

STATE OF INDIANA

# Child Care and Development Fund Voucher Program

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Policy and Procedure Manual

The Office of Early Childhood and Out of School Learning  
Family and Social Services Administration

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## CCDF MANUAL KEY

### ***DEFINITIONS***

*All definitions pertaining to the CCDF Voucher Program can be found in the Definitions and Acronyms Section beginning on page 11, as well as, within the manual text boxed in this format.*



### **X.X CCDF POLICY**

*All CCDF Policies are marked with by the image to the left and numbered for reference purposes.*



### **X.X On My Way OMW**

*All information specific to On My Way (OMW) program is marked by the image to the left and numbered for reference purposes.*

# **CHILD CARE and DEVELOPMENT FUND (CCDF) POLICY AND PROCEDURE MANUAL**

## **INTRODUCTION**

### **PURPOSE OF THIS MANUAL**

The purpose of this manual is to provide Intake Agents with policies, procedures and guidelines to follow as they facilitate eligibility and authorization services to prospective CCDF Households.

### **CCDF INTRODUCTION**

The Child Care and Development Fund (CCDF) was authorized by Congress through the U. S. Department of Health and Human Services, by amending the Child Care and Development Block Grant regulations at 45 CFR Part 98. Section 103 (c) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) repealed the child care programs authorized under Title IV-A of the Social Security Act – Aid to Families with Dependent Children (AFDC) Child Care, Transitional Child Care, and At-Risk Child Care. In addition, PRWORA amended Section 418 of the Social Security Act to provide new federal child care funds and to transfer them to a “Lead Agency” under the amended Child Care and Development Block Grant Act.

In Indiana, the lead agency for the CCDF funding is the Family and Social Services Administration (FSSA), The Office of Early Childhood and Out of School Learning (The Office), formerly the Bureau of Child Care (BCC).

The Office develops and implements policies and procedures for the administration of the grant funds. The CCDF State Plan outlines parameters for both local and state levels and includes program outcomes, systems development, and eligibility requirements.

### **ON MY WAY (OMW) INTRODUCTION**

House Enrolled Act (“HEA”) 1004 (now IC12-17.2-7.2) signed into law by Governor Mike Pence on March 27, 2014, established a pilot program to provide OMW vouchers to eligible children for qualified education services (the “Early Learning Pilot Grant Program” or the “Pilot Program”). The Pilot Program is administered by the Office of the Secretary of Family and Social Services (“FSSA”) and began with five counties in Indiana. The primary goal of the pre- K system is to allow access to high quality Early Childhood Education (“ECE”) programs for low-income children. The program was expanded in the 2017 legislative session to allow for additional family participation and expansion into additional counties.

## CCDF GOALS AND PURPOSES

CCDF direct service dollars are to provide financial assistance to eligible TANF and low-income families in need of child care. Parents can choose from available licensed or legally license-exempt child care. Types of care might include: center-based care, school-age care, in-home care, relative care, and sectarian child care. All child care providers must meet applicable federal, state and local requirements including CCDF Provider Eligibility Standards.

Section 98.1 of the CCDF Final Rules outlines the goals and purposes of the fund, as follows:

### THE GOALS ARE TO:

- ❖ allow the state maximum flexibility in developing child care programs and policies to best suit the needs of the children and parents within the state;
- ❖ promote parental choice to empower working parents to make their own decisions on the child care that best suits their family's needs;
- ❖ provide consumer education information to assist parents in making informed child care choices;
- ❖ assist parents with child care who are trying to achieve independence from public assistance; and
- ❖ assist in implementing the health, safety, licensing, and registration standards established by state regulations.

### THE PURPOSES ARE TO:

- ❖ increase the availability, affordability, and quality of child care services;
- ❖ provide low income families with the financial resources to locate and afford quality child care for their children;
- ❖ enhance the quality and increase the supply of child care for all families, including those who receive no direct assistance under the CCDF;
- ❖ provide parents with a range of options in addressing their child care needs;
- ❖ strengthen the role of the family;
- ❖ improve the quality of, and coordination among, child care programs and early childhood development programs; and
- ❖ increase the availability of early childhood development and before and after school-age care.



## RESTRICTION OF FUNDS

**CCDF Direct Service Funds** cannot be used for:

1. The non-federal share (match) for other Federal grant programs;
2. The purchase or improvement of land, or for the purchase, construction, or permanent improvement of any building or facility;
3. Grants or contracts reimbursement for any sectarian purpose or activity, including sectarian worship or instruction;
4. Supplementing program support;
5. Supplementing quality initiatives; and
6. *Tuition.* Funds may not be expended for students enrolled in grades one through twelve for:
  - a) Any service provided to such students during the regular school day;
  - b) Any service for which such students receive academic credit toward graduation; or
  - c) Any instructional services that supplant or duplicate the academic program of any public or private school.

## **ON MY WAY (OMW) GOALS AND PURPOSES**

### **THE GOALS ARE TO:**

- ❖ Support Parents and Families as Child's First Teacher(s)
- ❖ Promote Family Well Being
- ❖ Promote Positive Parent and Child Relationships
- ❖ Support Educational Aspirations of the Family
- ❖ Support Engagement in Transition
- ❖ Connect Parents and Family to Peers and Community
- ❖ Create Leaders and Child Advocates

### **THE PURPOSE IS TO:**

Help prepare low-income four-year olds for success in school with the belief that "Every Indiana child deserves to start kindergarten ready to learn and to begin a lifetime of learning," Governor Pence.

## **ON MY WAY (OMW) RESTRICTION OF FUNDS**

On My Way (OMW) funds must be used for eligible children enrolled in a state Pre-K program and may not be used to fund services that are already paid for by another federal or state program.

## **INTAKE PLANNING PROCESS**

To maximize CCDF benefits to families, the Intake Agent should coordinate and collaborate with local community partners, including but not limited to, the Local Office of the Division of Family Resources (DFR), the local IMPACT Service Provider, OMW Manager and county team, child care providers, public schools, Head Start, Early Head Start, Healthy Families, other early intervention programs for infants and toddlers, county health departments, WIC programs, maternal and child health programs, and mental health centers. To ensure coordination and communication, the Intake Agent must enter into a Memorandum of Understanding with all of the following groups:

1. The CCRR for each county receiving services within a region describing services offered to: families seeking providers, providers seeking consumer and educational materials and opportunities; and
2. There may be a need for additional MOU's between the Intake Agent and other service providers.

These MOU's are to be updated when community partners change. The original MOU should be kept locally with a copy sent to the county CCDF Policy Consultant.

The state contracts the administration of CCDF eligibility to a local Intake Agent. Selection of the Intake Agent encompasses a public RFF process. The selected Intake Agency is supported through Web-Based Eligibility Software which operates according to CCDF policy and procedures.

## CCDF CHILD CARE SYSTEM

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
*Issues federal regulations and collects data.*

**INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION**  
*Lead agency for CCDF administration.*

**OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING (The Office)**  
*Issues program policies & procedures, as well as, monitors contracts, and collects data.  
Develops and evaluates the CCDF State Plan and is accountable for administration of funds.  
Assists, inspects and licenses or registers regulated child care providers.*

**CENTRAL REIMBURSEMENT OFFICE (CRO)**  
*Administers funds according to state and federal guidelines.  
Pays provider claims.*

### CCDF COUNTY PARTNERS

**CCRR**  
*Assists parents in finding child care, recruits and trains child care providers.*

**INTAKE AGENT**  
*Contracts with State to enroll families in accordance with state and federal regulations.*

**LOCAL DFR & IMPACT SERVICE PROVIDER**  
*Directs TANF referrals to Intake Agent, participates in the evaluation of county services.*

**PROVIDER ELIGIBILITY SPECIALIST**  
*Assists, inspects, and certifies legally-license exempt child care providers as CCDF eligible.*

**FAMILIES**  
*Low-income families are assisted with child care expenses, benefits from services such as Child Care Resource and Referral (CCRR), and education opportunities.*

**PROVIDERS**  
*Legally operating and certified to meet minimum health and safety standards.  
Provide quality child care to families.*

**DEFINITIONS  
&  
ACRONYMS  
SECTION 1**

## **DEFINITIONS**

### **ABSENCE**

An absence is recorded when a non-pending voucher has no recorded electronic attendance, attendance for a personal day, attendance for a provider holiday or attendance for an inclement weather day.

### **ACCREDITATION**

A voluntary system which evaluates child care programs against specific criteria in areas of curriculum, health and safety, parent communication, and staff qualifications which has been validated by a nationally recognized early childhood organization or institution.

### **ACSI ACCREDITATION**

A voluntary, nationally recognized accreditation system for child care programs. It is authorized and validated by the American Christ Schools International (ACSI).

### **ACTIVE APPLICANT**

An Active Applicant is an Applicant whose Eligible Child is currently authorized for CCDF subsidy.

### **ADULT**

An individual who is age 18 or older.

### **ADVERSE ACTION**

Adverse action is an action toward an Applicant or Co-Applicant that includes denial of services, the potential termination or services or reduction in services. CCDF Applicant / Co-Applicant and CCDF Eligible Providers must be notified at least ten (10) calendar days before an Adverse Action can be imposed.

### **AGE CATEGORY**

A category by age; infants (0-11 months), toddlers (12-35 months), three years through five years, kindergarten, and school-age.

### **AGREEMENT CENTER**

A designated child care facility who has entered into an agreement with the Indiana Family and Social Services Administration, Office of Early Childhood and Out of School Learning to administer quality child care for low income families under the Child Care and Development Fund.

### **AMERICORPS**

AmeriCorps is a federally funded network of partnerships with local and national non-profit groups which utilize public service to address critical needs in the community.

### **APPEAL**

The right to request a hearing or administrative review as a result of an adverse action.

### **APPLICANT / CO-APPLICANT**

A person who is applying for services on behalf of the child(ren) for which they have physical custody. The Applicant must be a person related to the eligible child by blood or law, or is their foster parent or other person standing *in loco parentis* (in the place of a parent). The Applicant and Co-Applicant must be age eighteen (18) unless the individual is married, an emancipated minor, or a minor parent.

**APPLICANT JOB SEARCH (AJS)**

The participation of a TANF applicant in required employment related activities until their TANF Impact eligibility case has been authorized.

**APPLICATION COMPLETION DATE**

The date the application authorization is complete and the Intake Agent has signed and dated the Application (State form 805).

**APPROVED LEAVE**

An approved temporary lapse in service need, during which child care is not wanted yet eligibility is maintained.

**ATTENDANCE**

An electronic or written record of child care provided which includes date and time of arrival and departure and has been verified by the Applicant, Co-Applicant or their representative (excluding their child care provider) for an identified period.

**ATTENDING EDUCATION / TRAINING PROGRAM**

A person is attending an education or training program when they are participating in an activity which may include, but is not limited to: job readiness, community work experience, post-secondary education including distance learning, adult basic education, English as a Second Language (ESL) and general education degree programs. All educational and training programs must be completed through a certified or accredited secondary or post-secondary training organization/institution, or approved by the Office. There is no minimum number of participation hours required.

**AUTHORIZATION**

Authorization is the process by which subsidy is determined for a CCDF Eligible Provider after information is obtained to document a CCDF Household's eligibility.

**AUTHORIZATION CATEGORIES**

The method used to apply fees: hourly, daily, or full-time weekly.

**BREAK CARE VOUCHER**

A document which states the authorized subsidy for school-age child care services, including children participating in OMW, for a specific eligible child during a break in school, including: CCDF eligible provider, begin date, end date, and dollar amount. Multiple vouchers within a subsidy begin and subsidy end date may be created to facilitate flexibility.

**CCDF ELIGIBLE PROVIDER**

CCDF Eligible Provider is defined as a provider, either licensed or exempt from being licensed by law, who has met all applicable CCDF Provider Eligibility Standards and has completed the application process. This includes: licensed centers, facilities and homes, unlicensed registered day care ministries, legally license-exempt child care facilities and homes, relative care (grandparent, great grandparent, aunt and/or uncle of the eligible child), and in-home care not provided by the child's parent, step-parent, guardian or other in loco parentis.

**CCDF HOUSEHOLD (FAMILY)**

A CCDF Household is one or more custodial adults and children related by blood or law, or other person standing in loco parentis, residing in the same CCDF Household. Where custodial adults over the age of 18 (other than spouses or biological parents of the children needing services) reside together, each is considered a separate CCDF Household. Wards of the Local Office of the Department of Child

Services (DCS), foster children on Title IV-E, are the legal responsibility of DCS and not the CCDF Household in which the child has been placed. Note: A marriage between persons of the same gender is recognized in Indiana; therefore, persons of the same gender are considered Applicant and Co-Applicant.

### **CCDF REIMBURSEMENT RATES**

CCDF Reimbursement Rates are county maximum reimbursement rates for child care by age category and provider type determined through a local CCDF Reimbursement Rate Survey of Indiana's licensed child care providers.

### **CENTRAL REIMBURSEMENT OFFICE (CRO)**

An entity which validates and processes claims from CCDF Eligible Providers.

### **CHANGE IN SERVICE NEED**

A change in service need is defined as a temporary time period when an Applicant or Co-Applicant is not participating in their service need including, but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, or temporarily not attending an education program due to semester breaks not to exceed sixteen (16) weeks.

### **CHECK-IN / CHECK-OUT**

The term to describe the process of electronically documenting a child's attendance through the use of a Point of Service (POS) device located at the child care.

### **CHILD**

An individual who is under the age of eighteen (18).

### **CHILD CARE and DEVELOPMENT FUND (CCDF)**

The CCDF program was authorized by Congress through the U. S. Department of Health and Human Services to amend the Child Care and Development Block Grant. The purpose of the CCDF program is to have one single, integrated child care funding system to assist low-income families through subsidized child care and to increase the availability and quality of child care services.

### **CHILD CARE RESOURCE AND REFERRAL (CCRR)**

The Child Care Resource and Referral (CCRR) is an agency serving each Indiana county to help families make decisions about quality child care for their children. CCRR agencies also offer various training opportunities and other business and child care resources to providers.

### **CHILD CARE SUBSIDY**

Child care subsidy is defined as the maximum child care reimbursement less applicable copayment.

### **CHILD DEVELOPMENT ASSOCIATE CREDENTIAL (CDA)**

A competency-based certification for individual child care providers awarded through the Council of Early Childhood Professional Recognition.

### **CHILD WITH A DISABILITY**

Child with a disability means a child with intellectual disabilities, speech or language impairments, visual impairments, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or needs special education and related services.

### **CHILD WITH SPECIAL NEEDS**

A child who is enrolled in one or more of the following programs or providers:

- Children with Special Health Care Services;



- First Steps Early Intervention System;
- Public School Special Education;
- Supplemental Security Income (SSI); or
- Documentation the child has been professionally diagnosed with a disability.

**CITIZEN**

A person who is a citizen of the United States.

**COPAYMENT**

A copayment is defined as a weekly fee for child care based on the CCDF Household's income exceeding 100% of the federal poverty guidelines and their year of CCDF participation utilizing the Office's Child Care Income Eligibility Determination and Sliding Fee Scale.

**CONTRACT EMPLOYEE**

A contract employee is an individual who may select their own hours and days they will work in another individual's business, trade or profession. Unlike a self-employed individual, they do not assume any of the risks associated with business ownership. These individuals would document their wages as an employee. See Section Service Need Type – Employment.

**COA ACCREDITATION**

A voluntary, nationally recognized accreditation system for early childhood centers and after-school programs. It is authorized and validated by the Council on Accreditation.

**CURRENT**

A previous thirty (30) day period which may include Applicant or Co-Applicant signature date on State Form 805 or CCDF Parent / Applicant Worksheet unless otherwise stated.

**DAILY CARE**

Daily care is defined as four (4) hours or more of child care in a day.

**DATE OF APPLICATION**

The date the State Form 805 or CCDF Parent /Applicant Worksheet (reauthorization or updates only) has been signed and dated by the Applicant or Co-Applicant.

**DECLARATION**

A method of verification which does not require documentation.

**DIRECT SERVICES**

CCDF funding component issued as vouchers for child care services or contracted with certain child care center providers for child care services.

**EDUCATIONAL TERM**

For educational programs with single course terms for full-time students or no identified course begin or end dates, each semester or term shall be counted by 16 week intervals.

**EDUCATION / JOB TRAINING**

Education and job training are activities which include, but are not limited to: job readiness, community work experience, post-secondary education including distance learning, vocational education, and academic training, adult basic education, English as a second language and general education degree programs. All job training programs must be completed through a certified or accredited secondary or post-secondary training organization/institution, unless approved by the Office.

**ELIGIBLE CHILD**

A recipient of CCDF subsidy who is under the age of thirteen (13) at the time of application or reapplication, however children turning thirteen (13) may continue to participate through the end of the subsidy period including any extensions of time. A child over the age of thirteen (13) at the time of application or reapplication with an appropriately documented special needs or court ordered supervision and is under the age of eighteen (18) may participate until the Sunday following their eighteenth (18<sup>th</sup>) birthday; who is a US citizen; whose family income does not exceed 85% of the State median income for a family of the same size and who does not have assets which exceed one (1) million dollars as certified by a family member, and who resides with a parent(s) who are working, attending a job training or educational program, or are receiving or need to receive protective services.

**EMANCIPATED MINOR**

A married minor or a minor residing apart from their parents and financially independent with parental consent, or affirmed by legal action.

**EMPLOYEE** *from Black's Law Dictionary*

An employee is a person who works in the service of another person under an express or implied contract of hire, under which the employer has the right to control the details of work performance.

**EMPLOYED (WORKING)**

A person receiving wages or salary for performing service for another person or organization or receiving compensation for a service or product. These activities may be conducted through an employer or be considered self-employment and are documented by proof of income. There is no minimum number of working hours required.

**ENROLLMENT YEAR**

A period of twelve (12) consecutive months for which a child is enrolled without a lapse of more than ninety (90) days.

**ESCROW FUNDS**

Accumulated CCDF funds to allow the addition of a child(ren) to the CCDF program.

**EXCESSIVE ABSENCES**

Excessive absences is the failure of a CCDF Applicant, Co-Applicant or Authorized User to electronically document attendance for a CCDF Eligible Child using the CCDF Eligible Provider's point of service (POS) device for 60 consecutive calendar days.

**EXEMPT INCOME**

For purposes of CCDF eligibility, exempt income is defined as income received for limited use excluding child care, income received as reimbursements for expenses paid, income previously counted, and income received by a non-custodial adult. Exempt income includes, but is not limited to, food stamps, housing assistance, travel reimbursement, GI Bill payments, tax refunds/stimulus, foster care per diem, adoption assistance, and deductions for advance pay.

**EXISTING LEASE PERIOD**

Existing Lease Period is a lease which states it is a month to month lease or a lease which includes begin and end dates which are not expired.

**FAMILY ASSETS**

A family's total assets are defined as all cash, retirement, investments, and real property.

**FAMILY CHILD CARE HOME PROVIDER**

An individual who provides child care services in a residential structure other than the child's residence.

**FEDERAL POVERTY LEVEL**

Guidelines issued by Health and Human Services by the number in the family unit and income level to determine whether a person or family is financially eligible for assistance or services under a particular Federal program. These guidelines are based on poverty thresholds used by the Bureau of Census to prepare its statistical estimates of the number of persons / families in poverty. The poverty guidelines are adjusted each year to account for the last calendar year's increase in prices as measured by the Consumer Price Index. However, a family may be considered eligible for a maximum of thirteen (13) weeks due to a temporary fluctuation in income.

**FINANCIAL ELIGIBILITY**

A CCDF Household with current complete gross monthly income from all countable sources which falls below the established federal poverty guideline percentages determined by the Office.

**FLUCTUATING INCOME**

See Temporary Fluctuation in Income.

**FOSTER CARE PER DIEM**

The daily maintenance payment to a foster parent for the care of a child who is deemed a ward of the local Office of Department of Child Services.

**FOSTER PARENT**

An individual who provides care and supervision as a substitute family on a 24-hour basis to a child who is deemed a ward of the local Office of the Department of Child Services. A foster parent, with the appropriate verification, may be considered a valid Applicant for enrollment of the foster child to the CCDF program.

**FULL-TIME WEEKLY**

Full-Time Weekly is defined as child care provided for 25 hours or more per week Sunday through Saturday, for non-school age children or school-age children when school is not in session or when care is required during non-traditional hours. For school-age children, when school is in session, full-time weekly is defined as ten (10) hours or more per week Sunday through Saturday.

**FULL TIME WEEKLY SCHOOL-AGE**

Full-time Weekly is defined as care provided for ten (10) hours or more per week, Sunday through Saturday, for school-age children, including children in full-day kindergarten and children participating in OMW through a public, private or charter school, when school is in session.

**GRANT**

Provided to eligible families by the office for the prekindergarten pilot program in accordance with IC12-17.2-7.2-7 in coordination with CCDF funding also referred to as an OMW Voucher.

**GROSS CCDF HOUSEHOLD INCOME**

For purposes of CCDF eligibility, gross CCDF household income is defined as total income from all countable sources prior to taxes and after income exclusions and adjustments (as stated in the CCDF Policy Manual) received by each identified CCDF Household Member in the current period.

**HOLIDAYS**

Holidays are defined as a provider's six (6) chosen dates of closure per calendar year for which the child's attendance is credited as documented on the child's CCDF voucher.

**HOME SCHOOLING**

Schooling provided for children eligible to receive public education in the child's home or other facility not recognized by the Department of Education.

**HOOSIER WORKS FOR CHILD CARE CARD**

A card with a magnetic strip used to electronically document a child's attendance at a CCDF eligible provider. This card is issued by the Intake Agency when an Applicant or Co-Applicant is authorized to receive CCDF subsidy.

**IN-HOME CARE (NANNY CARE)**

In-home care is defined as child care services provided by an individual over eighteen (18) years of age who comes into the child's own home and does not reside at the child's address and is not the child's parent, step-parent, guardian or in loco parentis.

**INCAPACITATED APPLICANT / CO-APPLICANT**

Incapacitated is defined as an Applicant or Co-Applicant who has a medical condition which prevents him/her from participating in their service need and caring for their child(ren), as verified by a physician's statement. This condition is considered permanent if it exceeds sixteen (16) weeks.

**INCOMPLETE INCOME**

Incomplete income is income documentation which does not represent an entire pay cycle for the current period. For example, less than four (4) pay stubs if paid weekly or less than two (2) pay stubs if paid bi-weekly or semi-monthly.

**INFANT/TODDLER PROGRAM**

Center or home-based care for newborn through 36-month-old children.

**INCLEMENT WEATHER CLOSURES**

Inclement weather closures are defined as a provider's five closure days per calendar year due to severe weather for which the child's attendance is credited as documented on the child's CCDF voucher. An inclement weather closure day can be used by a provider when their county's emergency management system has issued travel advisories restricting travel. The following Department of Transportation website can be used to monitor a county's status: [www.in.gov/dhs/traveladvisory](http://www.in.gov/dhs/traveladvisory).

