

FY '10 CHILD CARE APPLICATION PACKET

This application packet is for child care assistance. Please complete both the front and back side of the application and the attached Race Ethnicity Form (used for reporting purposes only.)

On the back of this letter is a list of the information needed to complete the review of your eligibility for assistance. Please attach all applicable documentation to your application prior to submission.

The original completed packet must be returned to:

**SMPDD CHILD CARE DEPARTMENT
700 HARDY STREET
HATTIESBURG, MS 39401**

Eligibility requirements for the program are as follows:

- You must be working a minimum of 25 hours per week or be a full time student. If there are two parents in the home, both must meet eligibility.**
- Your income must fall within 85% of the State Median Income.**
- Parents of teen parents must meet the work requirement; however, eligibility for the teen parent is not based on this income.**
- All parents or guardians must be in compliance with MDHS Child Support unless receiving court-ordered child support. Child support cases must be documented against all absent parents.**

Parents are served based on priority grouping and the availability of funding. Parents in lower income categories receive priority over parents in higher income categories. Employed parents receive priority over students.

If you have any questions, please call our office at (601) 545-2137 or toll free at 1-888-867-6733.

You will receive written notification of your status once your application has been reviewed.

PARENT(S) RIGHTS

As a recipient of Child Care services, you have rights which you should know about. These are:

The information you share with your provider is confidential. This means that what you tell your service provider cannot be shared with anyone other than the Office for Children and Youth (OCY), Mississippi Department of Human Services (MDHS), the OCY Designated Agent, and the child care provider of your choice, without your permission, except State or federal program review or fiscal agents.

You have a right to see your case file, unless this is prohibited by federal or State law or regulation.

You have the right not be discriminated against because of your political affiliation, religion, race, color, sex, handicap, national origin, or age. If you think you have been discriminated against, you should discuss this with the OCY Designated Agent. If you are not satisfied, you may call OCY at 1-800-877-7882 (this is a toll-free call).

You may enroll your child with the child care provider of your choice.

Any dispute concerning a question of fact under this application/agreement which is not disposed of by agreement of the parties hereto shall be decided by the Director of the Office for Children and Youth. In the review by the OCY Director the parent/provider shall be afforded an opportunity to be heard and offer evidence in support of the questioned decision under review. This decision shall be reduced to writing and a copy thereof mailed or furnished to the parent/provider and shall be final and conclusive, unless, within thirty (30) days from the date of the decision, the parent/provider mails or furnishes the Executive Director of the Mississippi Department of Human Services a written request for review. Pending final decision of the Executive Director or his designee, the OCY Designated Agent will proceed in accordance with the decision of the Director of the Office for Children and Youth.

PARENT(S) RESPONSIBILITIES

PLEASE READ THIS SECTION CAREFULLY. PLEASE ASK THE OCY DESIGNATED AGENT TO EXPLAIN TO YOU ANY OF THESE STATEMENTS THAT YOU DO NOT UNDERSTAND.

