

Mail In Application Checklist – Faxes cannot be accepted
Enclosure 1

The following enclosed items must be completed and returned:
(Place check mark in each box)

- Mail In Application Checklist (this letter) Enclosure 1
- Parent Application Worksheet Enclosure 2 (please sign & date)
- Parent Statement/Rights & Obligations form (sign back page) Encl 3
- Request for Voucher (To be completed by your child care provider) Encl 4
- Child Support Declaration (must sign and return **even** if you do not receive child support) Encl 5

You must also include the following: (place check mark or N/A in each box)

All pay stubs for all parents in the household for the 30 days PRIOR to the date you SIGN the worksheet (the last 4 consecutive pay stubs if you are paid weekly or the last two consecutive pay stubs if you are paid twice a month). Pay stubs must show the date paid, hours worked, and gross amount earned (we cannot accept the check if it is dated for the date you sign your application). If this information is not on the pay stub you must obtain this exact information from your employer on their letterhead. If you are self employed, please call the office to see what type of documentation is acceptable. If you work for your daycare provider, you must submit a letter signed by you and the daycare that you do NOT work with your own children.

Documentation of any other income that you have received in the past 30 days PRIOR to the date you SIGN the worksheet: SSI or VA benefits (copies of check(s) or current award letter or documentation from verifying authority; Complete the enclosed Child Support Documentation if you receive child support or not.

Verification of residency, such as current utility bill or piece of mail showing your current name, address, and current date.

School schedule, if applicable for all ADULT household members. This must indicate the name of the school, the name of the student, and include the time period (semester) and days and times of classes. This is required every semester.

TANF referral; if you are on TANF. **YOU MUST REQUEST THIS FROM YOUR CASEWORKER** and enclose it yourself.

Please note that if any items are missing which are not marked N/A, your application will be denied. **We will not send a 2nd notice or make phone calls regarding items missing.** It is your responsibility to ensure all items are submitted.



Parent/ Applicant Worksheet (Child Care and Development Fund Voucher Program)

Parent Name:	AIS Case Number:	Parent Birth Date::	SSN (optional):	Home Phone, including area code:
Street Address:	City:	Zip:	County:	Other Phone, contact number:

List all adults in household: First Name, Last Name	Birth Date:	SSN (optional):	Specify Relationship to Parent:	Working Yes or No	School Yes or No	Hours working or in school per week	Days per week S, M, Tu, W, Th, F, S

List your children living in household: First Name, Last Name	Birth Date:	SSN (optional):	Check if child needs care	Indicate which parent(s) are Living in household
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father

INCOME SECTION (Received in previous 30 days)			
Income Source	Monthly Amount	For Whom	Verification much be attached
Child Support			Completed Child Support Declaration Form provided
Social Security			Award letter, check stub, or verification from agency
Supplemental Social Security			Award letter, check stub, or verification from agency
TANF			Award letter, check stub, or verification from agency
Unemployment			Award letter, check stub, or verification from agency
Wages, Salary			Pay stub, or letter from employer w/ EIN number and wage info
Housing Assistance			None
Food Stamps			None
Work Study			None
Other			Attach appropriate documentation
Other			Attach appropriate documentation

I live in _____ school district.

Parent/Applicant Statement:
 By my signature below, I hereby certify all the information submitted on this document is true and correct to the best of my knowledge. I may be requested to verify these statements and by my signature, give my consent to the agency from where I am requesting information to make any necessary contacts to verify any statement. I understand the information I have provided is private and may not be seen by the public. Further, I understand I may lose my child care if I fail to report a changes to my intake agent within 10 days, if I fail to use my Hoosier Works for Child Care card to electronically document my child(ren)'s attendance, fail to pay my child care provider the required co-payment or fail to utilize my child care for more than 60 days.

Signed, _____ Date _____

Failure to attach ALL required documentation will result in termination of child care benefits without notice.. (Use application checklist to assist in preparation of worksheet for mailing.)

CCDF PARENT STATEMENT / RIGHTS AND OBLIGATIONS

I understand the choice of caregiver is not only my choice, it is my responsibility.

I understand it is my responsibility to report any suspected child abuse and neglect to the proper authority and others have the same responsibility concerning my child/children.

I understand parents, step-parents or legal guardians will not be paid as caregivers for their own children.

I understand information concerning my family regarding the CCDF voucher program, and the services I receive, will be treated as confidential and will be used solely for the administration of the CCDF voucher program.

I understand reimbursement for my child's care will be made directly to the provider, unless the care is provided in my home by a non-resident, in which case the payment will be made directly to me. It is my responsibility to reimburse the provider for services rendered as well as any co-payments. I also understand it is my responsibility to withhold and make all applicable Internal Revenue Service (IRS) payments for my child care provider and for the end of the year reporting to the IRS.

I understand it is my responsibility to furnish the Intake Agent with complete and accurate information including, but not limited to, income and family composition. I understand I will be required to submit proof of information provided.

I understand subsidized child care will not begin until all forms are completed and I have received written notice from the Bureau of Child Care or their representative.

I understand I must report to the Intake Agent when my service need ends, my TANF status changes, my family composition changes, I move to a new address or I obtain a new phone number within ten (10) calendar days of the change.

I understand my deliberate failure or misrepresentation of information used to receive services for which I was ineligible will result in a demand for repayment and may also subject me to legal action or penalties.

I understand acceptance or denial of services may not exclude me from eligibility for financial assistance or participation in other programs administered by the Family and Social Service Administration.