**IN LOCO PARENTIS**

An individual who is standing in place of the parent.

**INTAKE AGENT**

An entity which is, by contract, obligated to perform CCDF intake and eligibility functions according to state guidelines. These functions include, but are not limited to: verifying service need, verifying financial eligibility, accurately enrolling a child with a CCDF eligible provider according to the CCDF Household's needs, performing authorizations as needed, and reporting suspected fraud.

**JOB SEARCH**

Activities conducted inside or outside the home to obtain employment which may include, but are not limited to; employment workshops, job fairs/clubs, research, face-to-face contact with potential employers, job interviews, completing and following up on job applications, registering for work at an employment agency, completing pre-employment requirements and job testing.

**JOB TRAINING / EDUCATION**

Job training and education are activities which include, but are not limited to, job readiness, community

work experience, post-secondary education including distance learning, vocational education, and academic training, adult basic education, English as a second language and general education degree programs. All job training program must be completed through a certified or accredited secondary or post-secondary training organization/institution, unless approved by the Office.

### **LATE ATTENDANCE**

Late attendance is entered at [www.hoosierchildcare.com](http://www.hoosierchildcare.com) by the provider to request a payment correction when a weekly payment was incomplete or incorrect. The electronic claim must be approved by the parent using [www.hoosierchildcarefamily.com](http://www.hoosierchildcarefamily.com) or the parent automated phone line.

### **LEGALLY LICENSE-EXEMPT PROVIDER**

The following are exempt from licensure per IC 12-17-.2-2-8.

1. A program for children enrolled in grade kindergarten through 12 that is operated by the Department of Education or a public or private school.
2. A program for children who become at least three years of age as of December 1 of a particular school year (as defined in IC 20-18217) that is operated by the Department of Education or a public or private school.
3. A nonresidential program for a child that provides child care for less than four hours a day.
4. A recreation program for children that operates for not more than 90 days in a calendar year.
5. A program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts.
6. A program operated to serve migrant children that:
  - a) Provides services for children from migrant worker families; and
  - b) Is operated during a single period of less than 120 consecutive days during a calendar year.
7. A child care ministry registered under IC 12-17.2-6
8. A child care home if the provider:
  - a) Does not receive regular compensation;
  - b) Cares only for children who are related to the provider;
  - c) Cares for less than six children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or

Related for purposes of IC 12-17.2 and IC 12-17.4 means any of the following relationships to an individual who is less than 18 years of age by marriage, blood, or adoption:

- |                     |                 |
|---------------------|-----------------|
| 1. Parent           | 7. Step-brother |
| 2. Grandparent      | 8. Step-sister  |
| 3. Brother          | 9. First cousin |
| 4. Sister           | 10. Uncle       |
| 5. Stepparent       | 11. Aunt        |
| 6. Step-grandparent |                 |

- d) Operates to serve migrant children.
9. A child care program operated by a public or private secondary school that:
  - a) Provides day care on the school premises for children of a student or an employee of the school;
  - b) Complies with health, safety, and sanitation standards as determined by the Office under Section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the Office under section 10 of this chapter; and
  - c) Substantially complies with the fire and life safety rules as determined by the state fire

marshal under rules adopted by the Office under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the Office under section 10 of this chapter.

10. A school age child care program (commonly referred to as a latch key program) established under IC 20-26-5-2 that is operated by:
  - a) The Department of Education;
  - b) A public or private school; or
  - c) A public or private organization under a written contract with:
    - i. The Department of Education; or
    - ii. A public or private school.

### **LICENSED PROVIDER**

A provider meeting the legal requirements of the state to provide child care services and has been issued a license by the Office to operate a child care facility or home.

### **LUMP SUM**

Lump Sum Payments is money paid through life insurance, inheritances, lawsuit settlements, gambling/lottery winnings, severance payments from previous employer, retention bonuses from current employer, annual employment bonuses, etc. are to be annualized, unless otherwise stated.

### **MEDICALLY FRAGILE CHILD**

A child characterized by the use of a particular medical device which compensates for the loss of the use of a body function and who requires substantial and complex daily care to avert death or further disability.

### **MEMORANDUM OF UNDERSTANDING (MOU)**

A written agreement between two or more parties which defines the roles and responsibilities of all parties.

### **MINOR PARENT**

A parent who is under the age of eighteen (18).

### **NAEYC ACCREDITATION**

A voluntary, nationally recognized accreditation system for all types of early childhood centers and schools. It is authorized and validated by the National Association for the Education of Young Children (NAEYC).

### **NAFCC ACCREDITATION**

A voluntary, nationally recognized accreditation system for family child care homes. It is authorized and validated by the National Association of Family Child Care (NAFCC).

### **NECPAC ACCREDITATION**

A voluntary, nationally recognized accreditation system for early childhood centers. It is authorized and validated by the National Early Childhood Program Accreditation Commission.

### **NEW APPLICANT**

New applicant is an individual applying for services who has not participated in the CCDF program for the previous 90 days.

### **NON-PERMANENT EMPLOYEE**

A non-permanent employee is defined as an employee who is knowingly hired to perform services for

less than twelve (12) consecutive months, i.e. Secondary School Employee, Head Start Employee, etc.

**NON-TANF IMPACT HOUSEHOLD**

A non-TANF Impact Household is a household who is not receiving CCDF benefits to support a TANF Impact, AJS or SNAP activity.

**NON-TEMPORARY CHANGE IN SERVICE NEED**

A non-temporary change in service need is defined as a cessation or end of participation in an education or training program, a job loss or a period of incapacitation which exceeds sixteen (16) weeks.

**NON-TRADITIONAL CARE**

Care provided outside Monday through Friday, 6:00 a.m. to 6:00 p.m., and sick child care.

**OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING (The Office)**

The Office is the lead agency for CCDF administration responsible for issuing program policies and procedures, as well as, monitoring contractors, and collecting data. Additionally, the Office develops and evaluates the CCDF State Plan and is accountable for administration of funds.

**ON-THE-JOB TRAINING**

On-The-Job Training is defined as an employee completing unpaid training at their place of work while he or she is doing the actual employment activity.

**OVERAGE**

An overage is defined as the portion of a provider's charges which exceed the applicable county CCDF Reimbursement Rate and may be charged to the Applicant and Co-Applicant.

**PATHS TO QUALITY™ (PTQ)**

Paths to QUALITY™ is a system where each level builds on the foundation of the previous one, resulting in significant quality improvements at each stage and national accreditation at the highest level. The system validates programs and providers for ongoing efforts to achieve higher standards of quality and provides incentives and awards for success.

**PAY CYCLE**

A pay cycle is inclusive of four (4) pay stubs if paid weekly or two (2) stubs if paid bi-weekly or semi-monthly.

**PERSONAL DAYS**

Twenty (20) days an Applicant or Co-Applicant may use for a child's absence per enrollment year. Personal days are provided to children who are enrolled on a full-time weekly basis. These days may be used at the Applicant or Co-Applicant's discretion for days when the provider was open for business, and the child was scheduled to attend, but did not attend any part of the day.

**PENDING PROVIDER**

A provider assignment used to obligate funding without payment.

**PERMANENT INCAPACITATION**

Permanent incapacitation is defined as a medical condition which prevents an Applicant or Co-Applicant from participating in their service need and caring for their children, as verified by a physician's statement. This condition will exceed sixteen (16) weeks.

**PHYSICAL CUSTODY**

A child who resides and is receiving care and supervision from the Applicant at least 50% of the time.

**PHYSICAL OR MENTAL INCAPACITY OF A CHILD**

Children with a physical or mental incapacity must meet the definition of a child with special needs as documented by enrollment in one or more of the following programs or services; Children with Special Health Care Services, Public School Special Education; First Steps Early Intervention System, or Supplemental Security Income.

**PIN NUMBER**

A four-digit number, chosen by a parent, to serve in place of their signature when documenting attendance electronically.

**POINT OF SERVICE (POS) DEVICE**

A machine issued to a CCDF eligible provider which is used to electronically document the eligible child(ren)'s attendance at the facility and generate reports.

**POST-SECONDARY EDUCATION**

Post-Secondary Education is education provided by an institution beyond High School.

**PRE-K (OMW) PROGRAM END DATE**

OMW program end date is the date the pre-K program ends as reported by the provider on the Provider Information Page.

**PRE-K (OMW) PROGRAM START DATE**

The pre-K program start date is the date the program will begin offering services as reported by the provider on the Provider Information Page.

**PRE-K (OMW) PROVIDER INFORMATION PAGE**

The Provider Information Page is the form used by the pre-K provider to document enrollment, duration and hours of OMW program and cost per child for providing pre-K educational services. (See appendix.) The Provider Information Page also documents the provider's commitment to serving the identified child for the OMW year.

**PRE-K (OMW) REIMBURSEMENT RATES**

OMW Reimbursement Rates are county maximum reimbursement rates for OMW services for pre-K children and provider type.

**PRE-K OR OMW REPORTED PROVIDER RATE**

Providers must report through the OMW Provider Information Page (see appendix) their actual per child cost for providing OMW services for the program year. This cost will be considered when determining the maximum OMW Reimbursement Rate.

**PREVIOUS CHECK-IN/CHECK-OUT**

The term to describe the process of documenting a child's attendance through the use of a Point of Service (POS) device for a prior day.

**PROGRAM ABUSE**

Program abuse is defined as any false reporting of fact or information, providing false documentation or the omission of facts by the Applicant or Co-Applicant.



**PROTECTIVE SERVICES**

Families with children who receive or need to receive child protective services as verified by the Local Department of Child Services (DCS) office can be eligible for CCDF child care services provided the Child Protective Services (CPS) case worker indicates the family needs child care out of the child's home. The service need and financial eligibility requirements are determined on a case by case basis for children who have been referred by their CPS caseworker as needing out of home care as part of the CPS case plan.

**PROVIDER**

An individual, eighteen (18) years of age or older, who is responsible for the direct care, protection, and supervision of children in the absence of their custodial adult.

**PROVIDER CATEGORIES**

Types of child care settings such as center-based, child care home, and in-home care.

**QUALIFIED ALIEN**

An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act; an alien granted asylum under this Act; a refugee admitted under this Act; an alien who is paroled into the U.S. for a period of a year; an alien whose deportation is being withheld under the Act; and/or an alien granted conditional entry pursuant to the Act.

**RACE**

A major division of human beings, whose members are regarded as having a common ancestry and similar physical traits.

**REAUTHORIZATION**

Reauthorization is the process by which information is obtained to document an Applicant and Co-Applicant's CCDF eligibility. The Intake Agent must complete this through face-to-face interview, mail or other acceptable means.

**RECIPIENT IDENTIFICATION NUMBER (RID)**

The RID number is a unique identifying number assigned to a recipient of State benefits and their household members who may or may not be recipients.

**RELATIVE CARE**

An individual provider who resides in the child's home and is a grandparent, great-grandparent, aunt or uncle of the eligible child.

**RESIDENT**

A person who lives in Indiana. This can include a person temporarily residing in a domestic or homeless shelter. Also included are legal (qualified) aliens. There is no minimum length of time an applicant must reside in Indiana.

**RESIDING WITH A CHILD**

Families are eligible for child care subsidies when the applicant is the parent, or serving in place of a parent, of a child who lives in the home with them and the child is under the age of thirteen (13) years or through age eighteen (18) years in cases of special needs or court ordered supervision.

**SCHOOL AGE CARE**

School age care is defined as care provided for ten (10) hours or more per week, Sunday through Saturday, for school age children, including children in full-day kindergarten and children participating in OMW, when school is in session.

**SCHOOL AGE OTHER CARE**

School-age other care is defined as child care provided for a break in school, including children participating in OMW, for care provided outside of Monday through Friday 6:00 am – 6:00 pm (unless approved by The Office) and care provided to sick children.

**SECONDARY EDUCATION**

Secondary Education is defined as enrollment in an elementary, middle, junior or senior high school program, excluding those students being home schooled or participating in distance learning.

**SELF DECLARED**

An Applicant and/or Co-Applicant method of verification which does not require documentation.

**SELF-EMPLOYMENT**

A service need of self-employment is established when an Applicant and/or Co-Applicant provides proof of revenue directly from their own business, trade or profession which may take place in or out of the home. These individuals have control over all aspects of their business. They are responsible for the delivery of services, the invoicing of services, the collection of revenue, and all other risks associated with business ownership. While drivers for Uber, Lyft and other similar businesses do not have control over all aspects of their business, they should be treated as self-employed. An Applicant and/or Co-Applicant whose self-employment activity started less than eight (8) weeks earlier may not be able to provide proof of income. Therefore, it should be treated as new employment.

**SERVICE NEED**

A Service Need is established when each Applicant and Co-Applicant living in the home with an eligible child(ren) can demonstrate the need for child care by providing proof of participation in one or more of the following: employment activities, education and training activities or Child Protective Services.

**SHIFT CARE**

A licensed provider may decide to offer child care services during non-traditional hours. CCDF children are to be assigned, according to their service need, to one of two 12-hour shifts (either 6:00pm until 6:00am, or 6:00am until 6:00pm or other shift defined and approved by the Office). The provider may not enroll more than their licensed capacity during either 12-hour shift. A child who needs care that would overlap during these shifts shall be assigned to **both** shifts.

**SINGLE APPLICANT**

A single Applicant is an individual who is raising a child in a CCDF Household without a Co-Applicant.

**SINGLE PARENT**

An unmarried or separated parent not residing with the child's parent, with a minor child or children for which they have custody or joint custody.

**STATE FORM 805**

A term used to describe an application for CCDF services.

**SUBGRANTEE**

A provider of services who contracts with the Family and Social Services Administration's grantee. A subgrantee must meet the same eligibility criteria as the primary grantee and adhere to all FSSA policies and procedures.

**SUBSIDY**

The maximum appropriate child care reimbursement less applicable copayment.

**SUBSIDY BEGIN DATE**

The date the CCDF Household is eligible to begin receiving CCDF services. The subsidy begin date may not be more than two weeks prior to the application date for TANF Impact, AJS or SNAP Impact Applicants only. The subsidy begin date must occur the week of application or the week following for non-TANF Impact Applicants, unless otherwise stated.

**SUBSIDY END DATE**

The date CCDF services will end, unless the Applicant or Co-Applicant completes the reauthorization process and is determined eligible according to established CCDF policies and procedures.

**SUBSTANTIATED**

A determination supported with proof of evidence; verified.

**TEMPORARY CHANGE IN SERVICE NEED**

A temporary change in service need is defined as a temporary time period when an Applicant or Co-Applicant is not participating in their service need including, but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, or temporarily not attending an education program due to semester breaks not to exceed sixteen (16) weeks.

**TEMPORARY FLUCTUATION IN INCOME (TFI)**

A temporary fluctuation in income is earnings which are not representative of the Applicant or Co-Applicant's income over the course of a year when such fluctuations are not expected to last more than eight (8) weeks.

**TEMPORARY MEDICAL CONDITION**

A condition which would not be considered permanent by a physician, medical practitioner, or Social Security Administration and prevents the person's ability to work, attend school or seek employment for a period not to exceed sixteen (16) weeks.

**TRANSITIONAL CARE**

A service need of transitional care is established to allow an Applicant or Co-Applicant time-limited absence to care for a family member, to recover from illness, when not working between regular industry work seasons, for holidays or breaks in employment or education, due to a reduction in work or education hours, or any other cessation from work or an education program for a period not to exceed sixteen (16) weeks.

**UNLICENSED REGISTERED CHILD CARE MINISTRIES**

Child care services provided by a religious organization which is exempt from state licensing, but must meet the minimum requirements of sanitation, fire prevention, and building safety pursuant to IC12-3-2-12.7(c).

**UPDATE**

The process by which an Intake Agent completes a periodic review of an Applicant or Co-Applicant's information and verifies changes to the application.

**UTILITY**

For purposes of CCDF, a utility is considered water, sewage, waste, electric, cable, natural gas or other home heating source.

**VERIFY AND DOCUMENT**

Verify and document is the process by which the Intake Agent collects missing information on behalf of the Applicant or Co-Applicant when permitted. The Intake Agent shall document the missing information, the name of the source providing the information, and the date provided. The Intake Agent must also initial all additions.

**VERY LOW INCOME**

A family (CCDF Household) with income below 100% of the federal poverty level has very low income. Families receive the same priority as other CCDF eligible families. Copayments are waived for families with income under 100% of the federal poverty level.

**VOLUNTEER**

An individual who provides services without compensation for more than 8 hours per month.

**VOUCHER**

A document which states the authorized subsidy for child care services for a specific eligible child, including: CCDF eligible provider, begin date, end date, and dollar amount. Multiple vouchers within the subsidy begin and subsidy end date may be created to facilitate flexibility.

**VOUCHER BEGIN DATE**

The date a voucher is considered valid for reimbursement to a CCDF eligible provider. The first voucher begin date may be the same as the subsidy begin date unless the CCDF Applicant or Co-Applicant has requested alternate begin date or has been placed on Approved Leave.

**VOUCHER END DATE**

The date a voucher is no longer considered valid for reimbursement to a CCDF eligible provider.

**WAITING LIST**

A list of children from CCDF Households who preliminarily meet financial eligibility and declare a service need of education/training or verification of a service need of employment for CCDF, but for whom there are no available CCDF funds.

**WEEK**

A week is defined as Sunday through Saturday.

**WORKING APPLICANT**

A person receiving wages or salary for performing service for another person or organization or receiving compensation for a service or product. These activities may be conducted through an employer or be considered self-employment and are documented by proof of income. There is no minimum number of working hours required.

## ACRONYMS

<b>ABE</b>	Adult Basic Education
<b>ACSI</b>	American Christ Schools International
<b>ADA</b>	Americans with Disabilities Act
<b>AIS</b>	Automated Intake System (child care)
<b>AG</b>	Attorney General
<b>AJS</b>	Applicant Job Search
<b>BCC</b>	Bureau of Child Care (now the Office of Early Childhood and Out of School Learning)
<b>BOI</b>	Bureau of Investigations
<b>CA/N</b>	Child Abuse / Neglect
<b>CAA</b>	Community Action Agency
<b>CAP</b>	Community Action Program
<b>CCDF</b>	Child Care and Development Fund
<b>CCRR</b>	Child Care Resource and Referral
<b>CDA</b>	Child Development Associate
<b>CHINS</b>	Child In Need of Services
<b>COA</b>	Council on Accreditation
<b>CPS</b>	Child Protective Services
<b>CRO</b>	Central Reimbursement Office
<b>DCS</b>	Department of Child Services
<b>DFR</b>	Division of Family Resources
<b>DOA</b>	Department of Administration
<b>DOE</b>	Department of Education
<b>DS</b>	Direct Service
<b>EC</b>	Early Childhood
<b>EI</b>	Early Intervention
<b>ELI</b>	Early Learning Indiana
<b>ESL</b>	English as a Second Language
<b>FC</b>	Foster Care
<b>FMLA</b>	Family Medical Leave Act
<b>FPL</b>	Federal Poverty Level
<b>FS</b>	First Steps

<b>FSSA</b>	Family and Social Services Administration
<b>GED</b>	General Equivalency Diploma
<b>HHS</b>	Health and Human Services
<b>HW</b>	Hoosier Works
<b>IAEYC</b>	Indiana Association for the Education of Young Children
<b>IASACC</b>	Indiana Association of School Age Child Care
<b>IC</b>	Indiana Code
<b>ICES</b>	Indiana Client Eligibility System (Food stamps, Medicaid, TANF)
<b>IEP</b>	Individual Education Plan
<b>ILCCA</b>	Indiana Licensed Child Care Association
<b>IMPACT</b>	Indiana Manpower Placement and Comprehensive Training
<b>IPIN</b>	Indiana Parent Information Network
<b>IPKIS</b>	Indiana Pre-K Information System
<b>IRS</b>	Internal Revenue Service
<b>ISETS</b>	Indiana Support Enforcement Tracking System (Child support)
<b>LLEP</b>	Legally License-Exempt Provider
<b>MOU</b>	Memorandum of Understanding
<b>NAA</b>	National After-School Association
<b>NAEYC</b>	National Association for the Education of Young Children
<b>NAFCC</b>	National Association of Family Child Care
<b>NECPA</b>	National Early Childhood Program Accreditation
<b>OCP</b>	Office of Community Planning
<b>OECOSL</b>	Office of Early Childhood and Out of School Learning (The Office)
<b>OMW</b>	On My Way Pre – Kindergarten or Pre – K program
<b>OTC</b>	Over the Counter (referring to Hoosier Works Card issuing)
<b>PES</b>	Provider Eligibility Standards
<b>POA</b>	Plan of Action
<b>POS</b>	Point of Service
<b>PRWORA</b>	Personal Responsibility and Work Opportunity Reconciliation Act of 1996
<b>PTQ</b>	Paths to QUALITY™
<b>QRS</b>	Quality Rating System
<b>RFF</b>	Request for Funds
<b>RFP</b>	Request for Proposal
<b>RID</b>	Recipient Identification Number

<b>SAC</b>	School Age Care (formerly School Age Child Care - SACC)
<b>SCM</b>	State Case Manager
<b>SCR</b>	State Central Registry
<b>SEC</b>	State Eligibility Consultant
<b>SMI</b>	State Medium Income
<b>SOS</b>	Statement of Services
<b>SNAP</b>	Supplemental Nutritional Assistance Program
<b>SSA</b>	Social Security Administration
<b>SSAC</b>	State School Age Child Care
<b>SSI</b>	Supplemental Security Income
<b>SSN</b>	Social Security Number
<b>TA</b>	Technical Assistance
<b>TANF</b>	Temporary Assistance to Needy Families (formerly AFDC)
<b>TFI</b>	Temporary Fluctuation in Income

# **CCDF ELIGIBILITY SECTION 2**



## 2.1 DETERMINING ELIGIBILITY

All families must meet the service need, financial eligibility, residency and age requirements as well as choose a certified provider to access CCDF. Initially, most non-TANF Impact Applicants access CCDF services through enrollment on the CCDF waiting list when CCDF funds are not available in the county in which the Applicant and Co-Applicant reside. An Applicant and/or Co-Applicant may also complete an OMW pre-application for their age-eligible child. If funds are available, an application should not be started until the Intake Agent has verified the Applicant and Co-Applicant have provided all information needed to complete an application.

