



## GREAT OPPORTUNITY TO COMPLETE YOUR REAUTHORIZATION BY MAIL

**Your Voucher TERMINATION DATE IS \_\_\_\_\_.**

You may now choose to complete your Child Care Development Fund (CCDF) reauthorization by mail instead of attending your usual reauthorization appointment.

If you choose to complete the reauthorization by mail, you must include the application checklist with all of the required information. Be sure to put enough postage on your envelope so that the packet is not returned to you. **Complete information must be in our Terre Haute office by**

\_\_\_\_\_.

After your mail in reauthorization is processed and approved we will mail you a NEW “pre-voucher report”. You must ensure you receive this NEW voucher report prior to your current voucher termination date. If you have not received a new report at least **7 (seven)** days prior to your termination date, you should call our office to verify we received all the required information. Do not risk having your voucher terminate... **CALL TO VERIFY YOUR APPROVAL PRIOR TO YOUR TERMINATION DATE!** Once your vouchers have been created no changes can be made to them prior to your next reauthorization.

If you do not want to reauthorize by mail, you must call our office today and schedule an appointment in your County. If you do not complete your reauthorization by mail or appointment, you will be terminated from the program. **We will not send a 2<sup>nd</sup> notice or make phone calls regarding items missing.**

The following enclosed items must be completed and returned:

- \_\_\_ Parent Application Worksheet (please sign & date)
- \_\_\_ Parent Statement/Rights & Obligations form (sign back page)
- \_\_\_ Provider Information Page (To be completed by your child care provider)
- \_\_\_ Child Support Declaration (must sign and return **even** if you do not receive child support)
- \_\_\_ All documentation as required on the CCDF checklist

**This mail-in recert cannot be faxed.**

1101 S 13<sup>th</sup> Street 2<sup>nd</sup> floor, Terre Haute, IN 47802  
(800) 886-3952 (812) 232-3952 Fax: (812) 232-1731  
<http://www.CASYonline.org>

## CCDF CHECKLIST

**BELOW IS A LIST OF ALL DOCUMENTATION NEEDED TO COMPLETE YOUR APPLICATION FOR THE CHILD CARE VOUCHER PROGRAM. YOUR APPLICATION WILL NOT BE COMPLETED WITHOUT ALL THE FOLLOWING DOCUMENTATION THAT APPLIES TO YOU. CHECK AND INCLUDE ALL THAT APPLY TO YOU.**

\_\_\_\_\_ **PROVIDER INFORMATION PAGE:** The Provider Information Page must be completed, signed, and dated by your current CCDF eligible provider.

\_\_\_\_\_ **TANF IMPACT APPLICANTS:** Current TANF Impact referral from the Office of Family Resources.

\_\_\_\_\_ **FOSTER PARENTS:** Foster parents must provide all other applicable documentation listed on this form. In addition provide documentation of a valid foster care license which matches the documentation submitted for residency; and verification the child is a ward of the state, such as a Medical Authorization (State Form 3319), court placement order; current per diem documentation or documentation from the DCS caseworker.

\_\_\_\_\_ **VERIFICATION OF RESIDENCY:** Your physical residency documentation is required; documentation must include street address, city, state, and zip code. Acceptable documentation includes one of the following:

- Current rent receipt or statement from landlord
- Current mortgage statement
- Current utility bill ie; water, sewage, waste, electric, cable natural gas or other home heating source based on any of the following: end date of service period, meter reading date or statement date
- NO PHONE BILLS
- Lease for existing lease period
- Envelope from current mail received at address, including postmark (no window envelopes)
- Current correspondence received at address from DFR or Impact Service Provider
- Valid INS green card
- Current check stub
- TANF ICES screen with current print date
- Valid driver's license or State ID
- Current letter from secondary school documenting the student's registered address
- Documentation from a Homeless Shelter or Domestic Violence Shelter
- Online Documentation from the United States Postal Service

\_\_\_\_\_ **VERIFICATION OF IDENTITY:** *(If you currently have an active voucher and you are submitting a reauthorization, we do not need another copy of your family's IDs.)* Photo ID for the applicant, which could be one of the following:

- Driver's license
- State ID
- Passport
- Military ID
- School ID
- Work ID

We must also have verification of your spouse or child's father/mother if the other parent is living with you. Their documentation could be one of the following:

- Any of the verification listed above
- ICES screen
- Social security card
- Birth certificate
- Insurance card
- Vehicle registration

Verification of all children in the home must be one of the following:

- Birth Certificate
  - Hospital issued certificate of birth
  - Birth confirmation letter
  - Hoosier Healthwise or Medicaid card
  - \* Permanent Residency Card
  - \* School enrollment records
  - \* Medical immunization records
-

**EMPLOYMENT VERIFICATION:** Documentation of all of your wages received in the current 30 days from the date you sign your application. Accepted verification includes:

- Last 4 paystubs if paid weekly – last 2 paystubs if paid bi-weekly. Paystubs must have your name, total hours worked and gross wages OR
- A statement from the employer that includes:
  - Your name
  - Gross Pay
  - Hours Worked Dates Paid (all pay received in the current 30 days)
  - Employer's signature

This statement must include employer's EIN number or be on company letterhead or include the manager's business card. If you are married or the child's other parent lives with you we must also have the above wage information for that person.

