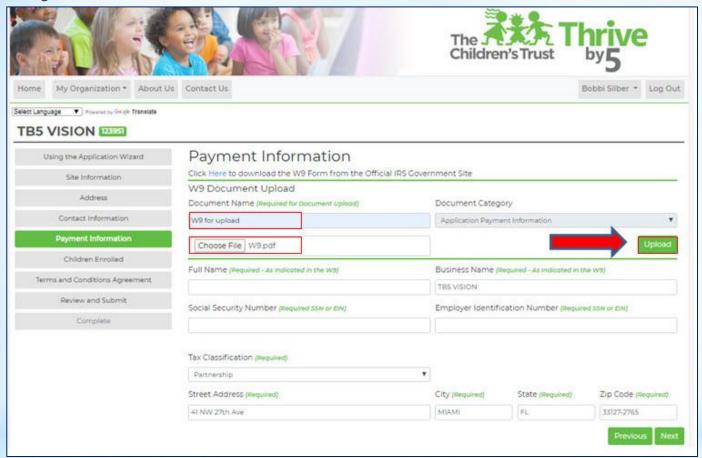
The address will be pre-filled.

Contact Information



Enter/check all **Required** information. Enter/check all **Required** information.

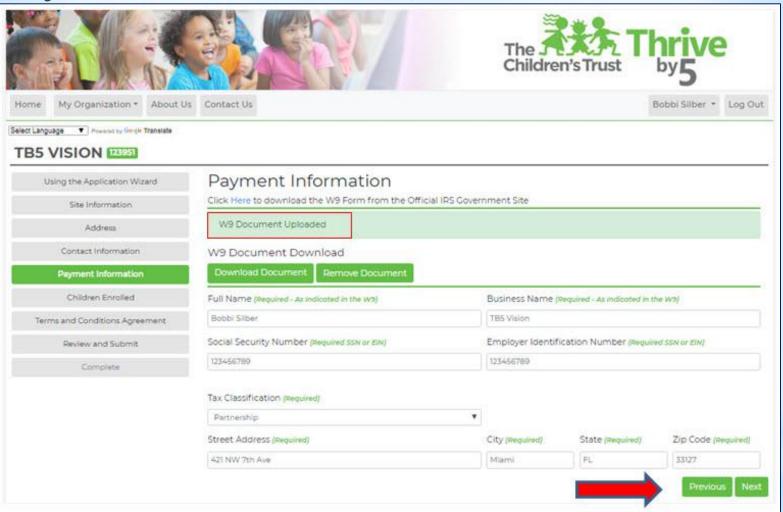
Payment Information



Upload the W9. The W9 can be a PDF or .jpg file. Enter the document name for upload. Browse the computer and locate the W9 file for the upload. Click **Open** (select).

Click Upload. The document is uploaded.

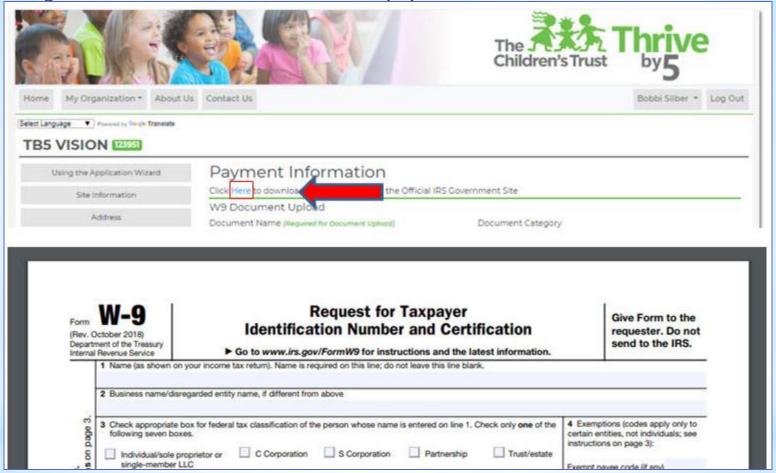
Payment Information (2)



The screen will change and show that the W9 was uploaded. (If needed, you can always edit the upload.)

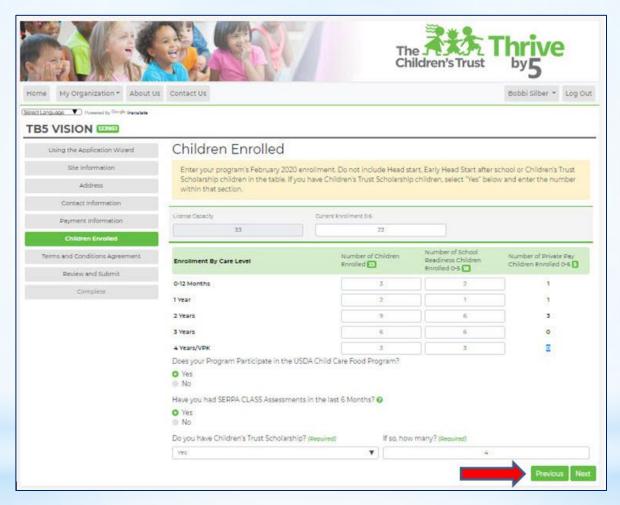
Continue with the Payment Information entering text and using the drop downs. When the page is complete, click **Next**.

Payment Information (3)



If you do not have the W9, click **Here**. You can access the W-9, print it, fill out the form, and sign it. Then, scan it or take a picture and upload it to the application.