### **APPLICANT DEFINITION**

*A person who is applying for services on behalf of the child(ren) for which they have physical custody. The applicant must be a person related to the eligible child by blood law, or is their foster parent or other person standing in loco parentis (in place of the parent). The Applicant and Co-Applicant must be age eighteen (18) unless the individual is married, an emancipated minor, or a minor parent.*



### **2.1.1 CCDF GENERAL POLICY**

*All Applicants and Co-Applicants, including TANF Impact, SNAP Impact and AJS Applicants, must comply with CCDF Policies and Procedures, unless otherwise stated.*



### **OMW 2.1.1 ELIGIBILITY POLICY**

*Families must meet all CCDF eligibility requirements including income and service need, as well as, attend a program that is in a pilot county. Children must meet the age requirement of being at least four years of age and less than five years of age on August 1 of the state fiscal year for which the OMW voucher is sought. Families must also agree to program requirements to meet eligibility requirements.*



### **OMW 2.1.2 PARENT AGREEMENT POLICY**

*For a child to be eligible for the OMW program, the parent must sign a parent agreement that complies with the specific terms as outlined in IC 12-17.2-7.2-7.2.*

## 2.2 CCDF WAITING LIST



### 2.2.1 PRE-APPLICATION POLICY

*An Applicant or Co-Applicant may provide a completed County Child Care and Development Fund (CCDF) Pre-Application to determine pre-eligibility status for the CCDF Voucher Program, including declaration of a valid service need, verification of each CCDF Household Member's income, and verification of priority. In the event funds are not immediately available, the Applicant will be placed on the CCDF Waiting List.*



### OMW 2.2.1(A) PRE-APPLICATION POLICY

*An Applicant or Co-Applicant may provide a completed OMW pre-application to determine pre-eligibility status for the OMW program, including declaration of a valid service need, income and eligible child's age. Age eligible children actively receiving CCDF are eligible to apply for an OMW voucher, initial income eligibility was determined at the time CCDF was authorized, therefore, family (CCDF Household) income may exceed 127% FPL.*

## ◀ ENTERING FAMILIES ON THE CCDF WAITING LIST ▶

### APPROPRIATE DOCUMENTS FOR A CCDF PRE-APPLICATION

It is the responsibility of the Intake Agent to maintain an accurate CCDF waiting list. Each CCDF waiting list application must include:

- STEP 1 A Completed Child Care and Development Fund (CCDF) Pre-Application
- STEP 2 Copy of the Applicants and Co-Applicant's, if applicable, paystub. The Intake Agent will multiply the gross wages by one of the following:
  - Two (2) if the paystub represents a bi-weekly or semi-monthly pay period; or
  - Four (4) if the paystub represents a weekly pay period; or
  - Enter as provided if the paystub represents a full month of pay; or
  - *Exception: The Intake Agent will determine self-employment wages by:*
    - Tax form Schedule C or Schedule E (if not more than six (6) months old as determined by fiscal year) divided by the number of months operating during the reporting year; or
    - Monthly Statement of Profit and Loss entered as provided.
- STEP 3 A CCDF Household declaring a priority must provide verification of their priority (i.e. TANF Impact, AJS, SNAP Impact, special needs, homeless, or CPS with the exception of OMW. These families are determined by the State).
  - A TANF Impact applicant must provide a valid TANF Impact referral.

- A TANF AJS applicant must provide a valid TANF AJS referral.
- A SNAP Impact applicant must provide a valid SNAP Impact referral.
- A child with special needs must provide appropriate special needs documentation.
- A homeless applicant must verify their residency status by written response to the appropriate questions on the CCDF pre-application.
- A CPS applicant must provide a valid CPS referral.

**PLEASE NOTE:** *CPS clients are not required to provide their most recent paystub.*

- STEP 4 The Intake Agent must select the appropriate priority for an Applicant by choosing the category for the highest eligible priority which could be “none”.
- STEP 5 In lieu of a CCDF Pre-Application, an Applicant or Co-Applicant adding a child to an active application must provide proof of birth and a signed CCDF Parent / Applicant Worksheet.

**PLEASE NOTE:** *If the Applicant or Co-Applicant is military personnel, inquire if they are aware of military child care assistance through Child Care Aware (800) 424-2246.*

## ◀ MAINTAINING THE CCDF WAITING LIST ▶

In addition to verifying income eligibility, the Intake Agent must take additional steps to ensure the waiting list is accurate. This will require the Intake Agent to contact any Applicant in writing who has been on the waiting list for more than ninety (90) days to inquire if the Applicant and Co-Applicant still have a valid service need. Applicants must be re-contacted every 90 days until the Applicant is enrolled or the CCDF waiting list application is purged.

### STEPS TO COMPLETE A CCDF WAITING LIST PURGE

- STEP 1 The Intake Agent must send a written request for verification of valid service need for the Applicant and Co-Applicant, if applicable, requesting the submission of their most recent paystub or other appropriate wage verification when employed. If the Applicant or Co-Applicant is a student, only declaration is required.
- STEP 2 The written request must require an appropriate response from the Applicant and/or Co-Applicant within ten (10) calendar days from the date of the request.
- STEP 3 If an Applicant or Co-Applicant fails to appropriately respond to the written request, the Applicant and Co-Applicant, if applicable, must be purged from the CCDF waiting list.
- STEP 4 If the CCDF waiting list application has been purged, the application may be destroyed.

## ◀ CCDF ENROLLMENT PRIORITIES ▶

TANF-Impact, SNAP Impact, and AJS Applicants must be enrolled in the CCDF Voucher Program if all funds are not currently obligated to TANF-Impact Applicants. (Priority placement on the program despite the presence of a CCDF waiting list.)



### 2.2.3 WAITING LIST TANF PRIORITY POLICY

*A TANF Impact, SNAP Impact, and AJS Applicant must be enrolled in the CCDF voucher program despite the presence of a waiting list. If CCDF funds are not available, non-TANF Impact households must be terminated to accommodate the TANF Impact households in the following order:*

1. *CCDF Households at the highest level of poverty, as established by the state*
2. *CCDF Households who have been on the CCDF program the longest amount of time*
3. *CCDF Households at the highest gross income level as calculated for CCDF Eligibility*

When funds are not available, the Intake Agent will be directed by the Office to terminate appropriate non-TANF Impact families (this may include TANF only families) who are currently receiving CCDF in the county. The Applicants removed from the program should be placed on the CCDF waiting list in order of state priority utilizing a CCDF Pre-Application.

When a Child Care and Development Fund (CCDF) Pre-application has been entered into AIS appropriately, including selection of the appropriate priority, the Applicant will be prioritized in the appropriate order.



### 2.2.4(a) WAITING LIST PRIORITY POLICY

*When CCDF funds are not available in a county, families shall be placed on the waiting list and prioritized in the following order:*

1. *Families receiving TANF with verification, who are not enrolled in an IMPACT approved activity;*
2. *Families with children who receive or need to receive child protective services provided the CPS caseworker indicated the Applicant and Co-Applicant's need for child care out of the child's home as part of the CPS case plan. The service need and financial eligibility requirements are waived for these children's parents or step-parents. A child who has been placed into another home is not eligible for this exception; however, a child may be added prior to placement in their home when an appropriate CPS case plan has been developed;*
3. *Children with Special Needs (see definition), whose families meet income and service eligibility guidelines and provide special needs documentation;*

4. Families who reside in a homeless or domestic violence shelter, half-way house or in a public place such as a sidewalk, park or car by written response on CCDF pre-application.
5. Families participating in the OMW program. These families will not have a copayment.
6. Families financially eligible who are not receiving TANF or transitioning off TANF, but are at risk of becoming dependent on such assistance using the following criteria:
  - a) Identify which small counties or counties which have a CCDF budget less than \$500,000
  - b) Sort the CCDF waiting list for small counties in descending order by CCDF waitlist date.
  - c) Assign slots to the small counties in the sorted order until:
    - The county's waiting list has been exhausted;
    - or
    - The county's target child count has been met.
  - d) Sort the remaining state-wide CCDF waiting list in descending order by CCDF waiting list date and assign slots until funds have been exhausted.

## ◀NOTIFYING CCDF APPLICANTS OF AVAILABLE FUNDS▶

The Intake Agent will be notified by The Office of an estimated number of non-TANF Impact children who can be added to the program. Typically, this notification is made by email followed by a conference call hosted by the Office. Intake Agents are expected to participate in this conference call.

It is the responsibility of the Intake Agent to notify and enroll the children within the enrollment cycle. Failure to complete enrollment may result in transfer of funds to a county in need.



### 2.2.2 WAITING LIST POLICY

*An Intake Agent shall provide written notification to a CCDF Waiting List Applicant when funds become available for enrollment of non-TANF Impact children. Applicants shall be notified in priority order and enrolled on a first-come / first-served basis.*

A partial CCDF application MAY NOT be started for any Applicant or Co-Applicant under any circumstances *unless otherwise directed by the Office.*

**STEPS TO COMPLETE A CCDF ENROLLMENT**

- STEP 1** After receiving the child count for enrollment from The Office, identify all children who can be moved from the CCDF Waiting List in priority order. If one child in a CCDF Household has been identified as eligible to receive services, all other children waiting for CCDF funding within this CCDF Household may be enrolled.
- STEP 2** The Office will make available adequate funding to complete this process on the date identified by the Operations Unit of The Office.
- STEP 3** Move all children associated with the identified families to partial status within 24 hours of this notification.
- STEP 4** On the same business day, send each CCDF Household written notification using the appropriate automated letter or Office approved substitution.
- STEP 5** After five (5) business days, any CCDF Household who has failed to schedule or complete an appointment for enrollment shall be terminated from the CCDF Waiting List.

## ◀PROCESSING OMW PRE-APPLICANTS▶



### OMW 2.2.2 PROGRAM ENROLLMENT POLICY

Each year the Office will publish an enrollment timeline. Families who apply within the timeline will be eligible for the selection process in the OMW enrollment process for available slots.

### APPROPRIATE PROCESS FOR AN OMW PRE-APPLICATION

It is the responsibility of the Intake Agent to process OMW pre-applications not submitted electronically.

- STEP 1 Applicant submits a complete OMW Pre-Application
- STEP 2 Intake Agent records the submission date and time on the OMW pre-application
- STEP 3 Intake Agent enters the OMW Applicant's information into the state's OMW software, IPKIS
- STEP 4 Intake Agent maintains a file of OMW pre-applications sorted by date and time received.

## ◀NOTIFYING OMW PRE-APPLICANTS OF ENROLLMENT▶

The Intake Agent will be notified by The Office of an estimated number of OMW children who can be added to the program. Typically, this notification is made by email. It is the responsibility of the Intake Agent to notify and enroll the children within the enrollment cycle.

## ◀CREATION AND SCANNING OF PARTIAL OMW APPLICATIONS▶

Partial applications MAY be created for OMW Households. In the event the Applicant or Co-Applicant are missing documentation required to determine eligibility, the Intake Agent must provide the Applicant or Co-Applicant written notice of the missing documentation.

For purposes of file retention and family friendly practices, within two (2) business days, the Intake Agent will print the barcode from the partial application in AIS and scan copies of all the documents provided by the Applicant or Co-Applicant for future completion of the OMW Voucher. When the missing documents are NOT related to income, Intake may collect the Applicant or Co-Applicant's signature on the Parent/Applicant Worksheet and Parent Agreement to avoid the need for additional face-to-face appointments. Additionally, the Intake Agent shall record notes in AIS which detail the documentation necessary to complete the application.

**STEPS TO COMPLETE AN OMW ENROLLMENT**

- STEP 1 After receiving the child count for enrollment from The Office and considering any non-electronic pre-applications, if necessary, the Intake Agent mails a Congratulations packet to selected families, in the language spoken within the household if translated packet available, within 1 business day. Packet must include appointment options and additional information/forms as required.
- STEP 2 The Intake Agency makes follow up phone calls within the required timeframe determined by The Office to selected families notifying them the packet was mailed and the obligation to respond. Attempts to make appointment will be made at this time (if applicable).
- a. Partial applications for Applicants and/or Co-Applicants who decline participation will be deleted.
- STEP 3 From the point of Applicant contact, Intake Agent must make available to Applicant an appointment within five (5) business days. The appointment date can't be more than 30 business days in the future without approval from The Office.
- STEP 4 Intake Agent must make every effort to utilize family friendly policies and procedures when scheduling eligibility appointments.** Intake Agent must schedule individual appointments with multiple day/time options for families.
- STEP 5 At the completion of the enrollment period, families not chosen will be sent a "Not Chosen" letter to inform them all grants or OMW vouchers have been awarded using letter provided. Intake Agents will be provided with flyers or information to provide parents of other free or fee based pre-k opportunities in their county.

**FAILURE TO MAKE CONTACT/MISSED APPOINTMENTS**

- STEP 1 In a county where parents call to schedule an appointment, if contact has not been made within ten (10) business days from the receipt of the Congratulations packet the Intake Agent sends a "Warning No Contact" letter provided. Families will be given five (5) additional business days to contact the Intake Agent and make an appointment.
- STEP 2 If there is no contact by the sixth business day, the Intake Agent sends the "Grant Offer Termination Due to No Contact or Missed Appointment" letter provided and the partial application will be terminated.
- NOTE: If an Applicant makes contact after their partial application has been terminated, the Applicant may submit a new OMW pre-application.



- STEP 3 At the completion of the enrollment period, families not chosen will be sent a “Not Chosen” letter provided. This letter informs the Applicant all grants or OMW vouchers have been awarded. The Intake Agent will be provided with information on other free or fee based pre-K opportunities in their county to share with the Applicant.

**FAILURE TO ATTEND AN APPOINTMENT**

- STEP 1 When an Applicant fails to attend their appointment, the Intake Agent sends a “Warning No Contact” letter provided. Families will be given five (5) additional business days to contact the Intake Agent and make an appointment.
- STEP 2 If there is no contact by the sixth business day, the Intake Agent sends the “Grant Offer Termination Due to No Contact or Missed Appointment” letter provided.
- a. The partial application will be terminated.
  - b. If an Applicant makes contact after their partial application has been terminated, the Applicant may submit a new OMW pre-application.
- STEP 4 At the completion of the enrollment period, families not chosen will be sent a “Not Chosen” letter provided. This letter informs the Applicant all grants or OMW vouchers have been awarded. The Intake Agent will be provided with information on other free or fee based pre-K opportunities in their county to share with the Applicant.

## 2.3 PHYSICAL CUSTODY

The individual, parent or guardian, having physical custody of the child is considered the Applicant for CCDF benefits. Custody may be formal or non-formal.

### ***PHYSICAL CUSTODY DEFINITION***

*A child who resides and is receiving care and supervision from the Applicant at least 50% of the time.*

### **NON-FORMAL CUSTODY**

- Non-Formal Custody may be:
  - Foster children placed with unlicensed foster parents
  - Children living with custodial adults who are not their biological parent or legal guardian
- Does not require verification.
- Household composition will include the custodial adults, the child(ren) for whom they are serving as parent, and any other children meeting the definition of a CCDF household member.
- Income is counted for Applicants applying for children for whom they have non-formal custody.

## ◀ MINOR PARENT ▶

Minor parents are parents under the age of eighteen (18) and must be related by blood or law to the children for whom they have physical custody. Minor parents as Applicants:

- Are considered a CCDF Household with his/her own children
- Must meet CCDF eligibility requirements



### **2.3.1 MINOR PARENT IN THE CCDF HOUSEHOLD POLICY**

*When a minor parent is in the CCDF Household and is NOT the primary caregiver, the following documentation is required:*

- ✓ *Signed and dated statement from the Applicant or Co-Applicant indicating the minor parent is not the primary caregiver; or*
- ✓ *Signed and dated statement from the minor parent indicating they are not the primary caregiver.*

*Either statement must be provided with each application sequence until the minor parent is no longer in the Applicant's CCDF Household and/or becomes eighteen (18) years of age.*



### 2.3.2 MINOR PARENT IMPACT POLICY

*If a custodial adult of a minor parent is a TANF Impact participant, the minor parent will be given the custodial adult's priority for purposes of enrollment in the CCDF Voucher Program. To verify priority, the minor's parent must provide a complete TANF Impact referral at the time of initial application.*

### DOCUMENTING MINOR PARENT IMPACT PRIORITY

The Intake Agent shall follow the procedures below:

- STEP 1 A CCDF Pre-Application is completed by the minor parent who is considered the Applicant.
- STEP 2 A valid TANF Impact referral is provided by the minor parent's parent or guardian. **The minor parent's residency verification must match the address listed on the valid TANF Impact referral.**
- STEP 3 The minor parent's application is marked with a "TANF Impact" priority.
- STEP 4 The minor parent's CCDF Household will include the minor parent as Applicant and his/her children whom they are related to by blood or law.
- STEP 5 The minor parent must meet all relevant CCDF eligibility criteria.
- STEP 6 When the minor parent's application is complete, their priority must be changed to the appropriate selection for their CCDF Household.

## ◀ CHANGES TO PHYSICAL CUSTODY ▶



### 2.3.3(a) CHANGE IN PHYSICAL CUSTODY POLICY

*When the physical custody of a child currently receiving CCDF benefits change, the child may be entitled to continued benefits should the individual with physical custody meet eligibility guidelines.*

### STEPS TO COMPLETE A CHANGE IN PHYSICAL CUSTODY

The Intake Agent shall follow the procedures below:

**PLEASE NOTE:** *The Intake Agent must assure the CCDF eligible child's authorizations do not overlap by subsidy end date or voucher end date.*

- STEP 1 On the existing case, end vouchers the Saturday following the change in custody or first available Saturday. Terminate the case.
- STEP 2 Request the new custodial adult to complete a CCDF Pre-Application.
- STEP 3 Pre-determine the new custodial adult's eligibility.
- STEP 4 Enter the new custodial adult's application as a Waiting List Application.

- STEP 5** After pre-eligibility has been determined, send an email to your CCDF Policy Consultant requesting funding for the child(ren). Send the email as high priority and include the following:
- Subject line reads “Slot request for change of custody”
  - Old case number and county
  - New case number and county
  - First Name(s) of child(ren)
  - Reason for the change in custody (i.e. Foster Care, etc)
- STEP 6** If approved, the sender will be notified when funding is available.
- STEP 7** Complete the application for the new custodial adult.

NOTE: The custodial adult may select any CCDF eligible provider or OMW provider, if appropriate. It is the responsibility of the Intake Agent to assure the eligible child’s authorizations do not overlap.

## ◀TEMPORARY CHANGES IN PHYSICAL CUSTODY▶

When physical custody of a child(ren) is no longer with the Applicant due to a formal or non-formal custody agreement, the Applicant must submit a written request to place the child(ren)’s vouchers in “Approved Leave” for the period of time the child(ren) are not in their physical custody. This period may not exceed sixteen (16) weeks. This action ensures the child(ren) will continue to receive CCDF benefits when the child(ren) returns to the Applicant’s home.

If the individual who obtains temporary custody of the child(ren) also needs child care, the individual with temporary custody may apply for CCDF benefits according to CCDF policies. If eligible, CCDF benefits may be provided for the child. (See “Steps to complete a change in physical custody”)

## ◀CHANGE IN RELATIONSHIP▶ FOSTER PARENT ADOPTS CHILD



### 2.3.4 FOSTER PARENT ADOPTION POLICY

*When a foster parent adopts their foster child(ren), they are considered a new Applicant and are required to meet all relevant eligibility guidelines, including poverty level, unless the foster parent has an active non-foster application.*

## STEPS FOR FOSTER CHILD ADOPTION WITHOUT A CURRENT NON-FOSTER APPLICATION

The Intake Agent shall follow the procedures below for a foster parent with an active foster application who *does not* have an active non-foster application:

**PLEASE NOTE:** *The Intake Agent must assure the adopted eligible child’s authorizations do not overlap by subsidy end date or voucher end date.*

- STEP 1 On the existing foster application, end the vouchers on the Saturday following the adoption or the first available Saturday. Terminate the case.
- STEP 2 Request a complete CCDF Pre-Application from the adoptive parent.
- STEP 3 Pre-determine eligibility by entering the Waiting List Application.
- STEP 4 If eligible, submit a Data Change Request form to the CCDF Policy Consultant. This form must include the now inactive foster AIS case number and the AIS case number of the Waiting List Application, as well as, the reason for the change noted as “adoption”.
- STEP 5 If approved, the Intake Agent will be notified the Waiting List Application is now in partial status.
- STEP 6 Complete the eligibility determination and authorization for the new custodial adult.

NOTE: The custodial adult may select any CCDF eligible provider or OMW provider, if appropriate. It is the responsibility of the Intake Agent to assure the eligible child’s authorizations do not overlap.

#### **STEPS FOR FOSTER CHILD ADOPTION WHEN A CURRENT NON-FOSTER APPLICATION IS ACTIVE**

The Intake Agent shall follow the procedures below for a foster parent with an active foster and non-foster application:

***PLEASE NOTE:** The Intake Agent must assure the adopted eligible child’s authorizations do not overlap by subsidy end date or voucher end date.*

- STEP 1 On the existing foster application case, end the vouchers on the Saturday following the adoption date or first available Saturday. Terminate the case.
- STEP 2 Add the adopted child to the active non-foster application.
- STEP 3 If eligible, submit a Data Change Request form to the CCDF Policy Consultant. This form must include the now inactive foster AIS case number *and* the AIS case number of the active non-foster case, as well as, the reason for the change noted as “adoption”.
- STEP 4 If approved, the Intake Agent will be notified the adopted eligible child is now in a partial status.
- STEP 5 Complete the eligibility determination and authorization for the new custodial adult.

NOTE: The custodial adult may select any CCDF eligible provider or OMW provider, if appropriate. It is the responsibility of the Intake Agent to assure the eligible child’s authorizations do not overlap.

### **◀PARENTS IN THE MILITARY▶**

The person with physical custody of the child(ren) is considered the Applicant(s) for CCDF benefits. Their service need and financial eligibility would be considered for eligibility.

The military family should also be made aware of the military child care assistance through Child Care Aware (800) 424-2246.

### **HOUSEHOLD SIZE FOR DEPLOYED CCDF HOUSEHOLD**

Two custodial adult CCDF Household:

- A married couple's CCDF application will include the parent stationed away from home in their CCDF Household size and his/her income shall also be counted toward eligibility.
- An unmarried couple's CCDF application will not include the parent stationed away from home nor will his/her income be counted toward eligibility, unless support is being provided directly to the custodial parent and this income will be treated as Child Support.

## 2.4 RESIDENCY



### 2.4.1 CCDF RESIDENCY POLICY

*The Applicant must apply for the CCDF Voucher Program in his/her county of residence.*

There is no minimum length of time an Applicant or Co-Applicant must reside in Indiana to obtain CCDF benefits. This can include a person who is homeless or temporarily residing in a Domestic or Homeless shelter in Indiana. Should an active Applicant or Co-Applicant move from their current Indiana County of residence, they may transfer their CCDF benefits to another Indiana county. This includes an OMW Household regardless of the availability of OMW services in the new county of residence. If OMW is not available in the new county, the CCDF Household will be able to access CCDF funding. In these cases, the OMW indicator must be changed from “yes” to “no”.

### STEPS FOR A NEW APPLICANT OR CO-APPLICANT MATCH

When performing a search in AIS, an Intake Agent may receive a match to an Applicant or Co-Applicant in another county. If match is found, the Intake Agent should follow the procedure below.

- STEP 1 Determine if the case is active
- STEP 2 Determine if the individual is the same individual submitting the application by matching Applicant and Co-Applicant’s date of birth, RID number, child(ren)’s name(s) and date of birth
- STEP 3 Complete a transfer of the active case to the new county of residence and complete all appropriate case updates. (See Change in Circumstances, Residency for further information.)