\_\_\_\_\_ **NEW JOB:** If you have a new job or will be starting a new job, you need to provide a paystub showing your name, hours worked, and gross wages. If you have not received a paystub, you must obtain a statement from your employer. The statement must have the EIN number of the business or be on letterhead or include the manager's business card. The statement must have your hire date, anticipated work hours per week, rate of pay and employer's signature.

\_\_\_\_\_ **SELF EMPLOYMENT VERIFICATION:** Documentation such as a tax form Schedule C, AND a profit/loss statement for the previous calendar month of you signing the application. A profit/loss form can be obtained by contacting our office.

\_\_\_\_\_ **TANF (CASH ASSISTANCE):** A printout verifying the amount of TANF received in the current 30 day period from the Office of Family Resources.

\_\_\_\_\_ **CHILD SUPPORT:** You must complete the Child Support Declaration form for any child support received in the current 30 days of signing your application

\_\_\_\_\_ **SOCIAL SECURITY OR SSI:** A copy of the current year's award letter

\_\_\_\_\_ **OTHER INCOME:** Documentation of any other income received in the current 30 days of signing your application such as alimony, farm income, worker's compensation, unemployment compensation, veteran's pension, rental property, etc.

\_\_\_\_\_ **PROOF OF STUDENT STATUS:** Documentation must include a current school registration, or a school schedule print out from the internet, or a statement on school letterhead. Documentation MUST include your name, the school's name, the credit hours taken and/or hours of participation and semester begin and end dates. Students only qualify for one 4 year degree or 2 Associate degrees. If you are a high school student you must obtain a High School Enrollment Verification form. You can contact our office OR download this form from our website. **Graduate students do not qualify**

\_\_\_\_\_ **IF YOU WORK FOR YOUR CHILDCARE PROVIDER:** You must return the provider statement that you can obtain from our website or office.

\_\_\_\_\_ **INCAPACITY:** If one of the adults in the household is incapacitated please call the office to determine what documentation is needed.

**\*CURRENT IS DEFINED AS A 30 DAY PERIOD FROM THE DATE YOU SIGN THE APPLICATION**

**CASY**  
**1101 S 13<sup>TH</sup> ST, 2<sup>ND</sup> FLOOR**  
**TERRE HAUTE, IN 47802**  
**PHONE: 812-232-3952 TOLL FREE: 800-886-3952 FAX 812-232-1731**  
[www.casonline.org](http://www.casonline.org)



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

State Form XXX (9/05) BCD 0805Adem

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 (optionl):	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			Uplink Claimant Homepage 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 and provide supporting documentation, if necessary.

I understand reporting changes to my DFR caseworker does NOT mean changes have been reported to CCDF.

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 may 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 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 personal day claims are to be used at my discretion for days when the provider was open for business and my child/children were scheduled to attend but did not attend any part of the day.

I understand I must apply for child care assistance in my county of residence and if I move from that county my assistance will be terminated and I will be subject to the waiting list, if any, in my new county of residence.

I understand I must initiate a provider change by submitting a complete and current Provider Information Page to the CCDF Intake Office no later than noon the day prior to the last business day of the week.

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.

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Signature of Parent

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Date Signed

## CHILD CARE DEVELOPMENT FUND (CCDF)

### Child Support and Maintenance Declaration

*Declare below, by child, the **average** amount of child support received monthly, if received in the previous 30 days.*

CHILD'S NAME	AMOUNT RECEIVED	FROM WHOM
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
<b>SPOUSAL MAINTENANCE PAYMENT</b>	\$	

*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 \_\_\_\_\_



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

State Form (10-11) BCC 0805Adem *DRAFT*

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 \_\_\_\_\_

Does school-age child need break care vouchers? \_\_\_\_ No \_\_\_\_ Yes  
*If yes, a school schedule must be provided.*

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

**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](http://www.in.gov/fssa)) In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, \_\_\_\_\_

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:**  
 Community Alliance & Services for Young Children, CASY  
 1101 S. 13<sup>th</sup> Street 2<sup>nd</sup> Floor  
 Terre Haute, IN 47802  
 812-232-3952 or 800-886-3952  
 Fax 812-232-1731