

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
OFFICE FOR CHILDREN AND YOUTH
CHILD CARE SERVICES APPLICATION**

We will consider this application without regard to race, color,
age, sex, handicap, religion, national origin, or political benefit.

<p>1. PARENT/LEGALLY RESPONSIBLE PERSON INFORMATION</p> <p>NAME _____</p> <p>MAILING ADDRESS _____</p> <p>CITY _____ ZIP _____</p> <p>PHYSICAL ADDRESS, IF DIFFERENT THAN MAILING ADDRESS: _____</p>	<p>COUNTY OF RESIDENCE _____</p> <p>PHONE: (601) _____ (Home) (601) _____ (Work)</p> <p>SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____</p> <p>PLACE OF EMPLOYMENT _____</p> <p>SPOUSE PLACE OF EMPLOYMENT _____</p> <p>Are you a teen parent? _____ Are you currently deployed (military)? _____</p>
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2. PLEASE LIST ALL PERSONS LIVING IN THE HOME. (Use reverse side if necessary)						
NAME (LIST YOURSELF FIRST)	SEX	BIRTH DATE	RELATION TO YOU	FATHER IN HOME?	MOTHER IN HOME?	SOCIAL SECURITY NO.
1.			SELF	N/A	N/A	
2.						
3.						
4.						
5.						
6.						

3. PLEASE LIST CHILDREN NEEDING CHILD CARE AND PROVIDE CHILD CARE PROVIDER INFORMATION (Use reverse side if necessary)				
CHILD'S NAME	SPECIAL NEEDS CHILD?	Will Child be in Headstart or Kindergarten or school?	If so, what is approximate start date?	NAME, ADDRESS AND PHONE NUMBER OF YOUR CHILD CARE PROVIDER (DAY CARE CENTER OR INDIVIDUAL)
1.	yes__ no__	yes__ no__		
2.	yes__ no__	yes__ no__		
3.	yes__ no__	yes__ no__		
4.	yes__ no__	yes__ no__		
5.	yes__ no__	yes__ no__		
6.	yes__ no__	yes__ no__		

4. PLEASE LIST ALL SOURCES OF INCOME FOR YOUR HOUSEHOLD					
SOURCE OF INCOME	<u>Answer each question</u>	PERSON RECEIVING	GROSS AMOUNT	HOW OFTEN PAID	I AM WORKING:
Employment	yes__ no__	SELF	Attach check stubs		<input type="checkbox"/> Day Shift
Employment	yes__ no__	SPOUSE	Attach check stubs		<input type="checkbox"/> Night Shift
Self-employment	yes__ no__		Attach documentation		<input type="checkbox"/> Swing Shift
SSI	yes__ no__		\$		<input type="checkbox"/> Not working
Social Security or Other	yes__ no__		\$		<input type="checkbox"/> Clinical or field placement
Child Support/Alimony	yes__ no__		\$		<input type="checkbox"/> I am
DO YOU RECEIVE: (yes or no) Housing Assistance _____ Food Stamp Assistance _____ Other Federal Assistance _____ (including educational grants, loans, and scholarships)					<input type="checkbox"/> In High school
					<input type="checkbox"/> In college

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 _____

Parent's Statement of Agreement

I agree to report to the Child Care Department any changes in:

- | | |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ● income ● address or phone number ● child support | <ul style="list-style-type: none"> ● work hours or school enrollment ● family size ● daycare provider |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

If any of these changes occur, I will contact the Child Care Department within ten (10) days.

I understand that:

1. any **change in my employment status** (layoff, new job, change in income, maternity leave, change in number of work hours) or **change in my family size** (new baby, marriage, divorce) could affect my co-pay fee or my eligibility.

2. I must pay a monthly **co-payment fee** to the child care provider, and that failure to keep my co-payment fee current could result in termination from the child care program.

3. if the provider charges more than the **maximum amount** the certificate program can pay, I will be responsible for paying that difference, in addition to my co-payment.

4. if I **change providers**, I am to report this change in advance to the Child Care Department. I understand that it is my responsibility, and NOT the responsibility of the daycare center or individual provider, to ensure that the Child Care Department is notified and that a replacement certificate is written to the new provider. I understand I can request a change in provider only two times during the year and that changes will not be processed between August 1 and September 30 (during rollover) unless circumstances are such that it is absolutely necessary.

5. if my child **misses attendance at the daycare center**, I am to contact the center and let them know the reason, and if my child **misses 3 consecutive days** with no contact from me to the center, the center is to contact the Child Care Department and my need for childcare services will be reviewed.

