

OFFICE USE ONLY:

Date/Time Application/Redetermination Received:

Local Department of Social Services:

FIPS:

Case #:

Category of Care:

CHILD CARE SUBSIDY SERVICE APPLICATION AND REDETERMINATION FORM

Correspondence ID: _____

RIGHTS OF APPLICANTS FOR CHILD CARE SUBSIDY SERVICES

Anyone may apply for child care services. You must apply in the city or county in which you live. You do not have to have lived in the county or city for any specific length of time. The child(ren) for whom the child care service application is submitted must be a citizen of the United States or have legal alien status. You must provide proof of their citizenship or legal alien status.

You have the right to equal treatment regardless of race, color, religion, sex, national origin or handicap.

You have the right to receive and complete a Child Care Service Application on the day you request child care services. If you need help filling out the application, someone will assist you.

The process of determining eligibility for child care subsidy must be explained to you. You will be asked to verify certain information.

The local department of social services (local department) will decide on your application within 30 days. If this is impossible, you must be told why. The local department must send you a written Notice of Action if you are not eligible or if there is a delay.

If you are determined eligible, you have a right for child care services to begin within 30 days after the local department gets your signed and completed application unless the local department has a Fee Subsidy Waiting List for child care services. If your name is placed on this waiting list, the child care worker will explain the reason why and the waiting list process. The local department must send written notification explaining their decision to add you to the waiting list. You may request that your name be removed from the waiting list at any time.

You have the right to mandated child care services for which you meet eligibility requirements, for which there is funding and for which a legally operating provider is available. Your right to other services depends on meeting eligibility requirements and on whether or not the local department offers the service. This application is for child care assistance only.

You have a right to see the information in your child care record.

The local department may not release information about you without your written consent except for purposes directly connected with the administration of social service programs or by court order.

Information about the Virginia Department of Social Services (VDSS) and the Child Care Subsidy Program (child care services) may be found at: www.dss.virginia.gov or www.childcareva.com.

CHILD CARE SUBSIDY SERVICE APPLICATION AND REDETERMINATION FORM

Correspondence ID: _____

Please provide the following information about yourself. (Please Print)

Last Name		First Name		Middle Initial	
Physical Street Address					
City/State/Zip					
Mailing Address (if different)					
City/State/Zip					
Social Security # (optional)		Telephone (Home)			
Telephone (cell)		Telephone (Other)			

A. I am applying for child care assistance because: (Check all that apply)

- I am employed full-time
 I am employed part-time
 I am in education or training
 I participate in VIEW or SNAPET

B. I am over the age of 18, or a legally emancipated minor.

- No
 Yes

C. I would also like information on the following: (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> TANF | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Medical/Mental Health |
| <input type="checkbox"/> SNAP | <input type="checkbox"/> Money Management | <input type="checkbox"/> English as a Second Language Courses |
| <input type="checkbox"/> Heating/Cooling | <input type="checkbox"/> Child Development | <input type="checkbox"/> Community Resources |
| <input type="checkbox"/> Food | <input type="checkbox"/> Parenting | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Earned Income Tax Credit | |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Family Planning | |
| <input type="checkbox"/> Education (GED) | <input type="checkbox"/> Head Start/Preschool | |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Drug or Substance Abuse Counseling | |

D. YES NO Have you selected a child care provider? If yes, please provide the following information:

Name _____

Phone Number _____

Address _____

City/State/Zip _____

Type of Provider: Center Child Care Provider

E. YES NO Are you currently receiving, or have you received within the past twelve months, any benefits listed below from either this Department or another locality?