### ACTIVE APPLICANT OR CO-APPLICANT MOVING TO ANOTHER COUNTY

When an active Applicant and/or Co-Applicant moves to another Indiana County, they may transfer their CCDF benefits to their new county of residence. This includes an OMW Applicant regardless of the availability of OMW services in the new county of residence. If OMW is not available in the new county, the Applicant will be able to access CCDF funding. In these cases, the child’s child care subsidy must be updated to a CCDF funding source. (See Change in Circumstances, Residency for further information.)



### OMW 2.4.1 Residency Policy

*Legislation requires the child to be a resident of Indiana to be eligible to participate in the OMW program. Due to county financial match requirements, families may be required to reside in a county in which an eligible OMW program is authorized to provide services.*

## ◀ APPROPRIATE DOCUMENTS TO VERIFY RESIDENCY ▶

It is the responsibility of the Intake Agent to obtain documentation to verify the Applicant or Co-Applicant's physical residency, including street address, city and/or zip code.

### CURRENT DEFINITION

*For purposes of CCDF eligibility current is defined as a previous thirty (30) day period which may include Applicant or Co-Applicant's signature date on State Form 805 or CCDF Parent / Applicant Worksheet, unless otherwise stated.*



### 2.4.2 CCDF NAME ATTESTATION POLICY

*When an Applicant or Co-Applicant's name, as verified on their ID document, does not match all verification documents in the current sequence, the individual must complete a CCDF Name Attestation form. Please Note: Children are exempt from this policy.*

**PLEASE NOTE:** *If documentation listed below is not obtainable for the Applicant or Co-Applicant, a formal written request including suggested appropriate documentation must be submitted to the Office for prior written approval.*

Any of the following are appropriate documents for verification of residency.

- Current rent receipt or signed and dated statement from landlord
- Current mortgage statement based on statement date or print date
- Current signed and dated statement from declared legal resident with whom the Applicant and Co-Applicant reside
- Current utility bill based on any of the following: end date of service period, meter reading date, or statement date (See definition of utility.)

**PLEASE NOTE:** *When a complete address is not present, a municipal utility provider with a business name which includes the city of delivery may be used to document the city of residence.*

- Lease or lease amendment for the existing lease period

### EXISTING LEASE PERIOD DEFINITION

*Existing Lease Period is a lease which states it is a month to month lease or a lease which includes begin and end dates which are not expired.*

- Dated reauthorization letter from Intake Agent which is not more than 60 days old
- Envelope from current mail received at address, which is not a window envelope and includes a dated postmark
- Current correspondence from state agencies such as DWD, DFR, etc. including screen prints from [www.ifcem.com](http://www.ifcem.com) or other state supported website with a current print date which can be verified and documented



- Current correspondence from federal agencies such as the Social Security Administration with a current letter date
- Current online documentation from the United States Postal Service showing an updated or changed address which includes a confirmation code
- Current documentation from a secondary or post-secondary school verifying the student's (Applicant or Co-Applicant's) registered address based on valid service need document
- Valid Indiana driver's license, valid Indiana state ID, valid Interim/Extension Indiana Regular ID Card, or any other valid government ID for Applicant or Co-Applicant
- Valid INS Green Card for Applicant or Co-Applicant
- Valid Indiana Vehicle Registration's legal address
- Current pay stub for Applicant or Co-Applicant
- Current documentation from a Homeless or Domestic Violence Shelter which includes a signed and dated statement indicating county of residence only. For this purpose, a PO Box is acceptable
- Current documentation of homelessness provided by the DFR. The Applicant may utilize the DFR address as a mailing address. The Applicant's street address should be recorded as "homeless". The city and zip code should match the DFR address.
- Current written statement from homeless Applicant or Co-Applicant describing their living situation and identifying a mailing address which may be the Intake Agency's address. The applicant's street address should be recorded as "homeless". The city and zip code should match the declared mailing address.

**PLEASE NOTE:** *If an Applicant is homeless and living in their car, a street or other public place, the Intake Agent must report the situation to the local CPS office or child abuse hotline.*

## SCHOOL DISTRICT

Once the Intake Agent has verified residency, it is necessary to assist the parent in determining their school district assigned to their residence. A complete list of school district information can be found on the Indiana Department of Education's website [www.doe.in.gov](http://www.doe.in.gov) or more specifically on webpage <http://www.doe.in.gov/idoe/digital-media/indiana-k-12-school-websites>

## ◀ CHOSEN PROVIDER IS IN ANOTHER COUNTY ▶

An Applicant or Co-Applicant must choose a CCDF eligible provider during the application process. This provider may reside in their county of residence or in another Indiana County. If the Intake Agent is concerned about the distance of Applicant or Co-Applicant's commute, it should be discussed with their CCDF Policy Consultant.



### 2.4.3 CCDF ELIGIBLE PROVIDER REIMBURSEMENT RATE POLICY

*A CCDF eligible provider's rate of reimbursement is based on the local CCDF Reimbursement Rates for the county where the Applicant resides not the county where child care is provided.*

**OMW 2.4.2 PROVIDER COUNTY REQUIREMENTS**

*Due to county match dollars and county eligibility restrictions, families may not be able to participate in the OMW program outside of the county in which they live. Authorization must be obtained from the Office for this type of request.*

## 2.5 CHILD ELIGIBILITY



### 2.5.1(a) ELIGIBLE CHILD POLICY

*An eligible child is a child related to the Applicant and Co-Applicant either by blood or law or other person standing in loco parentis (in place of the parent). All eligible children must be under the age of thirteen (13) at the time of application or reapplication, however, children turning the age of thirteen (13) may continue to participate through the end of the subsidy period including any extensions of time. A child over the age of thirteen (13) at the time of application or reapplication with an appropriately documented special needs or court ordered supervision and is under the age of eighteen (18) may participate until the Sunday following their eighteenth (18th) birthday.*



### 2.5.2 DOCUMENTED IDENTITY POLICY

*Applicant must submit appropriate documentation of identity for all CCDF Household Members.*



### OMW 2.5.1 AGE PARTICIPATION POLICY

*Children participating in On My Way (OMW) must meet the age requirement for enrollment. Children must be at least four (4) years of age and less than five (5) years of age on August 1st of the state fiscal year for which the OMW voucher is sought.*

## ◀ CHILD IDENTITY ▶

### APPROPRIATE DOCUMENTS TO VERIFY IDENTITY AND AGE OF AN ELIGIBLE CHILD

It is the responsibility of the Intake Agent to obtain documentation to verify a child's eligible age. Only one permanent document is needed. When entering the child's name into the AIS a child's first and last name should be entered as recorded on the child's form of identification. A middle initial is optional.

Any of the following are appropriate documents to verify an eligible child's identity and age:

- Birth Certificate
- Hospital Issued Certificate of Birth
- Birth Confirmation Letter
- ICES Screen

- Court Record of Adoption, Paternity, or Foster Placement, if date of birth is verified
- Documentation from the verifying agency of a foster child's date of birth
- A completed and notarized Paternity Affidavit, State Form 44780
- Identification Card issued by any government, if date of birth is on the card
- Passport
- Permanent Residency Card
- Hoosier Healthwise or Medicaid Card, if date of birth is on the card
- School Enrollment Record or Identification Card, if date of birth is on the card
- Medical Immunization Record, if date of birth is on the document



### 2.5.3 ELIGIBLE CHILD'S CITIZENSHIP POLICY

*For purposes of the CCDF Voucher Program, an eligible child must be a citizen of the United States or a qualified (legal) alien. Only the citizenship or immigration status of the eligible child is relevant for eligibility purposes.*

## ◀ CHILD CITIZENSHIP ▶

### APPROPRIATE DOCUMENTS TO VERIFY CITIZENSHIP OF AN ELIGIBLE CHILD

It is the responsibility of the Intake Agent to obtain documentation to verify a child is a citizen of the United States or a qualified (legal) alien and currently residing in Indiana.

Any of the following are appropriate documents to verify the citizenship status of an eligible child:

- Any appropriate documentation of proof of birth issued in the United States
- Hoosier Healthwise or Medicaid card
- Valid Green Card
- Valid Visa
- **Valid** Form I-94; Arrival / Departure Document
- Social Security Card

***PLEASE NOTE:** Prior to scanning, the Intake Agent must redact or mask the first five (5) digits of the Child's Social Security Number.*

- Permanent Residency Card
- Valid State Identification Card
- ICES Screen
- Current verification the child is served in an Early Head Start or Head Start program

## ◀ FOSTER CHILDREN ▶

### APPROPRIATE DOCUMENTS TO VERIFY AN ELIGIBLE CHILD IS A FOSTER CHILD

It is the responsibility of the Intake Agent to collect documentation of an eligible child's status as a foster child *before* exempting a foster parent's income.

Any of the following are appropriate documents to verify an eligible child is a foster child.

- Copy of the foster parent's valid Foster Family Home License, State Form 45562, which matches the foster parent's residency verification; **or**
- Documentation from approving authority indicating the Foster Family Home License has been renewed or address has been changed; **and**
- One of the following verifications the child is a ward of the State:
  - ✓ **or** Medical Authorization, State Form 3319, which may be more than 30 days old;
  - ✓ **or** Court Placement Order which may be more than 30 days old; **or**
  - ✓ Current per diem documentation which includes eligible child's name; **or**
  - ✓ Current documentation from the DCS Caseworker

The above documentation must be collected at each reauthorization.

## ◀ CHILD WITH SPECIAL NEEDS ▶

### APPROPRIATE DOCUMENTS TO VERIFY AN ELIGIBLE CHILD'S SPECIAL NEEDS

It is the responsibility of the Intake Agent, with parental consent, to collect documentation of an eligible child's enrollment in a program for children with special needs.



#### 2.5.4 CHILD WITH SPECIAL NEEDS DOCUMENTATION POLICY

*Documentation for children with special needs under the age of 13 is required at initial application only. For children ages 13 or over, the required special needs documentation must be an IEP (Individualized Education Plan) or a statement from a health care professional updated at least annually.*

Any of the following are appropriate documents to verify a child has a special need:

- Proof of enrollment with Children with Special Health Care Services as provided by the State of Indiana; **or**
- Proof of enrollment in First Steps Early Intervention System; **or**
- A copy of the child's Individualized Education Plan or IEP; **or**
- Verification of Supplemental Security Income (SSI); **or**
- Proof of enrollment in Head Start for a child professionally diagnosed with disabilities; **or**
- Statement from a health care professional which includes the child's diagnosis.

If documentation of enrollment in at least one of the above indicated programs cannot be obtained, the child will not be considered as a child with special needs until the documentation can be provided. Provider and/or Applicants or Co-Applicants cannot self-declare a child has special needs.

## 2.6 CCDF HOUSEHOLD MEMBERS

### **CCDF HOUSEHOLD DEFINITION**

*A CCDF household is one or more custodial adults and children related by blood or law or other person standing in loco parentis residing in the same household. Where custodial adults over the age of 18 (other than spouses or biological parents of the child(ren) receiving services) reside together, each is considered a separate household. Wards of the local Office of the Department of Child Services (DCS), foster children on Title IV-E, are all the legal responsibility of DCS and not the CCDF household in which the children have been placed. NOTE: A marriage between persons of the same gender is recognized in Indiana; therefore, persons of the same gender are considered Applicant and Co-Applicant.*

Using the definition of CCDF Household above, the Intake Agent must determine which individuals shall be included on the CCDF Application. It is possible for an Applicant to have more than one CCDF Application based on the relationship of the child or children to the other adults in the household; however, a child may not be on multiple applications with the same adult Applicant. Once a child(ren) turns eighteen (18) years of age, a child is no longer considered a CCDF Household member for purposes of CCDF regardless of school enrollment status.

In the case of foster families, only foster children who are biological siblings should be listed on the same application.

**PLEASE NOTE:** *If the Intake Agent has determined the Applicant receiving services is a “Single Applicant” (See definition of Single Applicant) there will be no other adults listed on the CCDF application. If the Applicant is not a “Single Applicant”, the biological parent, step-parent, guardian or foster parent of the child(ren) must be listed on the CCDF application and appropriate documentation to verify identity is needed.*



### **2.6.1 DOCUMENTED IDENTITY POLICY**

*Applicant must submit appropriate documentation of identity for all CCDF Household Members.*



### **2.6.2 CCDF NAME ATTESTATION POLICY**

*When an Applicant or Co-Applicant’s name, as verified on their ID document, does not match all verification documents in the current sequence, the individual needs to complete a CCDF Name Attestation form.*

**PLEASE NOTE:** *Children are exempt from this policy.*

## ◀ APPLICANT IDENTITY ▶

### APPROPRIATE DOCUMENTS TO VERIFY APPLICANT IDENTITY

It is the responsibility of the Intake Agent to obtain documentation to verify the identity of the Applicant and Co-Applicant. Only one verification document is required. When entering the Applicant or Co-Applicant's name into the AIS, the first and last name must be entered as recorded on the form of identification, regardless of TANF status. A middle initial is optional. An Applicant or Co-Applicant may declare their date of birth.

Any of the following are appropriate documents to verify an Applicant's identity, if the verification includes a photograph.

- Driver's License
- Identification Card issued by any government
- Passport
- Military Identification Card
- School Identification Card
- Work Identification Card

## ◀ CO-APPLICANT IDENTITY ▶

### APPROPRIATE DOCUMENTS TO VERIFY CO-APPLICANT IDENTITY

Any of the following are appropriate documents to verify a Co-Applicant's identity. A photograph is not required.

- Driver's License
- Identification Card issued by any government
- Passport
- Military Identification Card
- School Identification Card
- Work Identification Card
- Permanent Residency Card
- ICES Screen
- Social Security Card

***PLEASE NOTE:** Prior to scanning, the Intake Agent must redact or mask the first five (5) digits of the Applicant's or Co-Applicant's Social Security Number.*

- Birth Certificate
- Insurance Card
- Vehicle Registration
- Voter Registration Card

## ◀ CHILD IDENTITY ▶

### APPROPRIATE DOCUMENTS TO VERIFY IDENTITY OF A CHILD NOT RECEIVING CCDF

Any of the following are appropriate documents to verify the identity of children as CCDF Household members who are not receiving CCDF subsidy. The document must include verification of date of birth.

- Birth Certificate
- Hospital Issued Certificate of Birth
- Birth Confirmation Letter
- ICES Screen
- Court Record of Adoption or Foster Placement, if date of birth is verified
- Documentation from the verifying agency of a foster child's date of birth
- A completed and notarized Paternity Affidavit, State Form 44780
- Identification Card issued by any government
- Passport
- Permanent Residency Card
- Hoosier Healthwise or Medicaid Card, if date of birth is on the card
- School Enrollment Record or Identification Card, if date of birth is on the card
- Medical Immunization Record, if date of birth is on the card

### ◀CCDF HOUSEHOLD MEMBERS RID NUMBER▶

If an Applicant or Co-Applicant receives TANF benefits, the Intake Agent shall record the individual's RID (Recipient Identification Number). If an Applicant or Co-Applicant does not have a RID number, one will be assigned to them through an AIS validation process.

#### STEPS TO VALIDATE A RID NUMBER

When completing the RID number validation process, the Intake Agent may receive potential matches from ICES data. The following AIS data fields will be matched to ICES data fields to assist the Intake Agent in determining if an appropriate match exists.

- Name
- Social Security Number
- RID Number currently entered in AIS
- Date of Birth
- Gender
- Race

The appropriate match may occur if the individual's AIS data partially matches ICES data; however, it is the responsibility of the Intake Agent to determine if a match exists. This may require information from the Applicant or Co-Applicant to justify the match. Unmatched data fields will not be populated into AIS unless the field is the RID number which will be updated on validation.

When no match exists, ICES will create a new RID number for the Applicant and/or Co-Applicant. Once successfully created, the RID number will be populated in AIS. (For additional information on the RID Validation Process, see your AIS User Manual.)



## 2.7 SERVICE NEED



### 2.7.1 SERVICE NEED REQUIREMENT POLICY

*An Applicant and Co-Applicant must demonstrate a valid service need at the time of application which meets all eligibility criteria.*

#### TYPES OF SERVICE NEED DEFINITION

*A service need is established when each custodial adult living in the home with an eligible child can demonstrate the need for child care by providing proof of participation in one or more of the following:*

*Service Need Code of #1: Employment*

*Service Need Code of #2: Education or Training*

*Service Need Code of #3: A Combination of Service Need 1 & 2 (regardless of the use of child care)*

*Service Need Code of #4: Child Protective Services*



### 2.7.2 START DATE OF SERVICE NEED POLICY

*To establish a valid service need, the Applicant and Co-Applicant's participation must begin the week of or the week following the application completion date, unless otherwise stated.*



#### OMW 2.7.1(a) START DATE OF EDUCATION/TRAINING SERVICE NEED POLICY

*To establish a valid service need for Education/Training, the Applicant and Co-Applicant's participation must begin no later than thirty (30) days after the selected OMW program's start date. An Applicant or Co-Applicant on Maternity Leave must begin participation in a valid CCDF service need not to exceed sixteen (16) weeks from the application completion date.*



#### OMW 2.7.2 START DATE OF EMPLOYMENT SERVICE NEED POLICY

*To establish a valid service need for Employment, the Applicant and Co-Applicant's participation must begin the week of or the week following the application completion date unless the Applicant and/or Co-Applicant are on Maternity Leave. Participation for an Applicant and/or Co-Applicant on Maternity Leave must begin within sixteen (16) weeks of the application completion date.*

**APPLICATION COMPLETION DATE DEFINITION**

*The date the application authorization is complete and the Intake Agent has signed and dated the application (State form 805).*

**◀TANF IMPACT REFERRALS▶**

CCDF Applicants or Co-Applicants participating in the TANF Impact program document their service need by providing the local Intake Agency with a complete valid TANF Impact referral.

**DETERMINING IF A TANF IMPACT REFERRAL IS COMPLETE**

A TANF Impact referral may be received by fax, email, or in person. It is the responsibility of the Intake Agent to verify the referral is complete prior to completing the application.

A complete TANF Impact referral has been received for each CCDF Adult Household Member unless there is another verified service need. All of the following criteria must be met to determine a referral is complete:

- ✓ The referral is *current* based on the caseworker's signature date
- ✓ The TANF Impact Referral includes all of the following:
  - Applicant Name
  - Applicant Complete Address
  - Applicant Phone Number, if available
  - TANF Case Number
  - Activity clearly marked
  - Activity Begin and End Dates are present
  - Signed or Electronically Transmitted
  - Signature (Completion ) Date of Caseworker
- ✓ If activity is employment, an AEINC or AEISE must show monthly income

NOTE: Upon authorization completion or expiration of referral, Intake Agent should complete Section B of referral and return to Caseworker.

**COMPLETING TANF IMPACT APPLICATION**

A complete TANF Impact referral is adequate proof of:

- ✓ A Co-Applicant's identity; and
- ✓ A child's identity and date of birth; and
- ✓ An eligible child's citizenship status; and
- ✓ Residency; and
- ✓ Service need, and
- ✓ Income.

**AUTHORIZING CHILD CARE WITH A TANF IMPACT REFERRAL**

When all required documentation has been provided, the Intake Agent may establish CCDF benefits for the eligible child(ren).

**2.7.3 TANF IMPACT APPOINTMENT POLICY**

*If a complete TANF Impact, AJS, or SNAP Impact referral has been received, the Intake Agent must make an appointment available to the TANF Impact Applicant or Co-Applicant within five (5) business days of Applicant or Co-Applicant contact. Applicant identity and Provider Information Page are the only documents required at the time of authorization.*

## 2.8 SERVICE NEED TYPE – APPROVED LEAVE



### 2.8.1(b) APPROVED LEAVE POLICY

*A service need of Approved Leave is established when an active Applicant or Co-Applicant, unless otherwise indicated, experiences a temporary change in service need for which child care is not wanted.*

### **APPROVED LEAVE DEFINITION**

*Approved Leave is an approved temporary lapse in service need during which child care is not wanted yet eligibility is maintained.*

## TYPES OF APPROVED LEAVE

Approved Leave situations may include:

- Child Protective Services
- Change in Service Need
- Temporary Change in Physical Custody



### 2.8.2 APPROVED LEAVE SERVICE NEED CODE POLICY

*An Applicant and/or Co-Applicant who has a service need of Approved Leave will have a Service Need Code appropriate for their permanent service need.*



### 2.8.3(c) APPROVED LEAVE AT REAUTHORIZATION POLICY

*An Applicant or Co-Applicant completing reauthorization at a time when they are not actively participating in their service need shall be eligible for up to an additional sixteen (16) weeks of child care to accommodate the remainder of the approved leave period. However, an Applicant or Co-Applicant who fails to report a loss of service need may be responsible for repayment for all or part of child care reimbursements paid on their behalf unless:*

- *The Applicant or Co-Applicant is eligible for approved leave; and*
- *The Applicant or Co-Applicant provides appropriate documentation to verify a service need which may reduce or eliminate a requirement for repayment.*

## APPROVED LEAVE ◀ CHILD PROTECTIVE SERVICES ▶

A service need of Approved Leave is established when an active or non-active Applicant or Co-Applicant provides proof of a valid service for Child Protective Services, but has yet to obtain physical custody of the eligible child(ren). This period may not exceed six weeks in duration.



### **2.8.4 CHILD PROTECTIVE SERVICE NEED POLICY**

*An Applicant or Co-Applicant who does not have physical custody of their biological or step-child with a CPS case plan, but who is eligible for CCDF benefits with a service need of Child Protective Services may be placed in “Approved Leave” for the period of time needed to establish family reunification. This period may not exceed six (6) weeks in duration.*

### **STEPS FOR APPROVED LEAVE FOR CHILD PROTECTIVE SERVICE**

The Intake Agent shall follow the procedures below:

- STEP 1 Obtain documentation to verify service need
- STEP 2 Complete Authorization
- STEP 3 Establish an Approved Leave Voucher for six (6) weeks
- STEP 4 Establish a voucher using Pending Provider for the remainder of the subsidy period
- STEP 5 Complete case using appropriate situation below:
  - Obtain proof of placement and establish appropriate vouchers with CCDF Eligible Provider beginning Sunday following placement; **or**
  - Delete the Pending Provider vouchers and terminate the AIS case.

## APPROVED LEAVE ◀ CHANGES IN SERVICE NEED ▶

When a CCDF Applicant or Co-Applicant experiences a change in service need, they may request an Approved Leave for up to sixteen (16) weeks before resuming a CCDF approved activity. For example, a student completing their secondary education and preparing to begin a post-secondary education program.

### ***CHANGE IN SERVICE NEED DEFINITION***

*A change in service need is defined as a temporary time period when an Applicant or Co-Applicant is not participating in their service need including, but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, or temporarily not attending an education program due to semester breaks not to exceed sixteen (16) weeks.*

**APPROPRIATE DOCUMENTS TO VERIFY CHANGE IN SERVICE NEED LEAVE**

The following is appropriate documentation to verify a service need of Approved Leave for a change in service need:

- Written statement from Applicant or Co-Applicant with dates of desired leave not to exceed sixteen (16) weeks each; or
- Current documentation from an approved source.