- I certify that this form has been examined by me and that the information given is true and correct to the best of my knowledge and belief.
- I agree to provide accurate and truthful information to the OCY Designated Agent, and when requested to the representatives of MDHS, or the Office for Children and Youth for the purpose of determining eligibility for assistance.
- I agree to provide the OCY Designated Agent information to verify any statements given in this application and hereby give the OCY Designated Agent, MDHS, or its agents permission to obtain such verification. I will cooperate fully with State and federal personnel in any review.
- I will notify the OCY Designated Agent within ten (10) days of any change in the following circumstances: marital status, household size, household income, address, employment, education or training status for any household member.
- I agree to notify the OCY Designated Agent when child care services are no longer needed.
- I will notify the provider if my child(ren) will not attend child care for three (3) or more days at any one time.
- I am the parent or legal guardian of the children as specified and they are living in my home. These children are in need of child care in order that I may continue employment and/or education/training.
- If I am the legal guardian of the children as specified, I declare that they are deprived of parental support or care by reason of death, incapacity, or continued absence from home of a parent.
- I understand that Mississippi law requires MDHS to take necessary action to establish paternity and /or collect child support from the responsible parent(s) whose child(ren) are receiving public assistance. The Office for Children and Youth, MDHS provided consumer information to parents in need of assistance in obtaining child support. I agree to cooperate and to provide assistance in the collection of child support and /or the establishment of paternity for children whom I am requesting assistance. I understand that if I do not cooperate as required, I may lose my eligibility for child care services according to the requirements of the program.
- I understand that the provider of the child care services is NOT an agent of OCY Designated Agent, and that the foregoing entities in no way warrant the services rendered, and I understand that the child care provider acts solely as an independent contractor in its capacity as a child care provider.
- Under Mississippi law, any person who knowingly commits fraud or aids or abets another person to commit fraud, in connection with State or federally-funded assistance programs, may be punished as for either a misdemeanor or a felony. Fraudulent acts are set forth in the applicable statutes, but they include failure to disclose a material fact in making a determination for a person to receive aid or benefits or services under any State or federally-funded assistance program; failure to disclose a change of circumstances; and knowingly filing a false claim for aid, benefits, or services.

I UNDERSTAND ALL OF THE STATEMENTS LISTED ABOVE. YES NO I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE POLICIES CAN RESULT IN THE TERMINATION OF CHILD CARE SERVICES. YES NO

Client's Name (Please Print) Date OCY Designated Agent (Please Print)

Client's Signature (Sign your name; do not print) OCY Designated Agent's Signature Date

CHILD CARE DEVELOPMENT FUND (CCDF) RACE-ETHNICITY INFORMATION

We are required by the federal government to gather the following information for statistical purposes. It is for reporting purposes only and will not in any way affect your eligibility for this program.

Please complete this for yourself and for each child you are applying for.

<p><u>PARENT</u></p> <p>Name _____</p> <p><i>Do you consider yourself wholly or in part....</i> (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian</p> <p>~~~~~</p> <p><input type="checkbox"/> Hispanic or Latino <i>If yes, also check one of the above.</i></p>	<p><u>CHILD #1</u></p> <p>Child's Name _____</p> <p><i>Do you consider your child wholly or in part....</i> (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian</p> <p>~~~~~</p> <p><input type="checkbox"/> Hispanic or Latino <i>If yes, also check one of the above.</i></p>
<p><u>CHILD #2</u></p> <p>Child's Name _____</p> <p><i>Do you consider your child wholly or in part....</i> (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian</p> <p>~~~~~</p> <p><input type="checkbox"/> Hispanic or Latino <i>If yes, also check one of the above.</i></p>	<p><u>CHILD #3</u></p> <p>Child's Name _____</p> <p><i>Do you consider your child wholly or in part....</i> (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian</p> <p>~~~~~</p> <p><input type="checkbox"/> Hispanic or Latino <i>If yes, also check one of the above.</i></p>
<p><u>CHILD #4</u></p> <p>Child's Name _____</p> <p><i>Do you consider your child wholly or in part....</i> (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian</p> <p>~~~~~</p> <p><input type="checkbox"/> Hispanic or Latino <i>If yes, also check one of the above.</i></p>	<p><u>CHILD #5</u></p> <p>Child's Name _____</p> <p><i>Do you consider your child wholly or in part....</i> (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian</p> <p>~~~~~</p> <p><input type="checkbox"/> Hispanic or Latino <i>If yes, also check one of the above.</i></p>

Verification for Child Support Services

Office for Children and Youth

This completed form is to be attached to parent's child care application.

I _____ / _____,
 (custodial parent) (Social Security number)

am applying for Child Care assistance. I understand that cooperation with Child Support enforcement is required in order for me to be eligible for the program.