6. if my child **misses attendance at the daycare center for more than two weeks**, I will be responsible for payment to the center. If more than two weeks for a medical reason, I will submit a doctor's statement to the center.

7. if I **withdraw my child from a center without giving notice** as required by the center, I will be responsible for paying the center or working out an arrangement with the center. I understand the certificate program cannot double-pay for my child.

8. I or my authorized representative must sign my child(ren) in and out on the daycare **center's sign-in sheets** every day and if I do not, the program will not be responsible for paying for my child care.

9. that payments cannot be made to another person living in the **same household** as my child.

10. if I use an unlicensed individual child care provider, she/he must be **18 or older** and she/he is prohibited by law from keeping more than **5 children** who are not related to the provider.

11. failure to comply with **Child Support** will result in termination of my certificate(s).

12. that my **eligibility must be re-established** after I have been receiving child care services for six (6) months.

13. if I provide false information during the application or redetermination process, my child care certificate(s) will be terminated and I will not be eligible to reapply for services until one year from the date of termination. If I provide false information again after being re-approved for services, I will be disqualified from the certificate program permanently.

FRAUD: Any person applying for or receiving public assistance by using **false statements**, and any person assisting that person to receive such public assistance, with knowledge of those false statements, will be subject to criminal prosecution. This prosecution will be for a misdemeanor when the amount received or requested is below \$500, or a felony if the amount received is above \$500.

GRIEVANCE PROCEDURE: 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.

Work or School Schedule: Please list below the hours that you work and/or attend school each day. Write in your usual daily schedule in the blanks below. Example: 8am-5pm, 7am-3pm, etc. Below that, please write in the hours child care is needed.

_____ Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat.

Child Care Services are needed from _____ (am or pm) to _____ (am or pm)

(Parent's signature)

(Date)

Child Care Documentation Checklist for Waiting List Applicants

- PARENT OR PARENTS WORKING

- (1) Check stubs - If you are paid every week, every 2 weeks or twice a month, send us your two most recent check stubs. If you are paid monthly, send us your most recent check stub. Must be working at least 25 hours per week. **Please note in a two (2) parent household you must submit two (2) check stubs for both parents in the household. Check stubs cannot be more than 30 days old.**

TEEN PARENTS IN HIGH SCHOOL

- (1) If you are a teen parent and living at home with your parent(s), your parent(s) must be working the required 25 hours per week. Send two (2) of your parent's or parents' check stubs. Check stubs cannot be more than 30 days old.
- (2) If you are a teen parent and living at home with your parent(s), your parent(s) cannot be paid for keeping your child.

- If you receive SSI, Social Security, or alimony, send a copy of the check or award letter.

- PARENTS IN SCHOOL

High School	Enrolled full time. Current verification of enrollment from the Principal or counselor of the high school. If the student is working, you must submit two (2) check stubs. If the high school student is not working, you must submit two (2) check stubs from the teen's parent or parents.
College	We cannot issue certificates to college students who are not working. College students must be working 25 hours per week or more to qualify. If you are a College student not working the 25 hours per week, and would like to be placed on the waiting list please return the application.

- LONG FORM BIRTH CERTIFICATE You do not need to submit the long form birth certificates for children that were issued certificates during the program year (October 1, 2007 - September 30, 2008). You will only need to submit the long form birth certificate for any new children you want to add to the certificate program for October 1, 2008.
- SOCIAL SECURITY CARDS You do not need to submit the social security cards for children already on the program and receiving child care, you will not need to send this again. If you are adding children, you WILL need to send their social security cards.
- CHILD SUPPORT
See instructions on the attached Verification of Child Support Services form.

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>

GUARDIANSHIP / IN LOCO PARENTIS VERIFICATION

Guardian's name: _____

Address: _____

Phone: Home Work

Date: _____

I am currently providing care for the child or children listed below. The child or children do live with me, but the child's or children's parents do not. I am responsible for their care in all aspects of daily living.

Children's names:

Please give a brief explanation, including the parent's whereabouts if known, as to why you are responsible for the care of this child or children. Or you may attach a copy of any legal guardianship papers you have.

Do you receive other benefits for this child? Check all that apply:

Food stamps
yes ___ no ___

Medicaid
yes ___ no ___

TANF
yes ___ no ___

CHIPS Insurance
yes ___ no ___

Guardian's signature _____

Verification for Child Support Services

Office for Children and Youth

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

(Custodial Parent)

(Social Security Number)

I 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 MDHS 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 MDHS: No need to contact MDHS if you already have an open case. Parent should complete the Child Verification for Child Support Services form and attach it to the Child Care application.

Not through MDHS, 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 MDHS, 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 MDHS Local Child Support Office 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.