	TANF	MEDICAID	SNAP	CHILD CARE
Receiving Now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locality				

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F. LIST ALL HOUSEHOLD MEMBERS

NAME (LAST/FIRST/MI) (List Applicant First)	DATE OF BIRTH MM/DD/Y YYY	RELATION- SHIP TO APPLICANT	SOCIAL SECURITY NUMBER (OPTIONAL)	SEX (M/F)	RACE *	HISPANIC Y/N	SCHOOL ATTENDING	GRADE LEVEL	IN HEAD START Y/N	NEEDS CHILD CARE Y/N

- * Race:
- 1=White
 - 2= African-American
 - 3 = Asian
 - 4 = American Indian/Alaskan Native
 - 5 = Other

What is the primary language spoken in your household?

- | | | | | | |
|------------------------------------|---|----------------------------------|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Somali | <input type="checkbox"/> French | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Farsi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Kurdish | <input type="checkbox"/> German | |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Korean | <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | |

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G. ENTER THE AMOUNT OF ALL INCOME RECEIVED BY YOU OR ANY OTHER HOUSEHOLD MEMBER.

NAME (LAST/FIRST/MI) (List Applicant First)	EMPLOYED (INCLUDES MILITARY) (Y/N)	SELF EMPLOYED (Y/N)	GROSS EARNINGS PER PAY PERIOD	PAY FREQUENCY *	SOCIAL SECURITY	PENSIONS	INTEREST/ DIVIDENDS	RENTAL INCOME	ALIMONY	CHILD SUPPORT	UNEMPLOYMENT	FARM INCOME	OTHER

* PAY FREQUENCY:

- 1 = Weekly
- 2 = Bi-Weekly (Every Two Weeks)
- 3 = Twice Monthly
- 4= Monthly

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Correspondence ID: _____

H. Employment Information *(complete for everyone in the household)*

Name: _____

Employer: _____

Employer Address: _____

Employer Phone Number: _____ **Total hours worked weekly:** _____ **Travel Time:** _____

Employment Start Date: _____

Work Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours (Example: 8-5)							

Name: _____

Employer: _____

Employer Address: _____

Employer Phone Number: _____ **Total hours worked weekly:** _____ **Travel Time:** _____

Employment Start Date: _____

Work Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours (Example: 8-5)							

Name: _____

Employer: _____

Employer Address: _____

Employer Phone Number: _____ **Total hours worked weekly:** _____ **Travel Time:** _____

Employment Start Date: _____

Work Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours (Example: 8-5)							

Name: _____

Employer: _____

Employer Address: _____

Employer Phone Number: _____ **Total hours worked weekly:** _____ **Travel Time:** _____

Employment Start Date: _____

Work Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours (Example: 8-5)							

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I. Education/Training Information *(complete for everyone in the household)*

Name: _____

School/Training Program: _____

School Address: _____

School Phone: _____ Total hours: _____ Travel time: _____

Class Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours (Example: 8-5)							

Name: _____

School/Training Program: _____

School Address: _____

School Phone: _____ Total hours: _____ Travel time: _____

Class Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours (Example: 8-5)							

Name: _____

School/Training Program: _____

School Address: _____

School Phone: _____ Total hours: _____ Travel time: _____

Class Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours (Example: 8-5)							

Name: _____

School/Training Program: _____

School Address: _____

School Phone: _____ Total hours: _____ Travel time: _____

Class Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours (Example: 8-5)							

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J. YES NO UNKNOWN Do any children have special needs/disability or medical issues? If yes, please explain. You must provide verification of any special needs or medical issues.

NAME _____ NEED: _____
NAME _____ NEED: _____
NAME _____ NEED: _____

K. YES NO UNKNOWN Have children received all immunizations required according to their age? If no or unknown, please explain. You may need to provide proof of these immunizations.

NAME _____ REASON: _____
NAME _____ REASON: _____
NAME _____ REASON: _____

L. YES NO UNKNOWN Are all children U.S. citizens or do they have legal alien status? If no, please explain.

NAME _____ EXPLAIN: _____
NAME _____ EXPLAIN: _____
NAME _____ EXPLAIN: _____

M. YES NO Are you or any other adult member in your household currently serving in the military or a member of either a National Guard unit or Military Reserve unit?

