

Parent/ Applicant Worksheet (Child Care and Development Fund Voucher Program) (V2-16)

Parent Name		AIS Case Number		Parent Date of Birth		Home Phone, including area code		Other Phone, contact number:	
Street Address		City		Zip		County		Is this a new address?	
Mailing Street Address, if any		Mailing Address City, if any		Mailing Address Zip		Primary Language Spoken in the Home			

List adults in household: First Name, Last Name	Birth Date:	Specify Relationship to Parent:	Working Yes or No	School Yes or No	Highest grade completed	Hours working or in school per week	Hours needed for travel per week	Hours needed for study per week	Days per week care is needed S, M, Tu, W, Th, F, S
SELF									

List your children living in household First Name, Last Name	Birth Date	Relationship to Parent/Applicant	Check if child needs care	Indicate which parent(s) are living in household	Earliest Drop-off Indicate AM or PM	Latest Pick-up Indicate AM or PM	Is there a different child care provider? Yes or No
			<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 DISCLOSURE (Include all income received in previous 30 days)	
Income Source	Monthly Amount For Whom
Child Support	Verification must be attached 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 Cancelled Check (front and back) and Wage Detail Form
Housing Assistance	None
Food Stamps	None
Work Study	None
Other	Attach appropriate documentation

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. In what school district do you live? _____
2. Are you living in a homeless shelter or domestic violence shelter?
 YES NO
3. Are you living in your car, a park, or other public place?
 YES NO
4. Are you living in a residence with family and/or friends?
 YES NO
5. Where is your family living? _____
6. Are any children on your application disabled?
 YES NO
7. Are you or your co-applicant active in the US Military, National Guard or Reserve?
 YES NO
8. Do you have assets which exceed one (1) million dollars?
 YES NO
9. Would you like to receive any additional information about other types of assistance programs in your area? YES NO If yes, please indicate program(s) of interest below.

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

I understand the following pertaining to my Hoosier Works for Child Care (HWCC) card and recording my child's attendance:

- I understand I will be required to electronically document my child(ren)'s attendance information. I will only utilize my Hoosier Work for Child Care card to document attendance when it truly reflects the care provided.
- I understand that if I fail to use my child care assistance within sixty (60) days, it will be voided.
- I understand I may only electronically, or otherwise, document my child's attendance when my child is attending the location where my voucher has been assigned.
- 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 as it is my electronic signature. I understand failure to comply with this may result in termination of my child care benefits and repayment of child care assistance paid of my behalf.
- I understand it is my responsibility to report to the Intake if my Hoosier Works for Child Care card is lost or stolen.
- I understand I can utilize up to twenty (20) Personal Days. 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 the following pertaining to my obligations of verifying my eligibility for CCDF benefits:

- 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 I may be requested to verify these statements and give my consent to the agency, from where I am requesting services, to make any necessary contacts and verify statements.
- I understand subsidized child care will not begin until all forms are completed and I have received written notice from the Office 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 I may be asked to cooperate with state and/or federal personnel in any investigation. I further understand my failure to cooperate may result in termination from the program.

I understand the following pertaining to my child care provider:

- I understand I must request a provider change by submitting a complete and current Provider Information Page to the CCDF Intake Office no later than noon on Friday.
- 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 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 parents, step-parents or legal guardians will not be paid as caregivers for their own children.
- I understand that failure to pay any child care co-payment could result in my family being terminated from this funding assistance.

I understand my rights in receiving child care benefits through the CCDF program:

- 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 my right to file a written complaint.
- I understand I can submit a written appeal if I disagree with an action taken regarding my eligibility for CCDF.

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

- 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-pay.

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, a TANF IMPACT approved activity, or other CCDF approved activity;
- I have been convicted of welfare fraud;
- My child turns thirteen (13) or eighteen (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 or children's voucher(s) have been inactive for sixty (60) day.

DISCLOSURE STATEMENT:

18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Section 35-43-5-7: Welfare fraud(a) A person who knowingly or intentionally: (1) obtains public relief or assistance by means of impersonation, fictitious transfer, false or misleading oral or written statement, fraudulent conveyance, or other fraudulent means; (2) acquires, possesses, uses, transfers, sells, trades, issues, or disposes of: (A) an authorization document to obtain public relief or assistance; or (B) public relief or assistance; except as authorized by law; (3) uses, transfers, acquires, issues, or possesses a blank or incomplete authorization document to participate in public relief or assistance programs, except as authorized by law; (4) counterfeits or alters an authorization document to receive public relief or assistance, or knowingly uses, transfers, acquires, or possesses a counterfeit or altered authorization document to receive public relief or assistance; or (5) conceals information for the purpose of receiving public relief or assistance to which he is not entitled; commits welfare fraud, a Class A misdemeanor, except as provided in subsection (b). (b) The offense is: (1) a Class D felony if: (A) the amount of public relief or assistance involved is more than two hundred fifty dollars (\$250) but less than two thousand five hundred dollars (\$2,500); or (B) the amount involved is not more than two hundred fifty dollars (\$250) and the person has a prior conviction of welfare fraud under this section; and (2) a Class C felony if the amount of public relief or assistance involved is two thousand five hundred dollars (\$2,500) or more, regardless of whether the person has a prior conviction of welfare fraud under this section. (c) Whenever a person is convicted of welfare fraud under this section, the clerk of the sentencing court shall certify to the appropriate state agency and the appropriate agency of the county of the defendant's residence: (1) his conviction; and (2) whether the defendant is placed on probation and restitution is ordered under IC 35-38-2.

