



You have two methods to reauthorize your vouchers before your termination date. Your termination date is listed on the enclosed letter.

Method 1 - Reauthorize by mail, drop off (Terre Haute office only), or fax. No appointment needed. Follow the instructions below.

- You must include the application checklist with all of the required information. If you mail your information, be sure to put enough postage on your envelope so that the packet is not returned to you. **Complete information must be in our Terre Haute office at least 7 days prior to your termination date.**
- The following enclosed items must be completed and returned:
 - ___ Parent Application Worksheet (complete, sign & date)
 - ___ Parent Statement/Rights & Obligations form (sign 2nd page)
 - ___ Child Support Declaration Form
 - ___ Child Care hours worksheet
 - ___ All documentation as required on the CCDF checklist
- After your reauthorization is processed and approved we will mail you a **NEW** "Pre-Voucher Report". You must ensure you receive this **NEW** voucher report prior to your current voucher termination date. If you have not received a new report at least **7(seven)** days prior to your termination date, you should call our office to verify we received all the required information. Do not risk having your voucher terminate... **CALL TO VERIFY YOUR APPROVAL PRIOR TO YOUR TERMINATION DATE!**

Method 2 – Reauthorize face to face by appointment in your county. Follow instructions on the enclosed letter. Call TODAY for an appointment.

CCDF CHECKLIST

BELOW IS A LIST OF ALL DOCUMENTATION NEEDED TO COMPLETE YOUR APPLICATION FOR THE CHILD CARE VOUCHER PROGRAM. YOUR APPLICATION WILL NOT BE COMPLETED WITHOUT ALL THE FOLLOWING DOCUMENTATION THAT APPLIES TO YOU.

PROVIDER INFORMATION PAGE: The Provider Information Page must be completed, signed, and dated by your current CCDF eligible provider.

***TANF IMPACT APPLICANTS:** You must have a current TANF Impact referral from the Division of Family Resources.

VERIFICATION OF RESIDENCY: Your physical residency documentation is required; documentation must include street address, city, state, and zip code. Acceptable documentation must be one of the following:

- Current rent receipt or statement from landlord
- Current mortgage statement
- Current utility bill ie; water, sewage, waste, electric, cable natural gas or other home heating source based on any of the following: end date of service period, meter reading date or statement date. **NO PHONE BILLS**
- Lease for existing lease period
- Envelope from current mail received at address, including postmark (no window envelopes)
- Current correspondence received at address from DFR or Impact Service Provider
- Current check stub
- TANF ICES screen with current print date
- Valid driver's license or State ID
- Current letter from secondary school documenting the student's registered address
- Documentation from a Homeless Shelter or Domestic Violence Shelter
- Online Documentation from the United States Postal Service
- Valid Indiana Vehicle Registration
- Documentation of Homelessness provided by the DFR.
- Reauthorization letter mailed to you from our office.

***VERIFICATION OF IDENTITY:** Photo ID for the applicant, which must be one of the following:

- Driver's license
- State ID
- Passport
- Military ID
- School ID
- Work ID

We must also have verification of your spouse or child's father/mother if the other parent is living with you. Their documentation could be one of the following:

- Any of the verification listed above
- ICES screen
- Social security card
- Birth certificate
- Insurance card
- Vehicle registration

Verification of all children in the home must be one of the following:

- Birth Certificate
- Valid Green Card
- Hoosier Healthwise or Medicaid card
(Must have date of birth)
- Permanent Residency Card
- Valid Visa
- ICES Screen

If you currently have an active voucher and you are submitting a reauthorization, we do not need another copy of your or your family's IDs.

***EMPLOYMENT VERIFICATION:** Documentation of all of your wages received in the current 30 days from the date you sign your application. Accepted verification must be one of the following:

- Last 4 paystubs if paid weekly – last 2 paystubs if paid bi- weekly. Paystubs must have your name, total hours worked and gross wages.
- If you do not have all paystubs you must obtain a Wage Detail Form **AND** copies of cancelled checks front and back. You can contact our office or download this form from our website.
- Computer generated Wage History Summary provided by your employer which includes name, hours worked, gross wages, date received and information identifying the employer.
- Completed State Form 54092 received directly from the DFR which provided wage information for the current period.