**APPROVED LEAVE****◀ TEMPORARY CHANGES IN PHYSICAL CUSTODY ▶**

A change in physical custody occurs when an eligible child is temporarily residing outside the Applicant or Co-Applicant's CCDF Household due to a formal or non-formal custody agreement, other than foster care. The eligible child's voucher may be placed in Approved Leave status for a period which do not exceed sixteen (16) weeks after which time the eligible child must have returned to the Applicant or Co-Applicant's CCDF Household to re-establish CCDF benefits.

**APPROPRIATE DOCUMENTS TO VERIFY A TEMPORARY CHANGE IN PHYSICAL CUSTODY**

One of the following is appropriate documentation to verify a service need of Approved Leave, Temporary Change in Physical Custody:

- A copy of a formal custody agreement which includes:
  - ✓ CCDF child's name
  - ✓ Frequency and duration of visitation
- A written statement from the Applicant which includes:
  - ✓ CCDF child's name
  - ✓ Duration of visitation
  - ✓ Person with whom the CCDF child will be residing
  - ✓ Applicant signature and date

## 2.9 SERVICE NEED TYPE – CHILD PROTECTIVE SERVICES SERVICE NEED #4



### **2.9.1(a) CHILD PROTECTIVE SERVICES SERVICE NEED POLICY**

*A service need of Child Protective Services is established when an active or inactive Applicant or Co-Applicant provides verification from the local Department of Child Services indicating the Applicant and Co-Applicant need child care outside of their home.*

### **APPROPRIATE DOCUMENTATION TO VERIFY CHILD PROTECTIVE SERVICES**

The following is appropriate documentation to verify a service need of Child Protective Services.

- A current written statement from the CPS caseworker indicating:
  - ✓ The child(ren) are living with their biological or adoptive parent
  - ✓ The child(ren) need care outside of the home
  - ✓ Amount of care needed per week
  - ✓ CPS caseworker's contact information



### **2.9.2(a) CPS SERVICE AND FINANCIAL ELIGIBILITY POLICY**

*The service and financial eligibility requirements are waived for children who have been referred by the CPS caseworker as needing out of home care as part of the CPS case plan.*

### **APPROPRIATE AUTHORIZATION DOCUMENTATION FOR A CPS CASE**

All of the following documentation must be obtained at time of application:

- Applicant and Co-Applicant identification from approved source (See Appropriate Documents to Verify Identity page 53 )
- Child(ren)'s identification and date of birth from approved source (See Appropriate Documents to Verify Identity page 49 and/or 53.)
- Residency verification from approved source (See Appropriate Documents to Verify Residency page 46-47.)
- Complete current CPS Caseworker Referral (See Appropriate Documentation to Verify Child Protective Services above.)
- Current complete Provider Information Page

## CHILD PROTECTIVE SERVICES EXCEPTIONS



### 2.9.3 CHILD PROTECTIVE SERVICE EXCEPTION POLICY

*An Applicant or Co-Applicant who has physical custody of a child with a CPS case plan who is not their biological child or step-child is not eligible for CCDF benefits with service need of Child Protective Services.*

**PLEASE NOTE:** *The Applicant or Co-Applicant may be eligible for CCDF benefits; however, they must demonstrate a valid service need and financial eligibility. The CCDF Applicant and Co-Applicant's priority will not be CPS.*



### 2.9.4 CHILD PROTECTIVE SERVICE APPROVED LEAVE POLICY

*An Applicant or Co-Applicant who does not have physical custody of their biological or step-child with a CPS case plan, but who is eligible for CCDF benefits with a service need of Child Protective Services may be placed in "Approved Leave" for the period of time needed to establish family reunification. This period may not exceed six (6) weeks in duration.*

## DEPARTMENT OF CHILD SERVICES (DCS) REFERRAL PROGRAM

Priority for CCDF Applicants and Co-Applicants participating in the DCS Referral program is documented by receipt of a complete referral received directly from the DCS caseworker. A DCS referral is only valid for 30 days from caseworker signature date. For instructions on completing a DCS case, see forms section of the manual.



## 2.10 SERVICE NEED TYPE – EDUCATION / TRAINING PROGRAMS SERVICE NEED #2



**2.10.1 EDUCATION OR TRAINING SERVICE NEED POLICY**  
*A service need of Education/Training is established when an Applicant and/or Co-Applicant provide proof of participation in a certified or accredited Education/Training organization or institution occurring inside or outside of the home, unless otherwise approved by the Office.*

### TYPES OF EDUCATION OR TRAINING PROGRAMS

Any of the following may be appropriate training and education activity:

- Adult Basic Education
- Clinical, Internship, Externship or Practicum
- Community Work Experience or CWEP (*TANF Impact participants only*)
- English as a Second Language (ESL)
- General Education Degree (GED)
- Job Readiness (*TANF Impact participants only*)
- Post-Secondary Education (including Distance Learning)
- Vocational Training
- Work/Study

### APPROPRIATE SOURCES TO VERIFY IF AN EDUCATIONAL OR TRAINING PROGRAM IS ACCREDITED OR CERTIFIED

Any of the following are appropriate sources to verify if an educational or training program is accredited or certified by a recognized organization.

- [www.chea.org](http://www.chea.org)
- [www.deac.org](http://www.deac.org)
- [www.doe.in.gov](http://www.doe.in.gov) (secondary learning institutions)
- <https://fafsa.ed.gov>
- [www.in.gov/bpe](http://www.in.gov/bpe)
- [www.in.gov/che](http://www.in.gov/che)
- <https://mylicense.in.gov/everification> (select search for facility, business. . .)
- [www.ope.ed.gov/accreditation/search.aspx](http://www.ope.ed.gov/accreditation/search.aspx)
- Work Indiana Certifications found at [www.in.gov/dwd](http://www.in.gov/dwd)

Proof of accreditation or certification should be verified and documented for a non-public institution.

## EDUCATION AND TRAINING EXCLUSIONS



### 2.10.2 POST SECONDARY EDUCATION LIMIT POLICY

*Non-TANF Impact households are eligible to receive CCDF benefits when post-secondary education is their only service need, unless the Applicant or Co-Applicant has received one 4 year degree, 2 associate degrees or received CCDF benefits for 16 cumulative semesters/terms. When calculating time, include all training programs beyond high school, including trade programs, vocational programs, etc.*

**PLEASE NOTE:** *In accordance with regulations for TANF, if a TANF Impact Applicant or Co-Applicant chooses to attend an undergraduate degree program or training that cannot be approved by Impact; they must apply for CCDF benefits in the same manner as any other Non-TANF Impact household.*



### OMW 2.10.1(a) POST SECONDARY EDUCATION LIMIT EXCEPTION POLICY

*Non-TANF Impact households are eligible to receive 53 weeks of OMW benefits when post-secondary education is their only service need, including the Applicant or Co-Applicant who has received one 4 year degree or 2 associate degrees who is working towards a Master's degree. This may include break care and wrap-around care during the OMW year which is funded by CCDF. Once the OMW program has been completed and a reauthorization is required to continue with CCDF benefits, CCDF Policy 2.10.2 Post Secondary Limit Policy would apply.*

**PLEASE NOTE:** *Intake must ensure the Applicant understands CCDF Policy 2.10.2 Post Secondary Limit Policy will apply at the end of the 53 week OMW subsidy period.*

### APPROPRIATE DOCUMENTATION FOR A SECOND ASSOCIATE DEGREE

- ✓ Proof of first Associate Degree
- ✓ Appropriate School Enrollment Documentation

### DOCUMENTING POST SECONDARY EDUCATION DURATION

To successfully manage an Applicant or Co-Applicants education eligibility, the Intake Agent must enter each semester's information into the tracking mechanism in AIS. All semesters which occur in the subsidy period must be recorded in the tracking mechanism in AIS and may be updated when appropriate. Each semester or term enrolled will apply to the cumulative total despite successful completion.

**EDUCATIONAL TERM DEFINITION**

*For educational programs with single course terms for full-time students or terms with no identified course begin or end dates, each semester or term shall be counted by 16 week intervals.*

◀ **ADULT BASIC EDUCATION** ▶  
 ◀ **ENGLISH AS A SECOND LANGUAGE (ESL)** ▶  
 ◀ **GENERAL EDUCATION DEGREE (GED)** ▶  
 ◀ **POST-SECONDARY EDUCATION** ▶  
 ◀ **VOCATIONAL TRAINING** ▶  
 ◀ **WORK STUDY** ▶

**APPROPRIATE DOCUMENTATION FOR THE ABOVE SERVICE NEED**

The following information must be provided to verify a service need of Education or Training. This may be obtained using one or more documents.

- ✓ Student Name (may be verified and documented by the Intake Agent)
- ✓ School Name (may be verified and documented by Intake Agent)
- ✓ Credit Hours and/or Hours of Participation, *excluding TANF Impact Applicants or Co-Applicants*
- ✓ Semester Dates or Begin and End Dates, if applicable, *excluding TANF Impact Applicants or Co-Applicants*

This information may be in the form of one or more of the following:

- A current complete TANF Impact, AJS, or SNAP Impact Referral
- A Registration Form
- School Schedule which may be printed from School Website
- Written Statement on Institution Letterhead signed by a representative

◀ **CLINICAL, EXTERNSHIP, INTERNSHIP / PRACTICUM** ▶

**APPROPRIATE DOCUMENTATION TO VERIFY A SERVICE NEED OF CLINICAL/EXTERNSHIP /INTERNSHIP/PRACTICUM**

The following information must be provided to verify a service need for the above:

- ✓ Student Name (may be verified and documented by Intake Agent)
- ✓ School Name (may be verified and documented by Intake Agent)
- ✓ Type of Activity
- ✓ Hours of Participation
- ✓ Activity Begin and End Date (This is considered a semester/term.)

This information may be in the form of one or more of the following:

- A current Registration Form
- School Schedule which may be printed from School Website

- Current written Statement on Institution Letterhead signed by Instructor
- Course syllabus which includes identifying class information

### ◀ **CWEP OR JOB READINESS** ▶

#### **APPROPRIATE DOCUMENTATION TO VERIFY A SERVICE NEED OF CWEP OR JOB READINESS**

- ✓ An appropriately documented TANF Impact, AJS or SNAP referral

### ◀ **SECONDARY EDUCATION** ▶

#### **APPROPRIATE DOCUMENTATION TO VERIFY A SERVICE NEED OF SECONDARY EDUCATION**

One of the following must be provided to determine a service need of secondary education:

- ✓ A completed CCDF Secondary Education Student Verification Form
- ✓ A complete TANF Impact, AJS or SNAP Referral

## 2.11 SERVICE NEED TYPE – EMPLOYMENT SERVICE NEED #1

### ***EMPLOYED (WORKING) DEFINITION***

*A person receiving wages or salary for performing service for another person or organization or receiving compensation for a service or product. These activities may be conducted through an employer or be considered self-employment and are documented by proof of income. There is no minimum number of working hours required.*

### ***EMPLOYEE DEFINITION***

*An employee is a person who works in the service of another person under an express or implied contract of hire, under which the employer has the right to control the details of work performance. (Black's Law Dictionary)*

***PLEASE NOTE:*** *If an Applicant or Co-Applicant is unable to provide verification of income due to date of hire, the Applicant or Co-Applicant is considered newly employed. (See New Employment Section page 71.)*

### **TYPES OF EMPLOYMENT ACTIVITIES**

Employment can include any of the following:

- Americorps
- Applicant Job Search
- Employment (Working)
- Job Search
- New Employment
- On-the-Job Training
- New Self-Employment
- Self-Employment

## EMPLOYMENT ◀ AMERICORPS ▶



### **2.11.1 AMERICORPS POLICY**

*A service need of AmeriCorps is established when a CCDF Applicant or Co-Applicant provides proof of participation as an AmeriCorps member.*

**AMERICORPS DEFINITION**

*AmeriCorps is a federally funded network of partnerships with local and national non-profit groups which utilize public service to address critical needs in the community.*

**APPROPRIATE DOCUMENTS TO VERIFY AMERICORPS**

The following is appropriate documentation to verify a service need of AmeriCorps:

- A current written statement from the Applicant or Co-Applicant's AmeriCorps sponsor including:
  - ✓ AmeriCorps sponsor letterhead
  - ✓ Term of Service
  - ✓ Hours of Service
  - ✓ AmeriCorps sponsor signature

Income received from participation is not counted toward eligibility.

**EMPLOYMENT****◀ APPLICANT JOB SEARCH (AJS) ▶****DETERMINING AN APPLICANT JOB SEARCH (AJS) REFERRAL IS COMPLETE**

An AJS referral may be received by fax, email, inter-office mail or in person. It is the responsibility of the Intake Agent to verify the referral is complete prior to completing the application.

A complete AJS referral has been received for each CCDF Adult Household Member unless there is another verified service need. The following criteria must be met to determine a referral is complete.

- ✓ All of the referral is *current* based on the caseworker's signature (completion) date
- ✓ The referral includes all of the following information:
  - Applicant Name
  - Telephone Number, if applicable
  - Complete Address
  - TANF Case Number
  - Activity clearly marked
  - Activity Begin and End Date
  - "Applicant Job Search" or "AJS" indicated in general comments
  - Hours needed for Job Search clearly indicated in general comments
  - Signed or Electronically Transmitted
  - Caseworker contact information has been provided
  - Signature (Completion) Date of Caseworker
  - ICES WPA1 screen is included



### 2.11.2 AJS APPOINTMENT POLICY

*If a complete Applicant Job Search (AJS) referral has been received, the Intake Agent must make an appointment available to the AJS Applicant or Co-Applicant within five (5) business days of Applicant or Co-Applicant contact. The AJS referral provides proof of service need and residency, the remaining required documentation must be supplied by the AJS Applicant or Co-Applicant.*

## EMPLOYMENT

### ◀ EMPLOYMENT (WORKING) ▶

#### **CONTRACT EMPLOYEE DEFINITION**

*A Contract Employee is an individual who may select their own hours and days they will work in another individual's business, trade or profession. Unlike a self-employed individual, they do not assume any of their risks associated with business ownership. These individuals would document their wages as an employee unless they are working for a ride share or similar business.*

#### **APPROPRIATE DOCUMENTS TO VERIFY EMPLOYMENT**

At least one of the following is an appropriate document to verify a service need of employment:

- A current pay stub including the following information:
  - ✓ Identifying information for the Applicant or Co-Applicant
  - ✓ Hours worked, if hours worked is absent, the documented hourly rate of pay may be utilized to determine hours worked or a completed wage detail form.
  - ✓ Gross wages, if pay stub(s) is missing, the year to date may be utilized to calculate income for the missing pay date
  - ✓ Date received, if the date is absent, the Applicant or Co-Applicant must declare and document the date received on the verifying document
- Cancelled check (front and back) with the following information:
  - ✓ Employer's Name imprinted in the upper left corner of the check
  - ✓ Applicant or Co-Applicant's name appears in the "Pay to the Order of" line
  - ✓ A current date is recorded on the date line on the front of the check
  - ✓ The amount paid is clearly visible on the front of the check
  - ✓ The check has been fully negotiated (cashed) as evidenced on the back of the cancelled check received from the financial institution of the employer; **and**
  - ✓ A complete Wage Detail Form
- A computer generated Wage History Summary provided by the employer which includes:
  - ✓ Identifying information for the Applicant or Co-Applicant
  - ✓ Hours worked, if hours worked is absent, the documented hourly rate of pay must be utilized to determine hours worked or a completed wage detail form
  - ✓ Gross wages
  - ✓ Date received, if the date received is absent, the Applicant or Co-Applicant must declare and document the date received on the verifying document
  - ✓ Identifying information for the Employer

- Completed State Form 54092 received directly from the DFR which provided wage information for the current period.
- A complete TANF Impact, JAS or SNAP Referral for Applicant and Co-Applicant, if applicable
- A statement of earnings from The Work Number ([www.theworknumber.com](http://www.theworknumber.com)) verifying current wages.
- For an OMW applicant paid in cash, a complete OECOSL Request for Earnings Information form. (Note: Additional tips may be declared by the Applicant or Co-Applicant with a signed and dated statement from him or her.)

## EMPLOYMENT IN A CHILD CARE

### ADDITIONAL DOCUMENTS REQUIRED WHEN APPLICANT WORKS FOR THEIR CHILD'S PROVIDER

The following is required documentation for child care employment:

A current complete CCDF Provider (Employer) – Parent (Employee) Statement



#### 2.11.4 CCDF ELIGIBLE PROVIDERS FOR EMPLOYEES OF A CHILD CARE

*If the CCDF eligible provider is a:*

- *Licensed center, the Applicant or Co-Applicant must document they will not be responsible for their own child any time during the child care day.*
- *Legally license exempt facility, including a registered child care ministry, the Applicant or Co-Applicant must document they will not be responsible for their own child anytime during the child care day.*
- *Licensed child care home, the Applicant or Co-Applicant must not work at the home where their child attends.*
- *Legally license exempt home, the Applicant or Co-Applicant must not work at the home where their child attends.*

**PLEASE NOTE:** *An Applicant or Co-Applicant cannot be paid to care for their own child.*

## EMPLOYMENT

### ◀NEW EMPLOYMENT▶



#### 2.11.9 NEW EMPLOYMENT SERVICE NEED POLICY

*A Service need of new employment is established when a CCDF Applicant or Co-Applicant is not able to provide income from their present employer due to date of hire.*



**APPROPRIATE DOCUMENTS TO VERIFY NEW EMPLOYMENT**

The following is appropriate documentation to verify a service need of New Employment.

- A written statement from the Applicant or Co-Applicant's current employer including:
  - ✓ Company Letterhead (In lieu of letterhead, statement must include company EIN or company business card.)
  - ✓ Identifying information for the Applicant or Co-Applicant
  - ✓ Date Hired
  - ✓ Anticipated Hours per Week
  - ✓ Employer Signature

**APPROPRIATE DOCUMENTS TO VERIFY NEW SELF-EMPLOYMENT**

The following is appropriate documentation to verify a service need of New Self-Employment.

- A statement of profit or loss for the previous calendar month with a start date less than eight (8) weeks old which may indicate zero (0) revenue.

**2.11.10(a) NEW EMPLOYMENT AT REAUTHORIZATION POLICY**

*If an Applicant or Co-Applicant with a prior service need of employment is unable to provide proof of wages for the previous 30 days at reauthorization, the Applicant or Co-Applicant is not eligible for reauthorization, unless already in transitional care. A gap in service need of more than ten (10) calendar days will result in noncompliance and possible repayment of CCDF benefits paid on their behalf. (See "Failure to Report a Required Change.")*

**EMPLOYMENT****◀ ON-THE-JOB TRAINING ▶****ON-THE-JOB TRAINING DEFINITION**

*On-The-Job Training is defined as an employee training at the place of work while he or she is doing the actual employment.*

**2.11.11 ON-THE-JOB TRAINING POLICY**

*A service need of on-the-job training is established when an Applicant or Co-Applicant provides proof of training at their place of work with no monetary compensation.*

**APPROPRIATE DOCUMENTS TO VERIFY ON-THE-JOB TRAINING**

The following is appropriate documentation to verify a service need of On-The-Job Training and **must** receive prior approval from the Office:

- A written statement from the Applicant or Co-Applicant's current employer including:
  - ✓ Company Letterhead (In lieu of letterhead, statement must include company EIN or company business card.)
  - ✓ Start Date
  - ✓ Duration of Training Period
  - ✓ Anticipated Hours of Training per Week
  - ✓ Statement indicating this training is being conducted without compensation
  - ✓ Employer signature

## EMPLOYMENT

### ◀ SELF-EMPLOYMENT ▶

#### ***SELF-EMPLOYMENT DEFINITION***

*A service need of self-employment is established when an Applicant and/or Co-Applicant provide proof of revenue directly from their own business, trade or profession which may take place in or out of the home. These individuals have control over all aspects of their business. They are responsible for the delivery of services, the invoicing of services, the collection of revenue, and all other risks associated with business ownership. While drivers for Uber, Lyft and other ride-share or similar businesses do not have control over all aspects of their business, they should be treated as self-employed. An Applicant and/or Co-Applicant whose self-employment activity started less than eight (8) weeks earlier may not be able to provide proof of income. Therefore, it should be treated as new employment.*

### **APPROPRIATE DOCUMENTS TO VERIFY SELF-EMPLOYMENT FOR NON- TANF IMPACT APPLICANT/CO-APPLICANT**

The following are appropriate documents to verify a service need of self-employment:

- ✓ A statement of profit or loss for the previous calendar month; **and**
- ✓ An IRS Tax Transcript which includes a Schedule C or Schedule E, or for a partnership Form 1065 and Schedule K (requested using IRS form 4506T-EZ), for the most recently completed tax year, unless the business is a new business and has not filed a Tax Return to date; **or**
- ✓ Evidence of request for IRS Tax Transcript (IRS form 4506T-EZ) ; **and**
- ✓ For individuals driving for ride share or similar businesses, a current agreement or other verification which demonstrates they are actively working

***PLEASE NOTE:*** *An Applicant or Co-Applicant must provide a Tax Transcript with a Schedule C or Schedule E, when appropriate, or they may not be authorized and/or reauthorized. If the documentation listed above is not obtainable, a formal written request including suggested appropriate document must be submitted to the Office for prior written approval.*

## APPROPRIATE DOCUMENTS TO VERIFY SELF-EMPLOYMENT FOR TANF IMPACT, AJS OR SNAP APPLICANT/CO-APPLICANT

- ✓ A complete TANF Impact, AJS or SNAP referral only



### 2.11.12(a) CHILD CARE SELF-EMPLOYMENT (OWNER/LICENSEE) POLICY

*In situations where the Applicant and/or Co-Applicant is also a child care owner, and child care is requested outside of their facility or home, the following applies:*

- *Legally license exempt home providers meeting CCDF Provider Eligibility Standards (PES) are eligible*
- *For profit legally license exempt facility owners are eligible*
- *Licensed child care center owners are eligible*
- *Licensed child care home providers are eligible*

## EMPLOYMENT

### ◀ TANF IMPACT, AJS OR SNAP ▶

#### APPROPRIATE DOCUMENT TO VERIFY EMPLOYMENT

The following is the only appropriate document to verify a service need of TANF Impact Employment:

- ✓ A completed TANF Impact, AJS or SNAP referral for the Applicant or Co-Applicant

## 2.12 SERVICE NEED TYPE – PERMANENT & TEMPORARY INCAPACITATED

A service need of Permanent Incapacitation is established when an Applicant or Co-Applicant provides verification from a physician indicating the Applicant or Co-Applicant is unable to participate in a service need and incapable of caring for their own children for a period exceeding sixteen (16) weeks.

