

**HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION
AUTHORIZED USER**

Case Name _____ Case Number _____

The Individual below is approved to receive a HOOSIER WORKS FOR CHILD CARE CARD.

First Name _____ MI _____ Last Name _____ DOB _____

Address _____ Phone _____

Reason for Issuance (B) Replacement Lost/stolen Not working Other _____
(Check all that apply) (C) Authorized Representative / Relationship to Applicant _____

Type of ID seen _____
(One picture ID or two other forms of ID, one of which must contain a signature)

By signing this form, I am acknowledging I have received this HOOSIER WORKS FOR CHILD CARE CARD and understand the policies related to its use.

- I understand I may not allow anyone, including my child care provider, to possess or use my Hoosier Works for Child Care card to authorize electronic attendance transactions for child(ren).
- I understand a provider should never attempt to force me to violate this policy. If a provider does attempt to force me to violate this policy, I shall immediately report it to the Local Intake Agent for referral to the state.
- Exceptions to this policy will only be accepted with written documentation from the Office.

Failure to follow the above policy could lead to **negative action** taken against the Applicant and Co-Applicant and/or the child care provider, up to and including termination from the Child Care and Development Fund (CCDF) voucher program.

- I have received the HOOSIER WORKS FOR CHILD CARE CARD.
- My card will be mailed, when my application is processed if I have valid vouchers

Cardholder Signature _____ Date _____

AUTHORIZATION FOR AN AUTHORIZED USER

I, the Applicant for CCDF benefits, am requesting _____ to be designated as an authorize user for my HOOSIER WORKS FOR CHILD CARE CARD. I acknowledge the user of this card is acting as my representative and as such I am responsible for attendance documented by my authorized user, even if such attendance is erroneous. Further, I understand I may revoke this agreement at any time by providing written notification to the local Intake Agent.

Applicant Signature _____ Date _____

<p style="text-align: center;">FOR OFFICE USE ONLY</p> <p>16 Digit Card Number _____ <i>(Or a copy of the front of the HW card issued.)</i></p> <p>Issuing Staff _____ Date _____</p>	<p style="text-align: center;">CARD USAGE TRAINING</p> <p>____ Video & verbal/written</p> <p>____ Verbal/written only</p>
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