NAME _____ EXPLAIN: _____
NAME _____ EXPLAIN: _____
NAME _____ EXPLAIN: _____

N. YES NO Do you or anyone who lives with you have assets/resources that exceed \$1 million in value? Countable assets/resources may include, but are not limited to: cash on hand, money in a checking or savings account, stocks or bonds, trust funds, pension plans, or retirement accounts.

O. YES NO UNKNOWN If you have previously received Child Care services, do you or any additional cardholders need a new Child Care ECC card to record your child's attendance with their child care provider?

Comments:

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RESPONSIBILITIES OF CHILD CARE SERVICE WORKERS

Child Care workers are responsible for assisting applicants for and recipients of child care services to find quality child care. Workers help the family locate child care and arrange for child care subsidy payments to the legally operating child care provider of the parent's choice. Workers assist the family to find any other services needed and available in the locality.

APPEAL INSTRUCTIONS

If you are not satisfied with a local department's decision about your case, you have the right to ask for an appeal by means of a hearing. You will have a chance at the hearing to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for Child Care Subsidy and Services. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The hearing officer is the official representative of the State Department of Social.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office. A request for a hearing on your appeal must be made within 30 days after receiving written notice of the local agency's decision. If you request a hearing prior to the effective date of any proposed action, your service or service payment may continue, at your request, until a decision is made. To exercise this option, you must contact your local worker to ensure services and payments are continued without interruption.

If the decision of the appeals officer favors the local department, you will be required to repay the sum of all services provided from the time of the appeal until the closure of the case.

You may appeal to the local department or write directly to:

Director, Division of Appeals and Fair Hearings
Virginia Department of Social Services
801 East Main Street
Richmond, Virginia 23219-2901

If you feel you were discriminated against at any time, you may file a complaint within 180 days of the alleged discriminatory act with the local department, the Commissioner of the Virginia Department of Social Services, or the Region III Office of Civil Rights at:

Office of Civil Rights, Region III
U.S. Department of Health and Human Services
150 South Independence Mall West, Suite 372
Public Ledger Building
Philadelphia, PA 19106

More information about this process may be found at www.dss.virginia.gov/about/civil_rights/.

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ACKNOWLEDGEMENT OF APPLICANT'S RESPONSIBILITIES

Please initial the following items and sign below:

- _____ My signature authorizes the release to the local department of social services all information necessary to determine and review my eligibility for child care services. I authorize the release of any employment, medical, or child care information obtained from any source to the state or local department that may review this application for child care assistance.
- _____ This authorization is valid during the eligibility period of my case. I understand that this time limit does not apply to investigations regarding possible fraud.
- _____ I understand that it will be necessary to release certain information to my child care provider.
- _____ I understand that receipt of fee child care is limited to 72 months.
- _____ I understand that as a condition of eligibility I must cooperate with the local department of social services and the Division of Child Support Enforcement (DCSE) in obtaining support from absent parents for the children in my household. I understand that if I believe it would be dangerous for me or my children that I may claim good cause to not cooperate with DCSE (see Notice of Cooperation and Good Cause).
- _____ I understand that I must not share my VaECC Swipe Card with anyone, including my provider, or my case may be closed.
- _____ I understand that I must use my VaECC Swipe Card to track my child's attendance, and that failure to do so may require that I pay for untracked days and may result in case closure.
- _____ I understand that the Virginia Department of Social Services (VDSS) has limited funding available for the purchase of Child Care Subsidy Services. The funding for Child Care Subsidy Services changes from year to year. I further understand that the availability of funding for child care services cannot be guaranteed. I understand that, if this funding ends or runs out, I will receive at least 10 days written advance notice of this action, and my name may be placed on the local department's waiting list at my request.
- _____ I understand that to qualify for these funds I must have a current need for child care services; I must be working or participating in an approved educational or training program; and my total household gross monthly income must not exceed the maximum monthly household income determined by VDSS.
- _____ I must give complete and accurate information needed for determining initial and on-going eligibility for child care services. The local department may have to ask for such things as pay stubs or permission to contact agencies or individuals to get proof of my income. If I give incorrect information, I could be prosecuted for perjury, larceny, or welfare fraud, and may no longer be eligible for child care assistance. I must repay any money paid on my behalf to which I was not entitled.
- _____ I must notify the local department within 10 days of any changes that could affect my eligibility for child care services.
- _____ My rights and responsibilities have been explained, and I have received a written copy of this application.
- _____ I understand my appeal rights (see Appeal Instructions).