### ***INCAPACITATED APPLICANT / CO-APPLICANT DEFINITION***

*Incapacitated is defined as An Applicant or Co-Applicant who has a medical condition which prevents him/her from participating in their service need and caring for their child(ren), as verified by a physician's statement. This condition is considered permanent if it exceeds sixteen (16) weeks.*

### ***PERMANENT INCAPACITATION DEFINITION***

*Permanent Incapacitated is defined as a medical condition which prevents an Applicant or Co-Applicant from participating in their service need and caring for their child(ren), as verified by a physician's statement. This condition will exceed sixteen (16) weeks.*

### ***TEMPORARY MEDICAL CONDITION DEFINITION***

*A Temporary Medical Condition is defined as a condition which would not be considered permanent by a physician, medical practitioner or Social Security Administration and prevents the person's ability to work, attend school and/or seek employment for a period not to exceed sixteen (16) weeks.*



### **2.8.5 TEMPORARY MEDICAL CONDITION EXCEPTION POLICY**

*A new Applicant or Co-Applicant may be enrolled when one custodial adult is actively participating in their service need and the other custodial adult has an approved Temporary Medical Condition.*

## **APPROPRIATE COMPOSITION**

### **FOR AN INCAPACITATED APPLICANT AND/OR CO-APPLICANT HOUSEHOLD**

To be eligible for CCDF subsidy with a service need of incapacitation, the Applicant and Co-Applicant must match one of the combinations below.

**PLEASE NOTE:** When determining initial CCDF eligibility, one custodial adult must be actively participating in an approved service need.

### **TWO CUSTODIAL ADULTS WITHIN A CCDF HOUSEHOLD**

- One custodial adult actively participating in their service need and one custodial adult incapacitated (either temporarily or permanently) and unable to participate in their service need.
- One custodial adult temporarily incapacitated and unable to participate in their service need and one custodial adult permanently incapacitated and unable to participate in their service need permanently.
- Both active custodial adults temporarily incapacitated and unable to participate in their service need.
- One active custodial adult on Approved Leave and one custodial adult incapacitated (either temporarily or permanently) and unable to participate in their service need.

### **SINGLE CUSTODIAL ADULT WITHIN A CCDF HOUSEHOLD**

- The custodial adult is *temporarily incapacitated* and temporarily unable to participate in their service need.

### **APPROPRIATE DOCUMENTATION TO VERIFY PERMANENT INCAPACITATION**

The following is appropriate documentation to verify a service need of Permanent Incapacitation:

A current written statement, including signature and date, from physician indicating:

- ✓ Applicant or Co-Applicant is unable to participate in a service need; and
- ✓ Applicant or Co-Applicant is incapable of caring for their child(ren); and
- ✓ The duration of the incapacitation exceeds sixteen (16) weeks or is indefinite or permanent.

**PLEASE NOTE:** A custodial adult who is permanently incapacitated will have the same Service Need Code as the active custodial adult.

### **APPROPRIATE DOCUMENTATION TO VERIFY TEMPORARY INCAPACITATION**

The following is appropriate documentation to verify a service need of Temporary Incapacitation:

- A current written statement, including signature and date, from the applicant with the duration of the incapacitation not to exceed sixteen (16) weeks; or
- Current written statement, including signature and date, from a physician or medical professional indicating the Applicant or Co-Applicant is unable to participate in their service need, including a duration which may not exceed sixteen (16) weeks.

**PLEASE NOTE:** A custodial adult who has a service need of Temporary Incapacitation will have a Service Need Code appropriate for their permanent service need.

## 2.13 SERVICE NEED TYPE – SNAP IMPACT

CCDF Applicants or Co-Applicants participating in approved IMPACT activities who receive benefits from SNAP (Supplemental Nutrition Assistance Program) document their service need by providing the local Intake Agent with a complete valid DFR / CCDF SNAP Impact referral (State Form 56481).

### **DETERMINING IF A SNAP IMPACT REFERRAL IS COMPLETE**

A SNAP Impact referral may be received by email or in person. It is the responsibility of the Intake Agent to verify the referral is complete prior to completing the application.

The following criteria must be met to determine if a referral is complete:

- ✓ The referral is current based on the signature date of the caseworker; and
- ✓ A complete TANF Impact referral, Applicant Job Search referral, SNAP referral or Refugee referral has been received for each CCDF adult household member unless there is another verified service need; and
- ✓ The SNAP Impact Referral includes all of the following:
  - Applicant Name
  - Applicant Complete Address
  - Applicant phone number, if available
  - All appropriate ICES screens attached or marked “na”
    - ✓ AEINC (Earned Income), if applicable
    - ✓ AEISE (Self-employment income), if applicable
    - ✓ AEFUI (Unearned income), if applicable. An AEFUI for an individual who is not part of the CCDF household may be received; however, the income should be excluded.
    - ✓ IQAE (TANF benefit), if applicable
    - ✓ IQCM (Case member inquiry)
    - ✓ WPA1
  - Activity clearly marked
  - Activity begin and end date not to exceed 4 weeks
  - Hours of care needed clearly indicated in general comments if the need for child care exceeds 20 hours
  - Signed or electronically transmitted by caseworker
  - Caseworker contact information has been provided
  - Signature (completion) date of Caseworker
- ✓ Upon authorization, completion or expiration of referral, Intake Agent should complete section “Notification of Action” and return to Caseworker.

### **COMPLETING SNAP IMPACT APPLICATION**

A complete SNAP Impact referral is adequate proof of:

- ✓ A Co-Applicant’s identity; and
- ✓ A child’s identity and date of birth; and

- ✓ An eligible child's citizenship status; and
- ✓ Residency; and
- ✓ Service need, and
- ✓ Income.

### **AUTHORIZING CHILD CARE WITH A SNAP IMPACT REFERRAL**

When all required documentation has been provided, the Intake Agent may establish CCDF benefits for the eligible child(ren).



#### **2.13-1.1 SNAP IMPACT SUBSIDY BEGIN DATE POLICY**

*The subsidy begin date for a SNAP Impact Applicant and Co-Applicant must be for the upcoming Sunday or the Saturday following and not prior to the activity begin date. .*



#### **2.13-1.2 SNAP IMPACT SUBSIDY END DATE POLICY**

*The subsidy end date for a SNAP Impact Applicant or Co-Applicant must be the lesser of the identified activity end date or four (4) weeks.*



#### **2.13-1.3 SNAP IMPACT APPOINTMENT POLICY**

*If a complete SNAP Impact referral has been received, the Intake Agent must make an appointment available to the SNAP Impact Applicant or Co-Applicant within five (5) business days of Applicant or Co-Applicant contact. Applicant identity and Provider Information Page are the only documents required at the time of authorization.*

## 2.14 SERVICE NEED TYPE – TANF IMPACT REFUGEE

CCDF Applicants or Co-Applicants participating in the TANF Impact Refugee program document their service need by providing the local Intake Agent with a complete valid TANF Impact Refugee referral.

### **DETERMINING IF A TANF IMPACT REFERRAL IS COMPLETE**

A TANF Impact Refugee referral may be received by fax, email, or in person. It is the responsibility of the Intake Agent to verify the referral is complete prior to completing the application.

The following criteria must be met to determine if a referral is complete:

- ✓ The referral is current based on the signature date of the Caseworker; and
- ✓ A complete TANF Impact referral, AJS, SNAP or Refugee referral has been received for each CCDF adult household member unless there is another verified service need; and
- ✓ The TANF Impact Refugee Referral includes all of the following:
  - Applicant Name
  - Applicant Complete Address
  - Applicant phone number, if available
  - Activity clearly marked
  - Activity begin and end date
  - “Refugee” indicated in general comments
  - Hours of care needed clearly indicated in general comments
  - Impact exemption expiration clearly indicated in the general comments
  - Signed or electronically transmitted
  - Refugee Caseworker contact information has been provided
  - Signature (completion) date of Caseworker
  - A United States Department of State, Bureau of Population, Refugee, and Migration identity document is included
- ✓ Upon authorization, completion or expiration of referral, Intake Agent should complete Section B of the referral and return to Refugee Caseworker.

### **COMPLETING TANF IMPACT REFUGEE’S APPLICATION**

A complete TANF Impact Refugee referral is adequate proof of:

- ✓ An Applicant’s identity; and
- ✓ A Co-Applicant’s identity; and
- ✓ A child’s identity and date of birth; and
- ✓ An eligible child’s citizenship status; and
- ✓ Residency; and
- ✓ Service need.

The Applicant must provide proof of financial eligibility.

- ✓ If the Applicant’s or Co-Applicant’s activity is employment, appropriate documentation of wage must be provided.



- ✓ If the Applicant is receiving TANF benefits, appropriate documentation of TANF must be provided.

### **AUTHORIZING CHILD CARE WITH A TANF IMPACT REFUGEE REFERRAL**

When all required documentation has been provided, the Intake Agent may establish CCDF benefits for the eligible child(ren).



#### **2.13.1 TANF IMPACT REFUGEE SUBSIDY BEGIN DATE POLICY**

*The subsidy begin date for a TANF Impact Refugee Applicant and Co-Applicant may be no more than two weeks prior to the application date and may not be prior to the activity begin date.*



#### **2.13.2 TANF IMPACT REFUGEE SUBSIDY END DATE POLICY**

*The subsidy end date for a TANF Impact Refugee Applicant or Co-Applicant must be the lesser of the identified activity end date or IMPACT exemption expiration date indicated on a valid TANF Impact Refugee referral or fifteen (15) weeks. NOTE: Should the TANF Impact expiration date exceed fifteen (15) weeks, a data change request may be completed to request a subsidy end date which coincides with the expiration date.*



#### **2.13.3 HOURS OF CARE FOR A TANF IMPACT REFUGEE APPLICANT POLICY**

*Total hours of care for a TANF Impact Refugee Applicant or Co-Applicant should be based on the hours stated on the valid TANF Impact Refugee referral.*

**PLEASE NOTE:** *All other CCDF Policies apply to an Applicant and Co-Applicant participating through the TANF Impact Refugee program.*

### **ENTERING A TANF IMPACT REFUGEE APPLICATION IN AIS**

- STEP 1 Select priority of TANF Impact
- STEP 2 Mark the appropriate check box “Refugee”. This will allow a subsidy period of fifteen (15) weeks.
- STEP 3 Complete the application entry, as required.
- STEP 4 If the TANF Impact exemption date exceeds fifteen (15) weeks; submit a data change request to obtain a subsidy end date which coincides with the expiration date.
- STEP 5 Match to the appropriate RID number. The Applicant and Co-Applicant should have an existing valid RID number.

## 2.15 SERVICE NEED TYPE – TRANSITIONAL CARE

A service need of Transitional Care is established when an Applicant or Co-Applicant requests and appropriately documents the need for care following a temporary or non-temporary loss of service need.

### **TRANSITIONAL CARE DEFINITION**

*A service need of transitional care is established to allow an Applicant or Co-Applicant time-limited absence to care for a family member, to recover from illness, when not working between regular industry work seasons, for holidays or breaks in employment or education, due to a reduction in work or education hours, or any other cessation from work or an education program for a period not to exceed sixteen (16) weeks.*



### **2.13-2.1 TRANSITIONAL CARE ELIGIBILITY POLICY**

*An active Applicant or Co-Applicant may request transitional care. A Co-Applicant may request transitional care upon entering the CCDF Household. If a valid service need is not obtained, CCDF benefits will be terminated. If properly reported, multiple periods of transitional care may occur in subsidy period.*



### **2.13-2.2 TRANSITIONAL CARE INELIGIBILITY POLICY**

*The following Applicants and Co-Applicants are ineligible for CCDF with transitional care as their service need:*

- ✓ *A CCDF Household whose current income exceeds 85% of the State median income when there is no temporary fluctuation of income; and*
- ✓ *A CCDF Household whose assets exceed one (1) million dollars.*



### **2.13-2.3 TRANSITIONAL CARE EXCLUSION POLICY**

*If TANF Impact, SNAP Impact, or AJS Applicant or Co-Applicant become ineligible for continued care with TANF Impact, SNAP Impact or AJS as their service need, they will not be eligible for sixteen (16) weeks of transitional care.*



### **2.13-2.4 NEW APPLICANT TRANSITIONAL CARE EXCLUSION POLICY**

*A new Applicant is not eligible for transitional care at initial application, unless otherwise stated.*

**PLEASE NOTE:** *The policy above applies to any Applicant who has not participated in the CCDF program in the previous 90 days.*

**TEMPORARY CHANGE IN SERVICE NEED**

*A temporary change in service need is defined as a temporary time period when an Applicant or Co-Applicant is not participating in their service need, including, but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, or temporarily not attending an education program due to semester breaks not to exceed sixteen (16) weeks.*

**STEPS TO COMPLETE TRANSITIONAL CARE AUTHORIZATION**

- STEP 1 Obtain the date of the temporary or non-temporary loss of service need from the Applicant or Co-Applicant which may be declared.
- STEP 2 Determine if Applicant or Co-Applicant is eligible for transitional care based on date of loss.
- STEP 3 Enter transitional care begin date in AIS beginning one day after loss.
- STEP 4 Write "Transitional Care" on the signature line of the 805.
- STEP 5 Assign vouchers to Pending Provider after the sixteenth (16<sup>th</sup>) week of transitional care. If the Applicant's subsidy end date occurs before the sixteenth (16<sup>th</sup>) week, the subsidy end date may be extended to accommodate the entire period of transitional care.
- STEP 6 Verify the Applicant or Co-Applicant has obtained a new service and meets financial eligibility or terminate the case if eligibility cannot be confirmed.  
**NOTE: An income update is not needed when returning to the same service need.**
- STEP 7 Enter the Transitional Care End Date in AIS as the date of termination or start date of new service need.

**PLEASE NOTE:** *The Applicant's child care authorization shall remain as authorized for their previous active service need for the duration of transitional care.*

## 2.16 FINANCIAL ELIGIBILITY – COUNTABLE INCOME

In addition to meeting service need criteria, Applicants and Co-Applicants must also demonstrate financial eligibility.

### **ELIGIBLE CHILD DEFINITION**

*A recipient of CCDF subsidy, who is less than thirteen (13) years of age or an active thirteen (13) year old through the remainder of their CCDF subsidy period, including any extensions of time, or eighteen (18) years of age with a documented special need or under court ordered supervision; and whose family income does not exceed 85% of the State median income for a family of the same size and who does not have assets which exceed one (1) million dollars as certified by a family member, and who resides with a parent(s) who are working, and/or attending a job training or educational training, or are receiving or need to receive protective services.*



### **OMW 2.14.1 ELIGIBLE CHILD DEFINITION**

*To qualify for an OMW voucher, the eligible child must be a member of a household with an annual income that does not exceed 127% of the federal poverty level. \**

*\*refer to OMW appendix for additional information on how to request expansion within the five (5) original pilot counties. CCDF Household income may not exceed 85% SMI.*

### **FAMILY (CCDF Household) ASSETS DEFINITION**

*A family's (CCDF Household's) total assets are defined as all cash, retirement, investments and real property.*

### **FINANCIAL ELIGIBILITY DEFINITION**

*Financial eligibility is defined as a CCDF household with current complete gross monthly income from all countable sources falls below the established federal poverty guideline percentages determined by The Office.*

To determine a CCDF Household's current gross monthly income, all income received by CCDF Household Members must be evaluated and counted toward eligibility, when appropriate.

### **INCOMPLETE INCOME DEFINITION**

*Incomplete income, is income documentation which does not represent an entire pay cycle for the current period. For example, less than four (4) pay stubs if paid weekly or less than two (2) if paid bi-weekly or semi-monthly.*



#### **2.14.1(a) POVERTY GUIDELINE POLICY**

*CCDF poverty guidelines are established based on the number in the CCDF Household and income level from all countable sources to determine whether an Applicant is income eligible for the CCDF program. However, some CCDF Household Member's income may be excluded. Additionally, an Applicant may be considered eligible for a maximum of thirteen (13) weeks due to a temporary fluctuation in income or incomplete income.*



#### **2.14.7 FINANCIAL ELIGIBILITY EXCEPTION POLICY**

*An Applicant or Co-Applicant attempting to verify financial eligibility who has experienced two consecutive periods of incomplete income may be considered financially eligible if their current gross countable income falls below the established federal poverty guideline percentages.*

### **DETERMINING FINANCIAL ELIGIBILITY WITH INCOMPLETE INCOME**

- STEP 1** Verify incomplete income by:
- ✓ Year to date wages; or
  - ✓ Completed wage detail form; or
  - ✓ Written statement from the employer on company letterhead. (In lieu of letterhead, statement must include company EIN number or company business card.)
- STEP 2** A CCDF subsidy period of 53 weeks will be authorized, however, CCDF benefits may only be provided for thirteen (13) weeks. Pending vouchers shall be created beginning the fourteenth (14<sup>th</sup>) week of subsidy.
- STEP 3** Advise the Applicant and Co-Applicant an income update must be completed within the thirteen (13) weeks.
- STEP 4** Submission of documentation which indicates a second incomplete income period will be considered complete current income. (See policy 2.17.7) Failure to update their income and document financial eligibility will result in termination.
- STEP 5** Provide the Applicant, Co-Applicant and CCDF Eligible provider with an updated pre-voucher or voucher.
- STEP 6** Scan all applicable documents.



#### **2.14.6 NEW APPLICANT WITH FLUCTUATING INCOME POLICY**

*If a new Applicant is unable to demonstrate financial eligibility due to a temporary fluctuation in income, their application may remain incomplete and in a partial status for a maximum of thirteen (13) weeks. This will allow the new Applicant to complete their application when they are able to demonstrate financial eligibility. If financial eligibility is not demonstrated within thirteen (13) weeks, the partial application will be swept.*

## ◀ CCDF HOUSEHOLD INCOME EXCLUSIONS ▶



### **2.14.2 HOUSEHOLD MEMBER UNDER 18 INCOME POLICY**

*Any earned income of a CCDF Household Member under the age of 18, excluding emancipated minors and minor parents, is not counted toward eligibility.*



### **2.14.3 FOSTER FAMILY INCOME POLICY**

*The income of an appropriately documented foster family is exempt for purposes of CCDF eligibility. (See Foster Family Documentation page 50 – 51.)*



### **2.14.4 CHILD PROTECTIVE SERVICE INCOME POLICY**

*The income of an appropriately documented Child Protective Services family is exempt for purposes of CCDF eligibility. (See Child Protective Service pages 61 – 62.)*



### **2.14.5 AMERICORPS INCOME POLICY**

*The income of an appropriately documented AmeriCorps member is exempt for purposes of CCDF eligibility. (See AmeriCorps Documentation page 67 – 68.)*

## ◀ **COUNTABLE SOURCES** ▶

### **APPROPRIATE SOURCES AND DOCUMENTATION FOR COUNTABLE INCOME**

#### ***GROSS CCDF HOUSEHOLD INCOME DEFINITION***

*For purposes of CCDF eligibility, gross CCDF household income is defined as total income from all countable sources prior to taxes and after income exclusions and adjustments (as stated in the CCDF Policy Manual) received by each identified CCDF Household Member in the current period.*

Total income is determined by calculating all gross income, prior to taxes and qualifying deductions, received in the current period from all countable sources from each identified CCDF Household Member. Identifying information must be included on the document and may include name, nickname, social security number, partial social security number, etc.

#### ***CURRENT DEFINITION***

*For purposes of CCDF eligibility, current is defined as a previous 30 day period which may include Applicant or Co-Applicant signature date on State Form 805 or CCDF Parent/Applicant Worksheet unless otherwise stated.*

## **COUNTABLE INCOME**

### ◀ **ASSETS GREATER THAN ONE MILLION DOLLARS** ▶

CCDF Household assets are the value of all the CCDF Household's cash, retirement, investments and real property. When an Applicant or Co-Applicant's assets exceed one million dollars, the Applicant and Co-Applicant are considered ineligible for CCDF subsidy.

#### **APPROPRIATE DOCUMENTATION TO VERIFY CCDF HOUSEHOLD ASSETS**

- ✓ Applicant or Co-Applicant's declaration of assets on the State Form 805 or CCDF Parent / Applicant Worksheet.

## **COUNTABLE INCOME**

### ◀ **CHILD SUPPORT / SPOUSAL MAINTENANCE** ▶

Child Support is money paid on a regular basis by a non-custodial parent for the benefit of his or her child, which include direct payments and payments via the clerk of the circuit courts and/or the Division of Family Resources, Child Support Bureau. Maintenance is an allowance paid to one spouse by the other for support pending or after separation or divorce. Maintenance should be recorded as "Other Income Counted".

**CHILD SUPPORT ADJUSTMENTS**

- If the child for whom child support is received is not listed on the application, the child support is not counted.
- If the paying non-custodial adult is listed on the application, the child support would not be counted.

**APPROPRIATE DOCUMENTATION TO VERIFY CHILD SUPPORT / SPOUSAL MAINTENANCE**

- ✓ A completed CCDF Child Support / Maintenance Declaration form signed with a current date, excluding properly documented CPS or Foster CCDF Households.

**PLEASE NOTE:** An AEFUI is not an appropriate documentation source for Child Support.

**COUNTABLE INCOME****◀ EARNED INCOME (WAGES OR SALARY) ▶**

Earned income is payments for labor or services usually according to a contract and on an hourly, daily, salaried, commission or piecework basis. For purposes of CCDF eligibility, earned income is counted using current wages prior to taxes and after qualifying deductions.

**EARNED INCOME ADJUSTMENTS**

- More than 4 weekly, 2 bi-weekly, or one monthly payment shall be excluded from current earned income
- Advance Pay is counted when received and not when deducted including, salary, commissions, sick or vacation pay
- Health/Dental/Vision Insurance Benefits which are considered part of gross income are not counted when there is an opposing deduction.

**APPROPRIATE SOURCES TO VERIFY EARNED INCOME**

One of the following is appropriate verification of earned income.

- A current pay stub including the following information:
  - ✓ Identifying information for the Applicant or Co-Applicant
  - ✓ Hours worked, if hours worked is absent, the documented hourly rate of pay may be utilized to determine hours worked or completed wage detail form.
  - ✓ Gross wages, if pay stub(s) is missing, the year to date may be utilized to calculate income for the missing pay date
  - ✓ Date received, if the date is absent, the Applicant or Co-Applicant must declare and document the date received on the verifying document
- **At least one current pay stub and a completed Wage Detail form.**
- Cancelled check (front and back) with the following information:
  - ✓ Employer's Name imprinted in the upper left corner of the check
  - ✓ Applicant or Co-Applicant's name appears in the "Pay to the Order" line
  - ✓ Current date is recorded on the date line on the front of the check
  - ✓ Amount paid is clearly visible on the front of the check
  - ✓ The check has been fully negotiated (cashed) as evidenced on the back of the cancelled check by the depositing financial institution; **and**
  - ✓ An accompanying complete Wage Detail form



- A computer generated Wage History Summary provided by the employer which includes:
  - ✓ Identifying information for the Employer
  - ✓ Identifying information for the Applicant or Co-Applicant
  - ✓ Hours worked, if hours worked is absent, the documented hourly rate of pay must be utilized to determine hours worked
  - ✓ Gross wages
  - ✓ Date received, if the date received is absent, the Applicant or Co-Applicant must declare and document the date received on the verifying document
- Completed State Form 54092 received from the DFR which provided wage information for the current period.
- AEINC screen from a complete TANF Impact referral, regardless of age, for the Applicant or Co-Applicant
- A statement of earnings from The Work Number, a wage verification service utilized by specific employers, for the Applicant or Co-Applicant. See [www.theworknumber.com](http://www.theworknumber.com) to register for this service.
- For an OMW applicant paid in cash, a complete OECOSL Request for Earnings Information form

## CALCULATING EARNED INCOME

### TANF IMPACT APPLICANTS

#### STEPS TO DETERMINE COUNTABLE EARNED INCOME USING AEINC

STEP 1 Find “MONTHLY INCOME” on screen.

