



PARENT / APPLICANT WORKSHEET

State Form 56907 (R / 5-21)
 FAMILY AND SOCIAL SERVICES ADMINISTRATION
 CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

Name of parent / applicant	Automated Inquiry System (AIS) number	Date of birth of parent / applicant (<i>month, day, year</i>)	Home telephone number ()	Other telephone / contact number ()
Street address (<i>number and street, city, state, and ZIP code</i>)			County	Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing address (<i>if different from above</i>) (<i>number and street, city, state, and ZIP code</i>)			Primary language spoken	E-mail address

ADULTS LIVING IN HOUSEHOLD

First Name, Last Name	Date of Birth (<i>month, day, year</i>)	Relationship to Parent / Applicant	Working?	School?	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 (<i>S, M, Tu, W, Th, F, S</i>)
SELF			<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					

CHILDREN LIVING IN HOUSEHOLD

First Name, Last Name	Date of Birth (<i>month, day, year</i>)	Relationship to Parent / Applicant	Child Needs Care?	Which Parent(s) are Living in Household?	Earliest Drop-Off	Latest Pick-Up	Is There a Different Child Care Provider?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME DISCLOSURE – Include all income received in the previous sixty (60) days.

Income Source	Monthly Amount	For Whom	Verification That Must Be Attached	Income Source	Monthly Amount	For Whom	Verification That Must Be Attached
Child Support			Amount must be listed, even if zero (0).	Wages / Salary			Pay stub or cancelled check (front and back) and wage detail form (<i>if applicable</i>)
Social Security			Award letter, check stub, or verification from agency	Housing Assistance			None
Supplemental Social Security			Award letter, check stub, or verification from agency	Food Stamps			None
TANF			Award letter, check stub, or verification from agency	Work Study			None
Unemployment			Uplink claimant homepage or verification from agency	Other			Attach appropriate documentation

ANSWER THE FOLLOWING QUESTIONS.

1. In what school district do you live?	2. Are you living in a homeless shelter or domestic violence shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are you living in your car, a park, or other public place? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you living in a residence with family and/or friends? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Where is your family living?	6. Are any children on your application disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your co-applicant active in the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or your co-applicant active in the National Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have assets which exceed one (1) million dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT'S / APPLICANT'S RIGHTS AND OBLIGATIONS

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 on 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 that 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 another State I obtain a new phone number, I have total assets which exceed 1 million dollars or a change in income which exceeds 85% of the State median income (SMI), 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 the day before the last business day of the week.
- 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:

- Failure to respond to requests for additional information related to eligibility determination from The Office or its agents within the required time frame
- Failure to pay weekly copayment owed, if reported within thirty (30) days from first missed payment.
- Failure to document a CCDF eligible child's attendance in the manner required by the Office.
- Failure to fully reimburse CCDF eligible in-home (nanny) provider
- Submitting attendance claims for time the CCDF eligible child was not in attendance, with the exception of approved holidays and personal days, as allowed by the Office.
- Allowing an unauthorized person, including the CCDF eligible child care provider, to possess a CCDF card, card number, or Personal Identification Number, password or any other tool for entering electronic attendance information, as applicable.
- Failure to remain current on any existing repayment agreements determined by the Office
- Failure to select a CCDF eligible provider

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

- Excessive unexplained absences.
- A change of residency outside of the State
- Substantiated fraud or intentional program violations
- Failure to provide complete information at time of authorization or update
- CCDF Household income does not meet financial eligibility
- CCDF Household does not meet service need requirements
- Copayment exceeds total weekly subsidy
- Failure to select a CCDF eligible provider