Applicant Signature

Date

Representative or Witness (if signed by mark)

Date

Child Care Worker Signature

Phone

Date

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Correspondence ID: _____

Child Care Parent Responsibilities

Immunizations

All children receiving services under the Child Care and Development Fund (CCDF) must be age-appropriately immunized, according to the current "Recommended Childhood Immunization Schedule, United States." You may be required to provide your child care worker with documentation of immunization, a physician's statement that required immunizations would be detrimental to the child's health, or a statement of religious exemption (on the CRE-1 form, "Certification of Religious Exemption").

Fraud

Fraud is larceny. Fraud involving more than \$200 is a felony. The *Code of Virginia* (§63.2-522) deems any person who obtains assistance or benefits by means of a willful false statement or who knowingly fails to notify of changes in circumstances that could affect eligibility for assistance as guilt of larceny. Upon conviction, the *Code of Virginia* authorizes punishment according to state law.

Reporting Changes

You must report all required changes to the local department of social services within 10 days after they occur. You are required to report the following changes:

1. Your gross (before taxes) monthly family wages or other family income if the total amount exceeds: \$ _____.
2. Your family no longer has income.
3. A change in education/training activity, including class days/hours and curriculum
4. A change in employment.
5. A change in the number of household members
6. A child receiving child care services reaches his/her 13th birthday
7. A change of address
8. A change of provider
9. A change in the number of hours child(ren) need child care
10. If your ECC card is lost or stolen

Child Support

You must contact your Division of Child Support Enforcement (DCSE) District Office within 10 days of approval of your child care services to schedule an appointment to complete a DCSE application for services, unless good cause has been established. The DCSE District Office contact information will be provided to you by your Child Care Worker.

Recording Attendance

You must record your child's attendance using either the VaECC Swipe Card system, or the Interactive Voice Response system (IVR), by phone. If you do not use your swipe card or IVR, you may be responsible for paying for the unrecorded attendance, and your case may be closed.

Repayment

In addition to any criminal punishment as set forth in the *Code of Virginia*, anyone who causes the Department of Social Services to make an improper vendor payment by withholding any of the above changes will be required to repay the amount of the improper payment. Repayment will be in either a lump sum or according to a written repayment plan between the responsible person and the local Department of Social Services.

By my signature below, I declare that I fully understand and agree to the above reporting requirements. If I give false, incorrect or incomplete information or do not report changes on time, I may be breaking the law and could be prosecuted for perjury, larceny or welfare fraud. I further understand that I must remove my child from child care if I stop going to the activity or work for which I am approved.

Applicant

Date

Worker

Date

NOTICE OF COOPERATION AND GOOD CAUSE

Correspondence ID: _____

To be eligible for Child Care Subsidy assistance, you are required by the Virginia Administrative Code to cooperate in establishing paternity and/or collecting child support to which you or your child may be entitled.

WHAT IS MEANT BY COOPERATION?

- Providing information about the identity of the father of any child applying for/receiving assistance or identifying all individuals with whom the mother had sexual intercourse who may be the father.
- Providing other information or documentary evidence, as requested, to help establish legal paternity of a child born out of wedlock or locate an absent legal parent.
- Appearing at a local Department of Social Services office, a Division of Child Support Enforcement (DCSE) office, Court, or other hearing, or proceeding as requested.
- Helping establish paternity by keeping scheduled appointments for genetic testing.
- Helping obtain child support or any other money or property owed to you or a child receiving assistance.
- Providing verbal or written information, as requested, OR stating under penalty of perjury you have no knowledge of the information requested.