STEP 2 Enter the amount as stated regardless of the date.

***PLEASE NOTE:** If a TANF Impact client supplies current pay stubs, they may be used to determine current earned income. However, the AEINC screen must still be included for the TANF referral to be considered valid.*

### TIPPED EMPLOYEES AS APPLICANTS

#### STEPS TO DETERMINE COUNTABLE TIPPED INCOME

When determining wages for tipped employees with documented tips on their pay stub or self-declared tips, the Applicant and/or Co-Applicant must complete a CCDF Tipped Employee Worksheet for each pay stub used for income determination during the current period.

This total of the CCDF Tipped Employee Worksheets for the current period **must be** equal or greater than total hours worked (based on pay stubs) multiplied by minimum wage. If total wages are less than minimum wage, then income is figured by using the following formula:

$$\text{Wages} = \text{Total Hours Worked} \times \text{Minimum Wage.}$$

## COUNTABLE INCOME

### ◀ EARNED INCOME (SELF-EMPLOYMENT) ▶

Self-employed earned income is revenue received directly from an Applicant or Co-Applicant's own business, trade or profession minus business expenses declared by Applicant or Co-Applicant. Applicants and Co-Applicants must be able to demonstrate collection of revenue from self-employment; however, an operating loss may be incurred and is reported as zero on the application, State Form 805. An Applicant or Co-Applicant may be asked by The Office to provide documentation of gross receipts and expenses.

#### APPROPRIATE SOURCES TO VERIFY SELF-EMPLOYMENT INCOME

*See Service Need Section for complete self-employment documentation needed for authorization.*

- A statement of Profit / Loss for the previous calendar month which will be documented as income in AIS; **or**
- AEISE screen from a complete TANF Impact or SNAP Impact referral, regardless of age, for the Applicant or Co-Applicant

#### STEPS TO DETERMINE SELF-EMPLOYMENT INCOME USING STATEMENT OF PROFIT AND LOSS

- STEP 1 Find "TOTAL REVENUE" on the Statement of Profit and Loss.
- STEP 2 Total the declared expenses, exclude expenses for child care.
- STEP 3 Subtract "TOTAL EXPENSES" from "TOTAL REVENUE".
- STEP 4 Record the sum in dollar and cents. A loss shall be entered as zero (0) dollars.

**PLEASE NOTE:** *An Applicant or Co-Applicant with new self-employment as a service need, may report zero (0) revenue on the Statement of Profit and Loss.*

#### STEPS TO DETERMINE SELF-EMPLOYMENT INCOME USING AEISE

- STEP 1 Determine INC TYPE
- STEP 2 Add all OI (Income Received) for the reported month. If amount is listed as MO (monthly) it is entered as stated. If amount is listed as WK (weekly) each week in the month reported would be counted or the weekly amount would be multiplied by four (4). (Please refer to Income and Expense Code Sheet to determine applicable codes.)
- STEP 3 Subtract all EI (Expenses Incurred) within the month reported from the Income. (Please refer to your Income/Expense Code Sheet to determine applicable codes.)
- STEP 4 Enter the sum in dollars and cents in AIS. If this amount is a negative, a zero will be entered.

**PLEASE NOTE:** *Intake Agent must identify the Applicant's or Co-Applicant's declared self-employment activity. If it is determined self-employment is providing the service of child care, applicable CCDF policies apply.*

## COUNTABLE INCOME ◀ LUMP SUM PAYMENTS ▶

### LUMP SUM DEFINITION

*Lump Sum Payments is money paid through life insurance, inheritances, lawsuit settlements, gambling/lottery winnings, severance payments from previous employer, retention bonuses from current employer, annual employment bonus, etc. are to be annualized, unless otherwise stated.*

### APPROPRIATE DOCUMENTS TO VERIFY LUMP SUM PAYMENTS

- Pay Stub, including employer documentation of lump sum (bonus) frequency
- Check Stub or record of direct deposit
- Current documentation from issuing authority
- Court Record of Lawsuit or Inheritance Settlement

### STEPS TO DETERMINE LUMP SUM INCOME (EXCLUDING BONUSES)

- STEP 1 Determine the amount of the lump sum as documented on appropriate source of verification
- STEP 2 Deduct any documented legal expenses
- STEP 3 Divide the remaining sum by twelve (12)
- STEP 4 Enter the sum in dollars and cents in AIS and include as income for the next twelve (12) months

### STEPS TO DETERMINE BONUS INCOME

- STEP 1 Determine the amount of the bonus as documented on appropriate source of wage verification
- STEP 2 Determine the frequency of the bonus based on the documentation provided
- STEP 3 Divide the bonus by the number of months the bonus reflects. (i.e. Annual bonus is divided by twelve (12), Semi-annual bonus is divided by six (6), etc.) A bonus without frequency documentation must be counted in its entirety.
- STEP 4 Enter the sum in dollars and cents in AIS and include as income for the next twelve (12) months when appropriate.
- STEP 5 Complete the appropriate fields in the AIS.

## COUNTABLE INCOME ◀ OTHER ▶

When other sources of income such as dividends, short term disability, investment income, etc. are received, the gross receipts shall be counted.

### APPROPRIATE DOCUMENTS TO VERIFY OTHER INCOME

- Declaration
- Pay Stub
- Current Documentation from issuing agency
- Other appropriate source of documentation

**COUNTABLE INCOME**  
**◀ PENSIONS AND ANNUITIES ▶**

Pensions and annuities are paid to a retired person or his/her survivors by a former employer or union either directly or through an insurance company.

**APPROPRIATE DOCUMENTS TO VERIFY PENSION & ANNUITY PAYMENTS**

- Pay Stub
- Award Letter from issuing agency
- Current Documentation from issuing agency

**COUNTABLE INCOME**  
**◀ BENEFITS PAID TO A PROTECTIVE PAYEE ▶**

If benefits are issued in someone else's name but for use by the Applicant or Co-Applicant, then the income must be counted. (i.e. Social Security, Veteran's Benefits, etc.)

***PLEASE NOTE:** If this income is for a foster child, it is not counted toward eligibility.*

**APPROPRIATE DOCUMENTS TO VERIFY BENEFITS PAID TO A PROTECTIVE PAYEE**

- A written statement, including signature and date, from the Protective Payee declaring monthly benefit amount, **or**
- A written statement, including signature and date, from the Applicant or Co-Applicant declaring monthly benefit amount.

**COUNTABLE INCOME**  
**◀ RENTAL ▶**

Rental income received from property owned by the Applicant and/or Co-Applicant is considered countable income. Monthly rental income less applicable mortgage payment, which may include escrow payment, is entered as "Other Income Counted".

**APPROPRIATE SOURCES TO VERIFY RENTAL INCOME**

- Valid rental agreement; **and**
- Current mortgage statement, if applicable

**COUNTABLE INCOME**  
**◀ SOCIAL SECURITY INCOME (All Types) ▶**

Social Security Income is money paid to an individual as cash assistance who is age qualified, a survivor of a qualified individual, a permanently disabled individual or an individual retired from the railroad. For purposes of CCDF eligibility, Social Security Income is counted prior to taxes and after qualifying deductions.

**APPROPRIATE DOCUMENTS TO VERIFY SOCIAL SECURITY INCOME**

- Award letter from issuing agency for the current benefit year which can be more than 12 months old
- Current documentation from issuing agency
- An AEFUI screen which is not more than twelve (12) months old

**CALCULATING SOCIAL SECURITY INCOME****STEPS TO DETERMINE IF THE AWARD LETTER IS APPROPRIATE DOCUMENTATION**

STEP 1 Determine the following dates:

- ✓ Date of award letter
- ✓ Payment from and through dates

STEP 2 Determine appropriate situation from the following:

- If the “Payment From/Begin Date” is prior to the CCDF application signature date, the Award Letter is considered to be appropriate documentation. **or**
- If the “Payment From/Begin Date” is after the CCDF application signature date, the Award Letter is not appropriate documentation.

**SOCIAL SECURITY INCOME EXCEPTIONS**

- Overpayments are counted when received not when withheld from benefits
- Lump Sum Social Security Income payments are not counted

**STEPS TO DETERMINE SOCIAL SECURITY INCOME**

STEP 1 Determine if the award letter is appropriate documentation.

STEP 2 Determine the countable benefit:

- ✓ Deduct any withholding for an overpayment
- ✓ Add any other documented deductions

STEP 3 Enter the amount in dollars and cents.

**COUNTABLE INCOME (TANF)****◀TEMPORARY ASSISTANCE FOR NEEDY FAMILIES▶**

TANF is money paid as cash assistance to an adult in the assistance group.

**APPROPRIATE SOURCES TO VERIFY TANF INCOME**

- Award letter from issuing agency which is not more than twelve (12) months old
- An IQAE screen from a complete TANF Impact or SNAP Impact referral, regardless of age, for the Applicant or Co-Applicant
- An IQAE screen which is not more than twelve (12) months old
- Screen print from [www.ifcem.com](http://www.ifcem.com) or other state supported website with a current print date which can be verified and documented. The “Current Month Amount” will be entered as TANF income.
- Screen print from [www.ifcem.com](http://www.ifcem.com) or other state supported website with a current “Effective Date”. The “Current Month Amount” will be entered as TANF income.

**STEPS TO DETERMINE TANF BENEFITS USING IQAE**

- STEP 1 Determine your current period
- STEP 2 *(Reading from top to bottom)* Find the first line with “STAT” of OPEN, if no OPEN skip to step 4
- STEP 3 Determine the appropriate situation from the following:
- If there is no “DATE END” and the “DATE BEGIN” is not a future date, use this amount as TANF benefit.
  - If there is a “DATE END” with a “DATE BEGIN” and the “STAT” is “OPEN”, use this amount as the TANF benefit if the Applicant or Co-Applicant signature date falls within the open period.
- STEP 4 If “STAT” is PEND or CLOSED, TANF benefit will be entered as zero.

**COUNTABLE INCOME****◀ UNEARNED INCOME FOR A TANF IMPACT CASE ▶**

Unearned income is income received by a TANF Impact or SNAP Impact Applicant or Co-Applicant from a source other than employment and TANF cash benefit.

**APPROPRIATE DOCUMENTS TO VERIFY UNEARNED INCOME (TANF)**

- AEFUI screen from a complete TANF Impact or SNAP Impact referral, regardless of age, for the Applicant or Co-Applicant; or
- Other appropriate documentation, as stated in this section, if a complete TANF Impact referral has also been provided

**CALCULATING UNEARNED INCOME****STEPS TO DETERMINE UNEARNED INCOME (TANF) USING AEFUI**

- STEP 1 Determine the current period by using date income was received.
- STEP 2 Find the column “INC TYPE”
- STEP 3 Determine the appropriate situation from the following:
- INC TYPE with CS, CH or CP indicates Child Support. This type is verified by a completed and signed CCDF Child Support / Maintenance Declaration form.
  - INC TYPE with UI indicates Unemployment Insurance. This type is verified by Uplink Claim Homepage or current documentation from the approving authority.
  - INC TYPE other than CS, CH, CP, or UI would be counted. Proceed to Step 4.
- STEP 4 Find the column “BGT MTD”
- STEP 5 Determine the appropriate situations from the following:
- If there is a “R” in the column, the income is counted as directed in Step 6.
  - If there is a “T” in the column, the income is excluded.
  - If there is an “F” in the column, the income is counted if it was received in the current period based on “OCCUR DATE” as directed in Step 6.

- STEP 6 Find the column “FRQ”
- STEP 7 Determine the countable income by using the appropriate “FRQ” code and the following list:
- Weekly (WK) – Multiply the amount by 4 and record as “Other Income Counted”
  - Semi-Monthly (SM) – Multiply the amount by 2 and record as “Other Income Counted”
  - Semi-Annually (SA) – Divide the amount by 6 and record as “Other Income Counted”
  - Quarterly (QT) – Divide the amount by 3 and record as “Other Income Counted”
  - One Time Only (OT) – Record in its entirety as “Other Income Counted” if the income was received in the current period
  - Monthly (MO) – Record in its entirety as “Other Income Counted”
  - Less Often – Periodic (LO) – Record in its entirety as “Other Income Counted” if received in the current period
  - Bi-weekly (BW) – Multiply the amount by 2 and record as “Other Income Counted”
  - Annually (AN) – Divide the amount by 12 and record as “Other Income Counted”

## **COUNTABLE INCOME**

### **◀ UNEMPLOYMENT ▶**

Unemployment is money paid from government unemployment insurance agencies or private companies during the period of unemployment. For purposes of CCDF eligibility, Unemployment income is counted prior to taxes and after qualifying deductions.

#### **APPROPRIATE SOURCES TO VERIFY UNEMPLOYMENT**

- Uplink Claim Homepage which covers the current period payment from (<https://uplink.in.gov/CSS/CCSclaimHomePage.htm>)
- Current documentation from issuing agency

### **CALCULATING UNEMPLOYMENT INCOME**

#### **UNEMPLOYMENT INCOME EXCEPTIONS**

- If multiple payments are recorded for a single “Benefit Week/End Date”, only one “WBA” or “Weekly Benefit Amount” shall be counted.
- If an amount paid for a “Benefit Week/End Date” is zero, then the week will not be counted in determining income.
- If an Applicant or Co-Applicant is receiving reduced benefits, a “Voucher History Inquiry” may be provided by the approving authority to calculate benefits paid. This history must include: payment date, total benefit amount and actual payment.

**STEPS TO DETERMINE UNEMPLOYMENT USING CLAIM HOME PAGE**

- STEP 1 Determine the “WBA” or “Weekly Benefit Amount”. Utilize the UI Program amount until the benefits have been paid in full then utilize the EEUC Program amount until those benefits have been paid in full.
- STEP 2 Determine the number of “Benefit Week/End Date” in the current period
- STEP 3 Multiply the number of weeks by the “Weekly Benefit Amount”

**STEPS TO DETERMINE UNEMPLOYMENT USING VOUCHER HISTORY INQUIRY**

- STEP 1 Determine the “CWE” or Claim Week End dates which fall within the current period
- STEP 2 Determine the “CWE” week’s status.
- STEP 3 Determine the appropriate situation from the following:
- If status is “PAY” the “Benefit Pay Amount” would be counted.
  - If status is “HOLD” or “OUTS” the “Benefit Pay Amount” would not be counted.

**COUNTABLE INCOME****◀ VETERAN’S BENEFITS ▶**

Veteran’s benefits is money paid by the Veteran’s Administration to disabled or retired members of the Armed Forces or to survivors of deceased veterans.

**APPROPRIATE SOURCES TO VERIFY VETERAN’S BENEFITS**

- Award Letter from issuing agency for the current benefit year which can be more than 12 months old
- Current Pay Stub or Electronic Deposit Verification
- Current documentation from issuing authority
- Benefit Amount obtained by Veteran Administration’s resource number (800)827-1000, may be verified and documented by Intake Agent

**COUNTABLE INCOME****◀ WORKER’S COMPENSATION ▶**

Worker’s compensation is money paid periodically from public or private insurance companies for injuries incurred at work. The cost of this insurance must have been paid by the employer and not the employee.

**APPROPRIATE SOURCES TO VERIFY WORKER’S COMPENSATION**

- Pay stub
- Current documentation from issuing authority



## 2.17 FINANCIAL ELIGIBILITY – EXEMPT INCOME

### ***EXEMPT INCOME DEFINITION***

*For purposes of CCDF eligibility, exempt income is defined as income received for limited use excluding child care, income received as reimbursements for expenses paid, income previously counted, and income received by a non-custodial adult. Exempt income includes, but is not limited to, food stamps, housing assistance, travel reimbursement, GI Bill payments, tax refunds/stimulus, foster care per diem, adoption assistance, and deductions for advance pay.*

### ◀ **ADOPTION ASSISTANCE (COUNTY, STATE & FEDERAL)** ▶

Adoption assistance is money paid to the parent/guardian of an adopted child. This amount may be declared and is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY ADOPTION ASSISTANCE**

- Declaration

### ◀ **CONTRIBUTIONS** ▶

A contribution is money paid from a source outside of the Applicant and Co-Applicant's CCDF Household with no intent to repay. This source of income is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY CONTRIBUTIONS**

- Declaration

### ◀ **EARNED INCOME CREDIT (EIC)** ▶

Earned Income Credit is money paid as a tax credit to certain low income families which may be advanced to the employee by the employer. This source of income is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY EARNED INCOME CREDIT (EIC)**

- Declaration
- Documented on the Applicant or Co-Applicant's pay stub

## ◀ **EMPLOYMENT REIMBURSEMENTS** ▶

Employment reimbursements is money paid for out-of-pocket expenses related to employment and reimbursed on an Applicant or Co-Applicant's pay stub. These payments could include reimbursement for mileage, per diem, meals, supplies, etc. This source of income is not counted toward financial eligibility.

### **APPROPRIATE SOURCES TO VERIFY EMPLOYMENT REIMBURSEMENTS**

- Declaration
- Documented on the Applicant or Co-Applicant's pay stub

## ◀ **FOOD STAMPS** ▶

Food stamps are benefits paid to an individual for the purchase of nutritional items and to assist in providing adequate nutrition for their household. This source of income is not counted toward financial eligibility.

### **APPROPRIATE SOURCES TO VERIFY FOOD STAMPS**

- Declaration

## ◀ **FOSTER CARE PER DIEM** ▶

Foster Care Per Diem is money paid by the Family and Social Services Administration to the guardian of an individual considered a ward of the court for the purpose of providing for their immediate needs. This source of income is not counted toward financial eligibility and is not recorded on the CCDF application, State Form 805.

### **APPROPRIATE SOURCES TO VERIFY FOSTER CARE PER DIEM**

- Current documentation from the issuing authority

## ◀ **GI BILL PAYMENTS** ▶

The GI Bill provides up to 36 months of education benefits to those who have served on active duty. Payments may include undergraduate tuition and fees, books and supplies. This source of income is not counted toward financial eligibility.

### **APPROPRIATE SOURCES TO VERIFY GI BILL PAYMENTS**

- Current documentation from the issuing authority

## ◀ **HOUSING ASSISTANCE/LIVING ALLOWANCE** ▶

Housing assistance/allowance are benefits provided to an individual to assist in providing adequate housing for their CCDF Household. This source of income is not counted toward

financial eligibility. Examples: military housing allowance (BAH), HUD, and religious employment benefits.

#### **APPROPRIATE SOURCES TO VERIFY HOUSING ASSISTANCE / ALLOWANCE**

- Declaration
- Documented on the Applicant or Co-Applicant's pay stub

### **◀ MILITARY BAS (Food Subsidy) ▶**

Military BAS is money paid for sustenance assistance to enlisted personnel and is documented on the Applicant or Co-Applicant's pay stub. This source of income is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY MILITARY BAS**

- Declaration
- Documented on the Applicant or Co-Applicant's pay stub

### **◀ MILITARY RELIEF FUND GRANT ▶**

A Military Relief Fund Grant is an emergency grant awarded by the Indiana Department of Veterans Affairs (IDVA) to families of deployed Indiana National Guard members or members of the Selected Reserves. The emergency grant may be used for food, housing, utilities, medical services and transportation. This source of income is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY MILITARY RELIEF FUND GRANT**

- Declaration
- Current documentation from the issuing authority.

### **◀ RETIREMENT EMPLOYER MATCH ▶**

The employer's contribution to retirement accounts such as 401K, deferred compensation or pension accounts is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY RETIREMENT EMPLOYER MATCH**

- Documented on the Applicant or Co-Applicant's pay stub

### **◀ TAX REFUND AND/OR TAX STIMULUS PAYMENTS ▶**

Tax refunds or stimulus payments is money paid by the Internal Revenue Service. This source of income is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY TAX REFUND / STIMULUS**

- Declaration
- Documented on the Applicant or Co-Applicant's pay stub
- Current documentation from the issuing authority

## ◀ WORK/STUDY INCOME ▶

Work/Study income is money paid in the form of a grant for a student's participation in an education/training program. This source of income may be declared and is not counted toward financial eligibility.

### **APPROPRIATE SOURCES TO VERIFY WORK/STUDY INCOME**

One of the following is appropriate documentation to verify work/study income:

- Documented on the Applicant or Co-Applicant's pay stub
- Current documentation from the educational institution including:
  - ✓ Student Name
  - ✓ School Name
  - ✓ Employer Name
  - ✓ Start Date of Work/Study Program
  - ✓ End Date of Work/Study Program
  - ✓ Number of Participation Hours
  - ✓ Contact Information for Program Advisor

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# **AUTHORIZATION**

## **SECTION 3**

## 3.1 AUTHORIZATION

Prior to authorization, the Intake Agent must determine the Applicant or Co-Applicant preliminarily eligible for the CCDF program.

### **AUTHORIZATION DEFINITION**

*Authorization is the process by which subsidy is determined for a CCDF Eligible Provider after information is obtained to document a CCDF Household's eligibility.*

Documentation which verifies the information required for application authorization should be copied, scanned and maintained in the Applicant's file at the Intake Agency or The Office. Prior to completing a CCDF application, the Intake Agent must determine if all necessary documentation is available to complete the application. If the Applicant or Co-Applicant is missing information, the application must be stopped and the Applicant or Co-Applicant given written documentation indicating the additional documentation required. A partial CCDF application may not be taken for any reason unless otherwise directed by The Office in writing.

### **NEW APPLICANT DEFINITION**

*New Applicant is an individual applying for services who has not participated in the CCDF program for the previous 90 days.*



#### **3.1.1(a) FACE-TO-FACE INTERVIEW POLICY**

*An application authorization interview for a new Applicant and Co-Applicant, including all new OMW Applicants and or Co-Applicants, must be conducted through a face-to-face interview.*

For subsequent applications, reauthorizations for an Applicant or Co-Applicant must be offered in a variety of methods which provide for the collection of all appropriate documentation including mail, fax, etc.