See Other Side

***TIPPED EMPLOYEE:** If you receive tips at your job you must obtain a Tipped Employee statement. You can contact our office OR download this form from our website. If you do not submit this form we cannot complete your reauthorization.

***NEW JOB:** If you have a new job or will be starting a new job, you need to provide a paystub showing your name, hours worked, and gross wages. If you have not received a paystub, you must obtain a statement from your employer. The statement must have your name, hire date, anticipated work hours per week, and employer's signature. The statement must have the EIN number of the business or be on letterhead or include the manager's business card.

***SELF EMPLOYMENT VERIFICATION:** A statement of profit/loss form completed for the previous calendar month **AND** an IRS Tax Transcript which includes a Schedule C for the previous tax year. You can obtain the profit/loss form by contacting our office or downloading it from our website.

***FOSTER PARENTS:** If you are a foster parent please call the office to determine what documentation is needed.

TANF (CASH ASSISTANCE): A printout verifying the amount of TANF received in the current 30 day period from the Office of Family Resources.

CHILD SUPPORT: You must complete the Child Support Declaration form for any child support received in the current 30 days of signing your application

***SOCIAL SECURITY OR SSI:** If you received social security income in the past 30 days you must provide a copy of the current year's award letter

***OTHER INCOME:** Documentation of any other income received in the current 30 days of signing your application such as alimony, farm income, worker's compensation, unemployment compensation, veteran's pension, rental property, etc.

***PROOF OF STUDENT STATUS:** Documentation must include a current school registration, or a school schedule print out from the internet, or a statement on school letterhead. Documentation **MUST** include your name, the school's name, the credit hours taken and/or hours of participation and semester begin and end dates. Students only qualify for one 4 year degree or 2 Associate degrees. **If you are a high school student you must obtain a Secondary School Enrollment Verification form.** You can contact our office OR download this form from our website. **Graduate students do not qualify.**

***IF YOU WORK FOR YOUR CHILDCARE PROVIDER:** You must return a "provider statement" that you can obtain from our website or office.

INCAPACITY: If one of the adults in the household is incapacitated please call the office to determine what documentation is needed.

CPS CASE: If you have an active CPS case, please call the office to determine what documentation is needed.

CURRENT IS DEFINED AS A 30 DAY PERIOD FROM THE DATE YOU SIGN THE APPLICATION
***If you are married or the child's other parent lives with you, we must have the information for both people if applicable.**

Chances And Services for Youth
1101 S 13TH ST, 2ND FLOOR
TERRE HAUTE, IN 47802
PHONE: 812-232-3952 TOLL FREE: 800-886-3952 FAX 812-232-1731
www.casyonline.org

DETERMINING CHILDCARE NEED

Worksheet to be completed by applicant for employment, school, and/or both.

EMPLOYMENT

Complete if you are working

Applicant/Co-Applicant _____

Employer _____

Average Work Week

Su _____ M _____ T _____ W _____ Th _____
F _____ Sa _____

Average hours you work in a week _____

Earliest Drop-off Time: _____ AM/PM

Latest Pick-up Time: _____ AM/PM

*Shift: _____ 1 only _____ 1&2 _____ 2 only

*Shift 1 - Only work between the hours of 6am-6pm

*Shift 2 - Only work between the hours of 6pm-6am

*Shift 1&2 - Hours overlap Shift 1 & Shift 2
Example - 2pm - 10pm

TRAINING/EDUCATION

Complete if you are attending school

Applicant/Co-Applicant _____

Organization/Institution _____

_____ Classroom Program _____ Distance Learning/Internet

Days Participating ___ Su ___ M ___ T ___ W ___ Th ___ F ___ Sa

Semester Start Date _____ End Date _____

_____ Credit Hours or Participation Hours

+ _____ Clinical/Practicum/Internship Hours

= _____ Subtotal Childcare Need

+ _____ Travel Time per week (No more than 10 hours for a Childcare Need of less than 25 hours or more and no more than 5 hours for a Childcare Need of less than 25 hours)

