



# Kids in Care: Job Search Support

All Care About Childcare programs are funded by the Federal Child Care and Development Fund, the Department of Workforce Services, and the Office of Child Care.

Dear Parent,

Thank you for your interest in participating in the *Kids in Care* program. The Utah Department of Workforce Service's Office of Child Care has received funding from the Child Care and Development Fund to assist parents with formal job search activities.

The *Kids in Care* program reimburses regulated child care providers for caring for children of eligible applicants, while the applicant engages in formal job search activities such as:

- Attending resume building classes and job fairs
- Conducting internet job searches at a public library or DWS employment center
- Visiting prospective employers to inquire about job opportunities, completing applications, and attending job interviews
- Job shadowing/unpaid internships

Parents who are unemployed may be eligible to enroll in the *Kids in Care* program once during a 6-month period, beginning when the application is approved and ending:

- If the parent is enrollment in Family Employment Program (FEP)
- Once the parent has found a job
- Once the parent has utilized 150 hours of child care for their household
- At the end of the 6-month period

**Applications that remain inactive for a period of 60 days will be closed. (Application can possibly be reopened depending on available funding).**

In order to be eligible for *Kids in Care*, applicants need to meet specific financial requirements and submit accompanying documentation, including:

- Proof of last date employed
- Documentation of household income-earned or unearned
- Check stub and work schedule for spouse/parent
- Copies of children's birth certificates and school schedules

Parents will be expected to submit a monthly job log listing formal job search activities and potential employer contact information. Parents are responsible for the cost of child care until the application is approved by Care About Childcare at Children's Service Society. Child care registration fees may be covered with preapproval. **It is important to keep track of the hours you have used. If you go over the 150 hours it will be your responsibility to pay your provider for those hours.**

Please contact us with any further questions regarding the *Kids in Care* program.

Thank You!

Tina Kofford  
Care About Childcare at Children's Service Society  
[KIC@cssutah.org](mailto:KIC@cssutah.org)  
801-326-4399



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**ARE YOU CURRENTLY UNEMPLOYED?** ☐ Yes ☐ No  
**ARE YOU CURRENTLY ENROLLED IN THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES/FAMILY EMPLOYMENT PROGRAM (TANF/FEP)?** ☐ Yes ☐ No

Today's Date:	How did you hear about this program? <input type="checkbox"/> DWS <input type="checkbox"/> Provider <input type="checkbox"/> Community <input type="checkbox"/> Other _____
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Applicant Information			
Name:		Birthdate:	
Address:			
City:	State:	Zip:	County:
Home Phone:		Cell Phone:	
E-mail Address:			

Previous Employment Information		
Name of Previous Employer:		
Employer Address:		
City:	State:	Zip:
Employer Phone: (      )		Last Day Employed:
Employer Contact:		

Household Income			
Unemployment Insurance	\$ _____	Retirement	\$ _____
Social Security	\$ _____	Worker's Comp	\$ _____
SSI	\$ _____	Settlement	\$ _____
Alimony	\$ _____	Inheritance	\$ _____
School Financial Aid	\$ _____	Other	\$ _____
Child Support Income \$ _____ # of Children Receiving Child Support: _____			
Net Income From Spouse (If Applicable) : \$ _____			
Spouse/Parent Employer Contact Information if applicable (residing together and employed):			
Name of Employer:			
Employer Address:			
City:	State:	Zip:	
Employer Phone: (      )			
Employer Contact:			

Household Information							
<b>Please circle your household size on the chart below:</b>							
Household Size	2	3	4	5	6	7	8

Child Care Provider Information			
Name of Current Provider:			
Provider Regulation Type:	<input type="checkbox"/> Center	<input type="checkbox"/> Licensed Family	<input type="checkbox"/> Residential Certificate
Address:			
City:	State:	Zip:	County:
Phone:		Contact Name:	

Child Care Needs and Cost Information			
Child's Name:		Child's Name:	
Age:	Gender:	Age:	Gender:
Special Needs:		Special Needs:	
Child's Name:		Child's Name:	
Age:	Gender:	Age:	Gender:
Special Needs:		Special Needs:	

Verification
<p><b>Verification is required to process your application.</b> It is your responsibility to provide us with the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of receipt of unemployment benefits</li> <li><input type="checkbox"/> A termination statement from your previous employer, with last date worked</li> <li><input type="checkbox"/> Proof of any monthly income</li> <li><input type="checkbox"/> Past 30 day check stubs <b>and</b> work schedule for spouse/parent if applicable</li> <li><input type="checkbox"/> Copy of Birth Certificate for children</li> <li><input type="checkbox"/> Copy of school schedule for school age children</li> <li><input type="checkbox"/> Signed verification request form</li> </ul>
<p><input type="checkbox"/> I attest that the information I have provided is true and accurate.</p> <p><b>By signing this application I am authorizing Care About Childcare at Children's Service Society (CAC-CSS) to contact any federal or state agency, and/or any other organization or individual in order to verify the information provided on this application, and I am authorizing those entities to release the requested information to CAC-CSS.</b></p> <p>The child and/or children I am seeking child care reimbursement for are in my legal custodial care. I understand that funding for this program is dependent upon availability. I understand that if I am approved for this program my eligibility may be withdrawn if I do not utilize the program in a timely and appropriate manner.</p> <p>I understand that this is a reimbursement program and that my child care provider will be reimbursed for services provided. I understand that I may be eligible for up to 150 hours of child care services over the course of six months from the date my application is approved. I understand that I must adhere to the rules and schedule of my child care provider.  <b>I understand that I will be personally responsible for any late charges accrued.</b></p> <p>I understand that the Kids In Care program gives me the opportunity to participate in formal job search activities while a regulated child care provider is caring for my child. I understand that I must complete and submit a job search log that includes potential employer contact information. I understand that when I become employed or receive TANF/FEP payments I will contact CAC-CSS to discontinue the Kids In Care job search child care payments.</p> <p>Sign: _____ Date: _____</p>

Return completed application and required verification to:

**Care About Childcare at Children's Service Society**  
**Attention: Tina Kofford**  
**655 East 4500 South # 200 • Salt Lake City UT, 84107**  
**Questions: (801)326-4399 • KIC@cssutah.org • Fax: (801)355-7453**



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## Verification Request Form

Care About Childcare at Children's Service Society  
655 East 4500 South #200  
Salt Lake City UT, 84107

Kids in Care: Job-Search Child Care Reimbursement Program  
Administered by DWS, the Office of Child Care and CAC-CSS

To Whom It May Concern:

I am enrolled in the Kids in Care program; a program that provides reimbursement to my child care provider while I engage in formal job searching activities. A representative from Care About Childcare at Children's Service Society (CAC-CSS) may contact you to verify my job search activities. I authorize you to provide information that will assist CAC-CSS with verifying my formal job search activities. Please provide the appropriate information such as confirming our contact, receipt of my employment application, attending an interview, job fair or resume building class. CAC-CSS staff will not ask for personal information nor will they inquire about the status of my job search. CAC-CSS staff may contact you only to confirm that I have indeed collaborated with you to inquire about potential employment and/or attended your class to strengthen my job skills. I authorize you to release this information to CAC-CSS staff. Please feel free to contact me if you have any questions or concerns. Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

Parent Contact Information: \_\_\_\_\_

Date: \_\_\_\_\_