PLEASE LIST CHILDREN NEEDING CHILD CARE AND PROVIDE CHILD SUPPORT INFORMATION (Use reverse side if necessary)					
CHILD'S NAME	Child Support case is through DHS Child Support	Child Support court ordered, through Bank Plan. Copy of court order & payment print-out attached	Child Support court ordered, not through Bank Plan. Copy of court order attached.	I do not currently have an open Child Support case	No Child Support case - other biological parent is living in the home
1.	yes _____	yes _____	yes _____	yes _____	yes _____
2.	yes _____	yes _____	yes _____	yes _____	yes _____
3.	yes _____	yes _____	yes _____	yes _____	yes _____
4.	yes _____	yes _____	yes _____	yes _____	yes _____
5.	yes _____	yes _____	yes _____	yes _____	yes _____

Through DHS: No need to contact DHS if you already have an open case. Parent should complete the Child Support form and attach it to the Child Care application.

Not through DHS, is court ordered, through Bank Plan: Send us a copy of (1) court order, showing children and amounts to be paid, and (2) a printout of payments from a Bank Plan payment schedule.

Not through DHS, is court ordered, but not through Bank Plan: Send a copy of court order. Entire monthly amount will be used to determine income.

Have not yet applied for Child Support and have no court order (whether or not you are receiving any payments): If you do not have an open case, you should contact DHS Child Support and open a case for each child for whom you are needing child care assistance.

If you are excused from cooperating with Child Support for one or more children: Please attach a statement from the Child Support officer that you are excused from cooperating with Child Support. The statement should name the child or children and should be dated and signed by the Child Support officer and should bear the official stamp of the county office.

DOCUMENTATION CHECKLIST

Employment:

A **copy** of your 2 most current check stubs (within the last 30 days). (Teen parents must submit check stubs for themselves and any parent/guardians in their household.) Do not submit original check stubs –they cannot be returned to you. If paid by personal check, submit copies of two checks (front and back) that have cleared the bank.

If you have just started a new job and you do not have two check stubs that reflect full pay periods, you can submit an **original, signed** letter from your employer written on company letterhead stating your beginning date of employment, the average number of hours worked per week, the rate of pay and the pay schedule (weekly, biweekly, bimonthly, monthly). If the letter is written on plain paper (not letterhead), the employer's signature must be notarized. **If you submit a letter rather than check stubs, you will be required to submit check stubs within 30 days.**

If **self employed**, you must submit a copy of your Estimated Quarterly tax report or a copy of your 2007 income tax return with 1099 and a Schedule C; or some other form of employment documentation showing **current** hours and wages.

High School/GED/College Students Education /Enrollment Verification:

An **original, signed** letter from your school written on letterhead stating your enrollment status as full-time for the current semester. Post secondary students can obtain verification from the Registrar's Office – online printouts are not acceptable. (Part time students must meet the work requirement.)

Child Support:

All parents receiving child care assistance must document child support assistance.

- Complete the attached Verification for Child Support Services Form and return it with your application.
- If you receive court ordered child support, attach supporting documentation.
- If you do not receive court ordered child support or have an open case with MDHS Child Support, you must contact MDHS Child Support to open a case.

Other Monetary Benefits:

If you or your child receives Social Security, SSI, Veteran's Benefits, unemployment compensation, TANF, or any other monetary benefit, submit a **copy** of the award letter or check.

A copy of a long form birth certificate and Social Security card, for each child needing assistance.

A copy of the Social Security card, for the parent applying for assistance.

If your child is Special Needs, you must submit a **copy** of the SSI award letter or SSI check. If the child is not receiving SSI, an **original, signed** letter from the child's physician stating the child's medical condition is required.

If you are a Foster Parent or Protective Services parent or Prevention Services parent, you must submit an **original** Referral Form from your DHS Social Worker (in addition to the other items referenced above.)

If you are the guardian of the child applying for assistance, you must submit a **copy** of legal guardianship papers or contact our office for a Guardianship Form. Proof of residence for the absent parent(s) is required with the District Guardianship Form and an open child support case must be documented for each absent parent.

If one parent in a two parent household is disabled, you must submit an **original, signed** letter from the disabled parent's physician specifically stating the disabled parent's incapacity to care for the children.

Other documentation as requested on a case by case basis.