+ _____ Study Time (Not to exceed 2 hours per credit hour)

= _____ Total Childcare Need

Highest Level of education completed

_____ GED

_____ High School Diploma

_____ Associate Degree

_____ Bachelor Degree

CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
CHILD SUPPORT AND MAINTENANCE DECLARATION (v10-14r)

*Declare below, by child, the **average** amount of child support received **MONTHLY**, if received in the previous 30 days.*

LIST ALL CHILDREN'S NAMES	AMOUNT RECEIVED MONTHLY	FROM (PROVIDE NAME)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
SPOUSAL/ABSENT PARENT HOUSEHOLD PAYMENT	\$	

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 and Development Fund (CCDF) Voucher Program.

Signature _____ Date _____

Parent/ Applicant Worksheet (Child Care and Development Fund Voucher Program) (12-16)

Parent Name	AIS Case Number	Parent Date of Birth	Home Phone, including area code	Other Phone, contact number:
Street Address	City	Zip	County	Is this a new address?
Mailing Street Address, if any		Mailing Address City, if any	Mailing Address Zip	Primary Language Spoken in the Home

List adults in household: First Name, Last Name	Birth Date:	Specify Relationship to Parent:	Working Yes or No	School Yes or No	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 S, M, Tu, W, Th, F, S
SELF									

List your children living in household First Name, Last Name	Birth Date	Relationship to Parent/Applicant	Check if child needs care	Indicate which parent(s) are living in household	Earliest Drop-off <i>Indicate AM or PM</i>	Latest Pick-up <i>Indicate AM or PM</i>	Is there a different child care provider? Yes or No
			<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 DISCLOSURE (Include all income received in previous 30 days)	
Income Source	For Whom
Child Support	Completed Child Support Declaration form provided
Social Security	Award letter, check stub, or verification from agency
Supplemental Social Security	Award letter, check stub, or verification from agency
TANF	Award letter, check stub, or verification from agency
Unemployment	Uplink Claimant Homepage or verification from agency
Wages, Salary	Pay stub, or Cancelled Check (front and back) and Wage Detail Form
Housing Assistance	None
Food Stamps	None
Work Study	None
Other	Attach appropriate documentation

ATTENTION! Failure to attach ALL required documentation will result in termination of child care benefits without notice. (Please use application checklist provided to assist in preparation of worksheet for mailing.)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. In what school district do you live? _____
2. Are you living in a homeless shelter or domestic violence shelter?
 YES NO
3. Are you living in your car, a park, or other public place?
 YES NO
4. Are you living in a residence with family and/or friends?
 YES NO
5. Where is your family living? _____
6. Are any children on your application disabled?
 YES NO
7. Are you or your co-applicant active in the US Military, National Guard or Reserve?
 YES NO
8. Do you have assets which exceed one (1) million dollars?
 YES NO
9. Would you like to receive any additional information about other types of assistance programs in your area? YES NO If yes, please indicate program(s) of interest below. _____

PARENTS / 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 of 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 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 a new address or I obtain a new phone number 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 on Friday.
- 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:

- 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-pay.

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, a TANF IMPACT approved activity, or other CCDF approved activity;
- I have been convicted of welfare fraud;
- My child turns thirteen (13) or eighteen (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 or children's voucher(s) have been inactive for sixty (60) day.

CHILD CARE and DEVELOPMENT FUND PROVIDER INFORMATION PAGE (V10-14)

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) _____

Type of Provider

Licensed Home
 Licensed Center
 Registered Ministry
 License Exempt Home
 License Exempt Facility
 Providing care in child's home

License # _____
 License # _____
 Registration # _____

Hours of Operation _____ Days (Please circle) S M Tu W Th F S

Child's Name (first & last)	Child's Age Years / Months	Kindergarten <i>Indicate</i> HD = 1/2 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	Provider's Current Paths to QUALITY TM Level

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.

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 www.childcarefinder.in.gov). I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, _____

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. Your CCDF provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. 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
Chances And Services for Youth
 1101 S. 13th Street, 2nd Floor
 Terre Haute, IN 47802
 812-232-3952 or 800-886-3952
 Fax: 812-232-1731