WHAT ARE THE BENEFITS OF COOPERATION?

Your cooperation could result in the following benefits:

- Locating an absent parent.
- Legally establishing paternity for a child.
- Obtaining child support that may help your family in its move toward self-sufficiency.
- Obtaining rights to future social security, veteran's, or other government benefits, including medical support.

WHAT IS MEANT BY "GOOD CAUSE" FOR NOT COOPERATING?

If you believe that your cooperation would be harmful to you or your child, you may claim good cause for not cooperating. If you can provide evidence to support this claim, you may be excused from cooperating, and no attempt will be made to establish paternity or collect support.

WHAT IF YOU DO NOT COOPERATE AND GOOD CAUSE HAS NOT BEEN DETERMINED?

- You will be ineligible for assistance if you do not cooperate in establishing paternity.
- Your child care case will be closed if paternity is not established after identifying five putative fathers have been tested and you are determined by DCSE to be not cooperating.
- You and your children will be ineligible for assistance.

WHAT IF YOU CHOOSE TO COOPERATE AND NOT CLAIM GOOD CAUSE?

You may go directly to the end of this notice, check (✓) the block indicating you do not wish to claim good cause and will cooperate with DCSE, and sign your name.

WHAT IF YOU WISH TO CLAIM GOOD CAUSE FOR NOT COOPERATING?

- You must identify the absent parent of any child included in the family unit, or identify all individuals who may be the father. After you provide this information, you may claim good cause for not cooperating at any time by telling your worker.
- You must then provide evidence that good cause exists within 15 days after claiming good cause.
- If you need help obtaining the necessary evidence, you may ask your worker for assistance.

HOW DO YOU PROVE GOOD CAUSE?

- Based on the information you provide the local agency will determine if good cause for non-cooperation exists.
- Good cause for not cooperating will be determined to exist only if:

You claim good cause for one of these reasons:	And you provide clear and convincing evidence, such as:
You anticipate that cooperating will result in physical or emotional harm to you or your child reducing your ability to care for your child.	<ul style="list-style-type: none">○ Court, medical, criminal, child protective services, psychological, or law enforcement records or a written statement from a domestic violence services program or sexual assault crisis center professional indicating the alleged or absent father might inflict physical or emotional harm on you or the child.

	<ul style="list-style-type: none"> ○ Medical records which indicate the emotional health history and present health status of you or the child for whom support would be sought. ○ A written statement from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of you or the child.
The child was conceived as a result of forcible rape or incest.	<ul style="list-style-type: none"> ○ Birth certificates or medical or law enforcement records which indicate the child was conceived as the result of forcible rape or incest.
Legal proceedings are pending for adoption of the child.	<ul style="list-style-type: none"> ○ Court documents or other records which indicate that legal proceedings for adoption are pending in court. ○ A written statement from a public or private agency confirming that you are being assisted in resolving the issue of whether to keep or give up the child for adoption.

WHAT HAPPENS AFTER A DETERMINATION IS MADE?

- You will be notified by the local agency of the investigation’s results and whether or not good cause for not cooperating exists.
- If good cause exists, no attempt will be made to establish paternity or collect support.
- If good cause does not exist, you will be required to cooperate with the local agency and DCSE, unless you withdraw your application or request your case be closed.
- The DCSE Office may review the determination.
- You may request a hearing if you disagree with the determination. The DCSE Office may participate in the hearing.
- Your good cause claim will be reviewed annually to determine if good cause continues to exist.

I have read this notice and understand my right to claim good cause for refusing to cooperate.

Check one of the boxes.

I do not wish to claim good cause and will cooperate with DCSE.

I wish to claim good cause for not cooperating with DCSE.

Signature of Applicant/Recipient

Date

I have provided the applicant/recipient with a copy of this notice.

Signature of Worker

Date