



## CCDF Re-evaluation Worksheet

### TANF/IMPACT PARENT(S):

- Need to provide a current referral with your CCDF recertification paperwork.

### TANF ONLY PARENT(S):

- Need to provide the TANF amount received in the last 30 days before your signature on the CCDF paperwork
- Need to provide proof of residency (utility bill with mailing date within the last 30 days, lease signed by landlord and parent, address on pay check stubs, or copy of current Drivers License).
- Proof of a Service Need (current school schedule and/or pay check stubs showing income for the past 30 days).

### FOSTER PARENT(S):

- Copy of Foster Parent License (needs to be current and turned in with every recert packet.
- Copy of Medical Authorization form.
- Proof of residency (Utility bill, lease, Drivers License, address on current check stubs.
- Proof of a Service Need (last 30 day income and/or school schedule.

### CCDF PARENT(S):

- Proof of a Service Need (last 30 day household income and / or school schedule).
- Proof of residency: utility bill (using billing date) Drs Lic. Pay stub, Lease. Proof of residency must show Name, Address, City, State, Zip.
- If you work at the daycare your child (ren) attend, you will need a statement from your employer that you do not work in the same area as your child. The statement must be on letter head and signed by your employer and you.



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

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

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 day period)			
Income Source	Monthly Amount	For Whom	Verification much be attached
<b>Child Support</b>			Completed Child Support Declaration Form provided
<b>Social Security</b>			Award letter, check stub, or verification from agency
<b>Supplemental Social Security</b>			Award letter, check stub, or verification from agency
<b>TANF</b>			Award letter, check stub, or verification from agency
<b>Unemployment</b>			Award letter, check stub, or verification from agency
<b>Wages, Salary</b>			Pay stub, or letter from employer w/ EIN number and wage info
<b>Housing Assistance</b>			None
<b>Food Stamps</b>			None
<b>Work Study</b>			None
<b>Other</b>			Attach appropriate documentation
<b>Other</b>			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.)*

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

Check Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

*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
		<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	\$
<b>Additional Self Declared Tips</b>		<b>YES</b>	n/a
<b>TOTALS</b>			\$

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
		<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	\$
<b>Additional Self Declared Tips</b>		<b>YES</b>	n/a
<b>TOTALS</b>			\$

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.**



**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 \_\_\_\_\_

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**

**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, \_\_\_\_\_

**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 \_\_\_\_\_

**RIVER VALLEY RESOURCES, INC**  
**AUTHORIZATION TO CONTACT**

I, the undersigned, do hereby authorize River Valley Resources, Inc., to contact the following persons, businesses, or agencies to obtain and release information pertinent to my participation in the Child Care Development Fund (CCDF) program.

- **Current Employers**
- **Past Employers**
- **Prospective Employers**
- **Medical Practitioner**
- **Mental Health professional**
- **Attorney**
- **Landlord**
- **Community Service Agencies**
- **Government Agencies**
- **Relative(s)**
- **Current/Previous Daycare Provider**

I understand that all personal information will be treated as confidential. This authorization will continue throughout the duration of my participation in the CCDF program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE READ AND CHECK THE FOLLOWING STATEMENTS:**

- ✓ The CCDF program does not transfer from county to county. If I move, I will be termed from the county I lived in and must re-apply in the county I now reside in.
  
- ✓ I can change providers three times in one year. I will need to have my new provider complete the CCDF provider page and return it one week before the change is to be made. Your voucher agent cannot make changes on current or previous week (s).
  
- ✓ The following changes must be reported within 10 days to your Voucher Agent. Failure to report these changes will result in **termination.**
  - Loss of Service Need (no longer employed or attending school)
  - Change of Address
  - Change in Household members

## 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.

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Signature of Parent

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Date Signed