I understand my right to file a written complaint if:

- I believe I have been discriminated against because of race, color, age, sex, religion, disability, national origin, or ancestry; or
- My application for services was not promptly acted upon; or
- I disagree with an action taken regarding my eligibility.

I agree to discuss complaints first with my service provider and/or intake agent to resolve the problem through informal means. If the problem is not resolved, I understand the intake agent will provide procedures regarding the appeal process.

I understand I may be asked to cooperate with state and/or federal personnel in any audit or quality assurance review. I further understand my failure to cooperate my result in termination from the program.

I understand I **will** be required to electronically document my child/children's attendance information. I will only utilize my Hoosier Works for Child Care card to document attendance when it truly reflects the care provided.

I understand when signing the service documentation for my child/children's care, I will sign only after the care is provided and if it truly reflects the care provided.

I understand I may not leave my Hoosier Works for Child Care card with my child care provider. I agree to keep my Personal Identification Number (PIN) confidential. I understand failure to comply with this may result in termination of my child care benefits.

I understand my child care may be terminated for any of the following reasons:

- Requesting more than three (3) provider changes in a twelve (12) month period;
- Allowing another person to use my Hoosier Works for Child Care card to document attendance;
- Failing to electronically document my child/children's attendance; and/or
- Failing to pay my co-payment.

I understand my child care will be terminated for any of the following reasons:

- My child is not a U.S. citizen, qualified alien, and/or resident of the county and/or state;
- I fail to complete required CCDF enrollment paperwork;
- I am no longer employed, in a training or education program, or a TANF IMPACT approved activity;
- I have been convicted of welfare fraud;
- My child turns 13 or 18 for a child with documented special needs;
- I deliberately fail to report loss of service need or change in family composition;
- I falsify any required documentation;
- My locally determined subsidy period expires;
- I have been convicted of CCDF fraud;
- I fail to honor a CCDF repayment agreement; and/or
- My child/children's voucher(s) have been inactive for sixty (60) days.

I understand my child care provider may be decertified and child care reimbursement may be suspended or stopped for my child care provider's failure to comply with any of the following provisions:

- A substantiated health or safety hazard;
- Threatening behavior;
- False information on any form connected with the CCDF program;
- Being under investigation for fraud;
- A pending abuse or neglect charge against the provider, existing employee of the provider, or a member of the provider's household if care is provided in the their home;
- The death of a child while in the provider's care; and/or
- Illegally operating a home or facility.

I understand reimbursement will be stopped and my provider will be de-certified for any of the following:

- A conviction or substantiated abuse or neglect charge against the caregiver indicating harmful behavior to children;
- Substantiated fraud in the receipt of government funds;
- Loss of licensure or registration when required by Indiana law;
- Proven forgery of signatures on any forms;
- Failure to comply with CCDF Provider Eligibility Standards as of the effective date of an administrative order; and/or
- Possession or use of Hoosier Works for Child Care cards for the purpose of documenting child/children's attendance.

Signature of Parent _____ Date Signed _____



PROVIDER INFORMATION PAGE (Child Care and Development Fund Voucher Program)

Parent (Guardian) Name _____ Date Completed _____

Caregiver's Name _____ Business Name (if applicable) _____

Street Address (where care is provided) _____

City _____ Zip _____ County _____

Social Security or EIN Number (last 4 digits only) _____

Phone () _____ Fax () _____

Hours of Operation _____ Days (Please circle) S M Tu W Th F S

Type of Provider	
<input type="checkbox"/> Licensed Home	License # _____
<input type="checkbox"/> Licensed Center	License # _____
<input type="checkbox"/> Registered Ministry	Registration # _____
<input type="checkbox"/> License Exempt Home	
<input type="checkbox"/> License Exempt Facility	
<input type="checkbox"/> Providing care in child's home	

Child's Name (first & last)	Child's Age Years / Months	Kindergarten <i>Indicate</i> HD = ½ Day FD = Full Day	Current Charge (List charges for School-Age School Year) Week / Day / Hour			Charge for next age group (If child is currently 2 list charge at age 3) Week / Day / Hour			School-age (List charges for summer/evening care) Week / Day / Hour		

FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE

School Year Begins _____ Ends _____

Are you related to the children listed above? _____ If yes, explain _____

PLEASE NOTE: Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

Parent / Guardian: Your caregiver must complete this information in its entirety. Please bring the completed form to your appointment to assist in prompt completion of your child care vouchers. If you wish to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility.

Provider: Please complete all information and sign the form in the box to the left.

If you have any questions, please contact:
CASY
1101 S. 13th Street, 2nd Floor
Terre Haute, IN 47802
812-232-3952
800-886-3952
Fax: 812-232-1731

PROVIDER AFFIRMATION

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program. (Available on BCD website www.in.gov/fssa) In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, _____

Date Signed _____

CHILD SUPPORT DECLARATION

I, _____ have received an average of \$_____ in child support in the previous thirty (30) days for the children listed below.

Child(ren) Name:

_____	_____
_____	_____
_____	_____

By my signature below, I hereby certify all the information provided is true and correct to the best of my knowledge. I understand I may be requested to verify this statement and give my consent to the agency, from where I am requesting services, to make any necessary contacts to verify any statement. I understand my deliberate failure or misrepresentation of any information in this statement may result in my inability to participate in the Child Care Development Fund (CCDF) Voucher Program.

Signature: _____ Date: _____