Children Enrolled



Enter the current enrollment numbers in the columns and answer the questions.

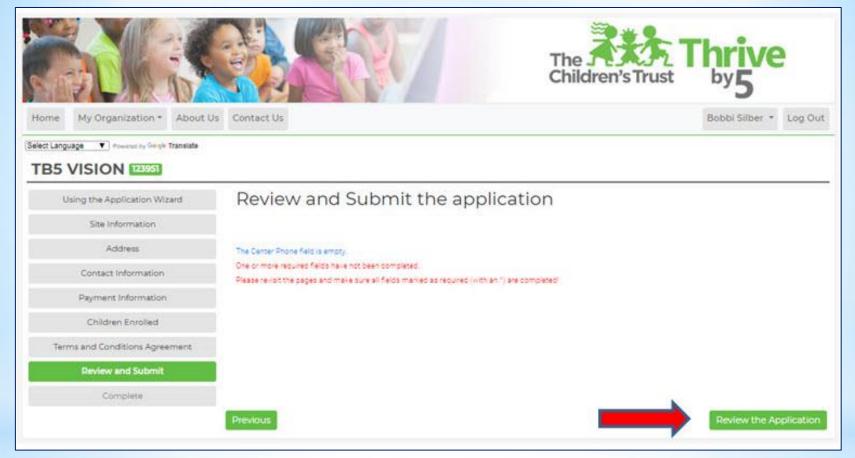
When the page is complete, click **Next**.

Terms and Conditions Agreement



Read the Terms and Conditions Agreement.
Check the box *I agree to the Terms and Conditions stated*.
Read the *Private Pay* and *School Readiness* links. Then check the box: *I agree to the Private Pay* and the *School Readiness* payment tables.
Type in your *Electronic Signature* (name). Click Next.

Review and Submit



If there are errors, the *Wizard* will list the area to be corrected in **red**. Click to the correct screen. If any information has been omitted, the screen will prompt you to correct the omission/error.

Click Review the Application.

Return to the indicated section; enter/correct the required information. Click **Next**.

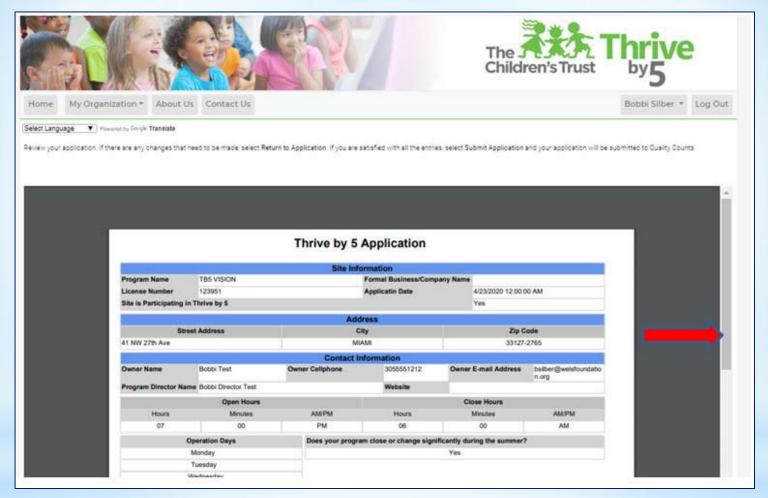
Review



Review everything again. When all corrections are made, the application will be ready to submit.

Click Review the Application.

Review the PDF



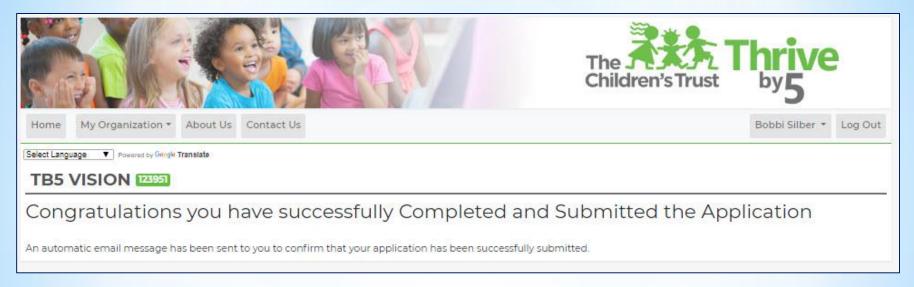
A two page PDF will appear. Use the slider in the window to review the entire application. If more changes are needed, **Return to Application.**

Submit Application

		Children Enrolled		
License Capacity		Current Enrollment		
33		23		
Ige Group Name	Current Enrollment Care Level	Number of School Readiness Children Enrolled	Number of Private Pay Children Enrolled	
12 Months		3	2	5
Year		2	1	3
Years		9	6	15
Years		6	6	12
Years/VPK		3	3	6
oes your Program Particip	sate in the USDA Child Care Food Pro	gram?		
/es				
lave you had SERPA CLAS	S Assessments in the last 6 Months?	Ki .		
res .				
Do you have Children's Trust Scholarship?		If so, how many?		
Yes		4	4	
	Torms	and Conditions Agreement		
Electronic Signature of Pro-		Bobbi Silber		
	I agree to	the Terms and Conditions stated		
		Yes		
	I agree to the Private P	ay and the School Readiness payment table	•	
		Yes		

Review this information. If more changes are needed, **Return to Application**. Or, **Submit Application**.

Congratulations



Submit Application. When the application is submitted, a successful notice will appear. You will also receive an email confirming the submission.