I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Family and Social Services Administration/Office of Early Childhood and Out of School Learning, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of CCDF benefits, and/or the imposition of fines, civil damages, and/or imprisonment.

Parent / Applicant Signature _____

Printed Name _____

Date _____

ATTENTION! The income and residency documentation you submit must be dated no earlier than 30 days before the date you sign this worksheet.

NOTES TO YOUR CCDF INTAKE AGENT:

**CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
CHILD SUPPORT AND MAINTENANCE DECLARATION (110-141)**

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

LIST ALL CHILDREN'S NAMES	AMOUNT RECEIVED MONTHLY	FROM (PROVIDE NAME)
1.	\$	
2	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
	\$	
	\$	

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 and Development Fund (CCDF) Voucher Program.

Signature _____ Date _____

CHILD CARE DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
 TIPPED EMPLOYEE WORKSHEET (v5-20-12)

Client Name: _____ Check Date: _____

The following wage categories are listed on my attached paystub. Those included in my gross wages have been marked.

Description (List each wage/earnings category listed on your pay stub)	Hours Shown on Pay Stub	Included in my Gross	Amount Shown on Pay Stub
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
TOTALS			\$
Additional Self Declared Tips		YES	n/a

To determine gross wages, record the greater of
 Amount Reported or Total Hours x Minimum Wage
 (Internal Use ONLY) Minimum Wage Calculation
 Total Hours x Minimum Wage = \$

Check Date: _____

The following wage categories are listed on my attached paystub. Those included in my gross wages have been marked.

Description (List each wage/earnings category listed on your pay stub)	Hours Shown on Pay Stub	Included in my Gross	Amount Shown on Pay Stub
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
TOTALS			\$
Additional Self Declared Tips		YES	n/a

To determine gross wages, record the greater of
 Amount Reported or Total Hours x Minimum Wage
 (Internal Use ONLY) Minimum Wage Calculation
 Total Hours x Minimum Wage = \$

By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand my employer may be asked to provide additional information supporting my declarations above and provide my consent for wage verification.

Applicant/Co-Applicant Signature _____ Date: _____

Employer Name: _____ Phone: _____

NOTE: Copies of your pay stubs must be included with this form.

CHILD CARE and DEVELOPMENT FUND PROVIDER INFORMATION PAGE (V10-14)

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

- Licensed Home
- Licensed Center
- Registered Ministry
- License Exempt Home
- License Exempt Facility
- Providing care in child's home

License # _____

License # _____

Registration # _____

Child's Name (first & last)	Child's Age Years / Months	Kindergarten Indicate HD = 1/2 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	Provider's Current Paths to QUALITY™ Level

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.

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 www.childcarefinder.in.gov). I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, _____

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. Your CCDF provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. 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

RIVER VALLEY RESOURCES- 800 EAST 8TH STREET, NEW ALBANY IN 47150
(812)949-4381
(812)949-5283 (FAX)

**CHILD CARE AND DEVELOPMENT FUND VOUCHER PROGRAM
 Provider (Employer) – Parent (Employee) Statement (v2-16)**

➡ If the Provider (Employer) is CCDF Eligible and is a Licensed Center or Legally License Exempt Facility, including a Registered Child Care Ministry, please read and initial each statement acknowledging your understanding of CCDF Policy 2.11.4.

Parent Initial _____
 Provider Initial _____

_____ A childcare provider is ineligible to receive CCDF payments when a child's parent/step-parent/guardian is employed by the provider and the parent/step-parent/guardian is responsible for their own child for any part of the child care day.

_____ The child's parent/step-parent/guardian **MAY NOT** be in the same room or outdoor play area as their child for any part of the child care day.

We have read and understand the above statements. Our signatures on this form acknowledge our compliance.

 Parent/Step-Parent/Guardian Name (Printed) Parent/Step-parent/Guardian Signature _____ Date _____

 Please print Facility Name (Employer) Facility Owner/Director Signature _____ Date _____

➡ If the Provider (Employer) is a CCDF Eligible Licensed Child Care Home, the parent/step-parent/guardian **MAY NOT** work at the home where their child attends. (CCDF Policy 2.11.4)

 Parent's work site address/ license # _____

 Child name(s) _____

 Child attends site address/license # _____

 Child name(s) _____

 Child attends site address/license # _____

 Parent/Step-parent/Guardian Printed Name _____ Parent/Step-parent/Guardian Signature _____ Date _____

 Provider (Employer) Printed Name _____ Provider (Employer) Printed Name _____ Date _____