#### **3.1.4 AUTHORIZATION PERIOD POLICY**

*An application whose funding is provided by the Child Care and Development Fund must have a subsidy period for a minimum of 53 consecutive weeks with child care assistance available.*



#### **OMW 3.2.1(b) AUTHORIZATION POLICY**

*An application whose funding is provided by the Child Care and Development Fund and OMW must have a subsidy period for a minimum of 53 weeks with child care assistance available. The voucher begin and end date may be based on the OMW program year.*

When completing the application authorization, the Intake Agent must authorize 53 weeks of child care assistance to all families with the exception of TANF Impact, SNAP and AJS Applicants. During the authorization period, the CCDF Eligible Child may have multiple child care vouchers. An authorization period may only be shortened after the Applicant or Co-Applicant has been given sixteen (16) weeks of transitional care or one of the following has occurred:

- ✓ The Applicant and Co-Applicant, if any, has requested their case be terminated; or
- ✓ The CCDF eligible child has experienced excessive absences at their CCDF eligible provider's program; or
- ✓ The Applicant or Co-Applicant no longer has physical custody of the CCDF eligible child; or
- ✓ The CCDF Applicant and Co-Applicant have moved outside of the State of Indiana; or
- ✓ The CCDF Applicant and Co-Applicant have misrepresented, concealed or falsified documentation necessary to determine eligibility; or
- ✓ The CCDF household income exceeds 85% of the State median income; or
- ✓ The CCDF household has acquired assets in excess of one (1) million dollars; or



### **3.1.6 TERMINATION POLICY**

*An Applicant or Co-Applicant's CCDF authorization may not be terminated without providing sixteen (16) weeks of transitional care.*

During the application authorization, the Intake Agent will enter relevant information into the AIS. In addition, the Intake Agent will compile an Applicant and Co-Applicant file which must include all applicable documentation listed below:



### **3.1.2 APPLICANT SIGNATURE POLICY**

*The signature of an applicant or co-applicant may be original or facsimile.*

## **REQUIREMENTS FOR AN APPLICANT AND CO-APPLICANT FILE**

- ✓ Application, State Form 805, with all eligibility criteria complete
- ✓ Application, State Form 805, signed and dated by Applicant or Co-Applicant
- ✓ Application, State Form 805, signed by Intake Agent and dated with date of date entry into AIS
- ✓ All required verifications



### **3.1.3 FACE-TO-FACE APPLICATION SIGNATURE POLICY**

*During a face-to-face interview, the applicant or co-applicant must sign and date the application, State Form 805, upon completion of program authorization.*





### 3.1.4 INTAKE AGENCY SIGNATURE POLICY

*A complete application, State Form 805, must be signed by the CCDF Intake Agent upon completion of program authorization.*

- ✓ Current signed Provider Information Page (Facsimile signatures are acceptable.)
- ✓ Signed Hoosier Works for Child Care Card Authorization form
- ✓ Complete TANF Referral, if required
- ✓ Complete Signed OMW Parent Agreement, if applicable
- ✓ A copy of the Pre-Voucher
- ✓ Other Documentation, as required

The application authorization process should provide for the collection of all relevant information to accurately complete the application, State Form 805, and ensure eligibility.

## ◀SPECIAL CIRCUMSTANCES FOR AUTHORIZATIONS▶

When the Intake Agent is unable to determine income eligibility during authorization, reauthorization or when completing an income update, the Intake Agent must utilize the creation of vouchers assigned to Pending Provider to assure child care subsidy is not paid before service need and income eligibility is appropriately verified. The Intake Agent must also indicate the income as “incomplete” by coding the income appropriately in AIS. This may be done in circumstances including, but not limited to, the following:

- ✓ Transitional Care; **or**
- ✓ Temporary Incapacitation of one custodial adult in a two custodial adult CCDF household; **or**
- ✓ New Job; **or**
- ✓ Partial Pay Cycle; **or**
- ✓ Temporary Fluctuation in Income.

See the appropriate section of the CCDF Policy and Procedures Manual to determine the needed documentation.

## 3.2 SUBSIDY BEGIN DATE

It is the responsibility of the Intake Agent to establish an appropriate subsidy period for each Applicant and Co-Applicant based on their service need and appropriate CCDF policies. The subsidy begin date is the date the eligible child(ren) may begin receiving CCDF services. To establish a subsidy begin date, the Applicant and Co-Applicant's participation must begin the week of or the week following the application completion date or a child's OMW program start date, unless otherwise stated. The subsidy begin date must be established based on:

- ✓ Begin Date of their Service Need
- ✓ Begin Date of the OMW program, if applicable
- ✓ The appropriate CCDF Policy below



### 3.2.1 SUBSIDY BEGIN DATE POLICY

*The Applicant and Co-Applicant must demonstrate a valid service need to establish a subsidy begin date.*



### 3.2.2(a) TANF IMPACT, SNAP IMPACT OR AJS SUBSIDY BEGIN DATE POLICY

*The subsidy begin date for a TANF Impact, SNAP Impact or AJs Applicant and Co-Applicant may be no more than two weeks prior to the application date and may not be prior to the activity begin date.*



### 3.2.3 NON-TANF SUBSIDY BEGIN DATE POLICY

*The subsidy begin date for a non-TANF Applicant and Co-Applicant is the week of or the week following the date of application.*



### OMW 3.2.1(b) AUTHORIZATION POLICY

*An application whose funding is provided by the Child Care and Development Fund and OMW must have a subsidy period for a minimum of 53 weeks with child care assistance available. The voucher begin and end date may be based on the OMW program year.*

## 3.3 SUBSIDY END DATE

The subsidy end date is the date CCDF services will end, unless the Applicant or Co-Applicant completes the reauthorization process or the subsidy end date has been extended according to established policies and procedures. This date must be established based on the duration of the Applicant or Co-Applicant's service need, not to exceed 53 weeks and the appropriate CCDF policy below:



### 3.3.1 TANF IMPACT SUBSIDY END DATE POLICY

*The subsidy end date for a TANF Impact Applicant and Co-Applicant must be the lesser of the identified activity end date on a valid TANF Impact child care referral or fifteen (15) weeks.*



### 3.3.2 AJS SUBSIDY END DATE POLICY

*The subsidy end date for an AJS (Applicant Job Search) Applicant and Co-Applicant must be the lesser of the identified activity end date on a valid AJS child care referral or six (6) weeks.*



### 3.3.5 SNAP IMPACT SUBSIDY END DATE POLICY

*The subsidy end date for Snap Impact Applicant and Co-Applicant must be the lesser of the identified activity end date on a valid SNAP Impact child care referral or four (4) weeks.*



### 3.3.3(a) MAXIMUM SUBSIDY PERIOD POLICY

*A subsidy period, inclusive of the subsidy begin and end date, may not exceed 53 weeks in duration unless when appropriately documented the subsidy end date is extended; however, it may not extend beyond the Applicant or Co-Applicant's documented service need. This period must begin on a Sunday and end on a Saturday.*

## ◀ EXTENDED SUBSIDY END DATES ▶

When evaluating the Applicant and Co-Applicant's service need at reauthorization, it may be necessary to extend their subsidy end date to allow for the complete evaluation of their financial and service needs. Additionally, when extending the subsidy end date is not appropriate, the Intake Agent may utilize the creation of vouchers assigned to Pending Provider to assure child care subsidy is not paid before service need and income eligibility is appropriately verified.

**APPROVED LEAVE**

In situations where a reauthorizing Applicant or Co-Applicant's approved leave period exceeds the subsidy period of 53 weeks, the subsidy period may be extended up to sixteen (16) weeks to provide an opportunity for completion of the approved leave.

**APPROPRIATE DOCUMENTS FOR APPROVED LEAVE SUBSIDY EXTENSION:**

- Any appropriate documents used to verify approved leave eligibility.

**FINANCIAL ELIGIBILITY**

In situations where a reauthorizing Applicant or Co-Applicant is unable to verify financial eligibility, the subsidy period of 53 weeks may be extended thirteen (13) weeks to provide the opportunity to verify financial eligibility.

**ON MY WAY (OMW)**

In situations where an active CCDF Applicant and Co-Applicant's child begins participation in the OMW program, the subsidy period of 53 weeks may be extended to accommodate the entire program year. This may require a data change request if greater than sixteen (16) weeks.

**APPROPRIATE DOCUMENTS FOR OMW SUBSIDY EXTENSION**

- OMW Provider Information Page

**SELF-EMPLOYMENT**

In situations where a reauthorizing Applicant or Co-Applicant has provided evidence of a request for an IRS Tax Transcript (IRS form 4506T-EZ) the subsidy period of 53 weeks may be extended eight (8) weeks to provide an opportunity for receipt of the tax transcript.

**APPROPRIATE DOCUMENTS FOR SELF-EMPLOYMENT SUBSIDY EXTENSION**

- Proof of request for an IRS Tax Transcript submitted on IRS form 4506T-EZ

**TEMPORARY FLUCTUATION IN INCOME**

In situations where a reauthorizing Applicant or Co-Applicant's current income temporarily fluctuates and exceeds the established state maximum poverty guideline, the current subsidy period of 53 weeks may be extended thirteen (13) weeks to provide an opportunity for re-evaluation of their current income.

**APPROPRIATE DOCUMENTS FOR TEMPORARY FLUCTUATION IN INCOME**

- Any appropriate documents used to verify current income.

**STEPS TO COMPLETE A TEMPORARY FLUCTUATION IN INCOME (TFI) EXTENSION**

- STEP 1** When completing an income update, a prompt will warn the Intake Agent the Applicant's income exceeds the established state maximum poverty guideline. The software will offer the following three (3) options:
- ✓ Income is accurate and is not fluctuating. Case is to be terminated
  - ✓ Income is fluctuating. Case status is temporary income and will not terminate

- ✓ Action may be cancelled to allow for further review
- STEP 2** If the income is expected to fluctuate, select temporary income. Income will save, however, the case will not terminate. Copayment will be based on the prior documented income.
- STEP 3** If at least thirteen (13) weeks remain in the subsidy period, vouchers must be adjusted to reflect only thirteen (13) weeks of authorized child care.
- If less than thirteen (13) weeks remain in the subsidy period and the subsidy period cannot be extended, the remaining weeks of TFI eligibility will carry forward to the next sequence when reauthorization is completed.
- STEP 4** Advise the Applicant an income update must be completed within thirteen (13) weeks. An Applicant or Co-Applicant may attempt to update their income multiple times in the thirteen (13) week period. Failure to update their income or document income below the established maximum poverty guideline will result in termination.
- STEP 5** Provide the Applicant, Co-Applicant and CCDF eligible provider with an updated pre-voucher or voucher.
- STEP 6** Scan all applicable documents.



#### **4.4.10 TEMPORARY FLUCTUATION IN INCOME POLICY**

*An active CCDF Applicant or Co-Applicant may be considered income eligible for a period not to exceed thirteen (13) weeks when their current gross monthly income from all countable sources exceeds the established maximum poverty guideline determined by The Office due to a temporary fluctuation in income. For eligibility purposes, the Applicant and Co-Applicant's monthly gross income for eligibility purposes will be equal to the prior documented current income.*

### **TRANSITIONAL CARE**

In situations where a reauthorizing Applicant or Co-Applicant's transitional care period exceeds the subsidy period of 53 weeks, the subsidy period may be extended up to sixteen (16) weeks to provide an opportunity for completion of transitional care.

#### **APPROPRIATE DOCUMENTS FOR TRANSITIONAL CARE SUBSIDY EXTENSION:**

- Any appropriate documents used to verify transitional care eligibility.

## 3.4 VOUCHER BEGIN DATE



### 3.4.1 SUBSIDY USAGE POLICY

*A CCDF Applicant or Co-Applicant must utilize child care services, for a specific child, for at least one week during an appropriately determined CCDF Subsidy Period.*



### OMW 3.4.1(a) SUBSIDY USAGE POLICY

*A CCDF Applicant or Co-Applicant with a child enrolled in the OMW program may utilize OMW services for the entire program year, unless the CCDF Applicant or Co-Applicant experiences a non-temporary loss of service need after sixteen (16) weeks of transitional care.*

It is the responsibility of the Intake Agent to establish an appropriate subsidy period for each Applicant and Co-Applicant based on their service need and appropriate CCDF policies. The voucher begin date is the date the eligible child(ren) **will** begin receiving services from a specific CCDF Eligible Provider. To establish a voucher begin date, the Intake Agent must consider:

- ✓ The Applicant and Co-Applicant's subsidy period; and
- ✓ The period of time child care is needed for a specific child; and
- ✓ Availability of their CCDF Eligible Provider; and
- ✓ The appropriate CCDF Policies.

#### ***VOUCHER BEGIN DATE DEFINITION***

*The date a voucher is considered valid for reimbursement to a CCDF Eligible Provider. The first voucher begin date may be the same as the subsidy begin date unless the CCDF Applicant or Co-Applicant has requested alternate begin date or has been placed on Approved Leave.*

#### ***VOUCHER END DATE DEFINITION***

*The date the voucher is no longer considered valid for reimbursement to a CCDF Eligible Provider.*

## 3.5 HOURS OF CARE

When authorizing CCDF benefits, the service need must be entered as a unit of days and a unit of whole hours. The Intake Agent should choose the combination of days and hours which best meets the Applicant and Co-Applicant's needs. The Intake Agent should consider the impact of the Applicant and Co-Applicant's failure to utilize the voucher fully when creating vouchers. Applicants or Co-Applicants attending less than full-time will receive one-half of the authorized subsidy for a pay period unless the parent has used a personal day. Therefore, it is imperative an Applicant or Co-Applicant's subsidy is appropriately determined and accurately reflects documentation of service need at the time of application. Vouchers may be created with a full-time weekly charge, a daily charge or an hourly charge to accommodate the Applicant and Co-Applicant's situation.



### **OMW 3.5.1 AUTHORIZATION POLICY**

*When the Applicant or Co-Applicant selects an OMW program, the Applicant and Co-Applicant must consider the program's ability to meet their child care needs. Additional care will only be provided to extend care for children participating in an OMW program offered by a public, private, or charter school. Authorizations must be inclusive of the program's operating hours to ensure full participation in the OMW program.*

**NOTE:** *An Applicant or Co-Applicant who is eligible for part-time child care may receive full-time child care to fully participate in the OMW program.*

## ◀ FULL TIME AUTHORIZATIONS ▶

### ***FULL TIME WEEKLY DEFINITION***

*Full-time Weekly is defined as care provided for 25 hours or more per week, Sunday through Saturday, for non-school age children or school-age other children when school is not in session or when care is required during non-traditional hours. For school age children, when school is in session, full-time weekly care is defined as ten (10) hours or more per week Sunday through Saturday.*

## **NON-SCHOOL AGE AND SCHOOL AGE OTHER CHILDREN**

### ***SCHOOL-AGE OTHER DEFINITION***

*School-age other care is defined as child care provided for a break in school, including children participating in OMW, for care provided outside of Monday through Friday 6:00 am – 6:00 pm (unless approved by the Office), and care provided to sick children.*



### **3.5.8 FULL TIME AUTHORIZATION POLICY**

*When a non-TANF Impact Applicant and/or Co-Applicant qualifies for 25 hours or more of child care, the non-school age or school age other vouchers shall be authorized for ten (10) hours per day, five (5) days per week.*

## **SCHOOL AGE AND FULL DAY KINDERGARTEN**

### ***FULL TIME WEEKLY SCHOOL-AGE DEFINITION***

*Full-time Weekly is defined as care provided for ten (10) hours or more per week, Sunday through Saturday, for school-age children, including children in full-day kindergarten and children participating in OMW through a public, private or charter school, when school is in session.*



### **3.5.1 FULL DAY KINDERGARTEN POLICY**

*A CCDF Eligible Child attending Kindergarten on a full-day basis is considered a School-Age child for purposes of authorization.*

## **◀PART-TIME AUTHORIZATION▶**

If an Applicant or Co-Applicant is not eligible or does not request 25 hours or more of child care per week for Non-School Age or School Age Other Care or 10 hours or more for School-Age Care, the Intake Agent must determine if a daily or hourly voucher is appropriate.



### **3.5.2 PROVIDER CHARGES POLICY**

*A CCDF Intake Agent may not establish part-time charges for a CCDF Eligible Provider.*

### ***DAILY CARE DEFINITION***

*Daily care is defined as four (4) hours or more of child care*

## **NON-SCHOOL AGE AND SCHOOL AGE OTHER CHILDREN DAILY AUTHORIZATION**

When an Applicant or Co-Applicant's daily child care need is equivalent to four (4) hours or more, a daily voucher may be established if the CCDF eligible provider has documented daily



charges on the CCDF Provider Information Page. If a daily authorization is not appropriate, an hourly voucher must be established if the CCDF eligible provider has documented hourly charges on the CCDF Provider Information Page.



### **3.5.2 PROVIDER CHARGES POLICY**

*A CCDF Intake Agent may not establish part-time charges for a CCDF Eligible Provider.*

## **SCHOOL AGE AND FULL DAY KINDERGARTEN HOURLY AUTHORIZATION**

When an Applicant or Co-Applicant's child care need is less than 10 hours weekly, an hourly voucher may be established if the CCDF eligible provider has documented hourly charges on the CCDF Provider Information Page.



### **3.5.2 PROVIDER CHARGES POLICY**

*A CCDF Intake Agent may not establish part-time charges for a CCDF Eligible Provider.*

## **◀ PERSONAL DAYS ▶**



### **3.3.5 PERSONAL DAYS POLICY**

*Personal Days are provided to children who are enrolled on a full-time weekly basis. These 20 days per enrollment year may be used at the parent's discretion for days when the provider was open for business and the child was scheduled to attend but did not attend any part of the day.*

When an Applicant or Co-Applicant has exhausted their twenty (20) personal days, the Applicant or Co-Applicant is responsible to pay for any days not reimbursed by CCDF benefits per provider policy. Personal days may not be used to provide two week notices, therefore, any requirement for notice is between the Applicant or Co-Applicant and their provider.

### **PERSONAL DAYS EXCEPTION**

If a child with special health situations (i.e. prolonged illness or injury) has exhausted their personal days, the treating physician is to document the child's need for treatment and/or recuperation. This prescribed time may result in absences in excess of twenty (20) days. The Intake Agent may submit documentation for consideration requesting additional personal days to the CCDF Policy Consultant on behalf of the Applicant or Co-Applicant.

## ◀ HOLIDAYS OR SCHEDULED DAYS OF CLOSURE ▶

### ***HOLIDAY DEFINITION***

*Holidays are defined as a provider's six (6) chosen dates of closure per calendar year for which the child's attendance is credited as documented on the child's CCDF voucher.*



### **3.5.6 PROVIDER HOLIDAY ELIGIBILITY POLICY**

*A provider is eligible to choose holidays if they have an established written policy to charge all consumers for days they are closed and the proper documentation has been submitted timely to the Central Reimbursement Office or by utilizing [www.hoosierchildcare.com](http://www.hoosierchildcare.com) to request the closure day.*



### **3.5.7(a) CHILD HOLIDAY AND INCLEMENT WEATHER CLOSURE ELIGIBILITY POLICY**

*A child is eligible for holiday attendance when they have electronically documented their attendance at least one day in the 21 days prior to the holiday.*

## 3.6 AUTHORIZING HOURS OF CARE

After reviewing all relevant information needed to complete the application, State Form 805, the Intake Agent (not the Applicant or Co-applicant) must determine the appropriate amount of child care. This must be documented and determined by review of documentation submitted at authorization or reauthorization. A sample worksheet may be found in the back of this manual.

An Applicant or Co-Applicant who has been authorized for part-time care may request a change to the amount of child care authorized by submitting appropriate documentation to support a full-time need. If applicable, an income update will be required.



### 3.6.1(a) DETERMINING HOURS OF CARE POLICY

*Total hours of care is determined by the amount of child care needed through evaluation of the Applicant and Co-Applicant's valid service need. This determination is based on the amount of time the Applicant and Co-Applicant has or will participate in their documented activity, their travel time to and from their activity and, if applicable, their wages earned or the amount of time the Applicant anticipates they will spend studying and their CCDF eligible provider's hours of care. If an Applicant or Co-Applicant can document an increase in their hours of care needed, a future voucher may be created to support their need.*



### 3.5.8 FULL TIME AUTHORIZATION POLICY

*When a non-TANF Impact Applicant and/or Co-Applicant qualifies for 25 hours or more of child care, the non-school age or school age other vouchers shall be authorized for ten (10) hours per day, five (5) days per week.*

## THE FOLLOWING LIMITS APPLY WHEN AUTHORIZING HOURS OF CARE



### 3.6.2(a) WAGE AUTHORIZATION POLICY

*An Applicant or Co-Applicant's hours of care must be authorized based on the lesser of:*

- 1. Gross wages divided by minimum wage*
- 2. Actual hours worked documented on wage documentation*
- 3. Employer declaration for new employment*
- 4. Total Revenue (self-employment) divided by minimum wage)*
- 5. Applicant/Co-Applicant declaration for new self-employment*



### 3.6.3 MINIMUM HOURS OF AUTHORIZATION POLICY

*At a minimum the total hours of care in the appropriate combination of hours and days, must meet at least the lesser of the Applicant's or Co-Applicant's determined child care need.*



### 3.6.4 TRAVEL TIME AUTHORIZATION POLICY

*Travel time to and from the Applicant or Co-Applicant's activity must be requested by the Applicant or Co-Applicant and may not exceed ten (10) hours for full-time service need and five (5) hours for part-time service need.*



### 3.6.5 STUDY TIME AUTHORIZATION POLICY

*Study time must be requested and may not exceed two (2) hours per credit hour or two (2) hours per participation hour.*



### OMW 3.6.1 HOURS OF AUTHORIZATION POLICY

*At a minimum, the total hours of care must meet the Applicant's and Co-Applicant's determined child care need or the total weekly OMW program hours, whichever is greater.*

## ◀ AMERICORPS ▶

### DETERMINING HOURS OF CARE

CCDF benefits may be authorized for children when the Applicant or Co-Applicant is participating in AmeriCorps. The Applicant or Co-Applicant must provide appropriate documentation of AmeriCorps to receive CCDF benefits. CCDF benefits can be authorized based on hours of service.

#### DETERMINING HOURS OF CARE FOR AMERICORPS

Using the Sponsor Statement, the Intake Agent must calculate the Applicant and Co-Applicant's child care need based on the documented hours of service.

Documented hours of service per week  
 + (*plus*) Requested travel time not to exceed ten (10) hours for full-time service need and five (5) hours for part-time child care need.

**PLEASE NOTE:** *10 hours of travel may not be added to part-time service need to create full time child care need.*

The equation provides the hours of authorization needed for service. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant expects to participate in service.

## ◀ **APPROVED LEAVE** ▶ **DETERMINING HOURS OF CARE**

CCDF benefits will not be authorized for children when the Applicant or Co-Applicant has appropriately documented an Approved Leave, however, eligibility will be maintained.

### **DETERMINING HOURS OF CARE BASED ON APPROVED LEAVE**

Total hours of care for an Applicant or Co-Applicant returning from Approved Leave are equivalent to the total hours of care for the prior documented activity.

## ◀ **CHILD PROTECTIVE SERVICES** ▶ **DETERMINING HOURS OF CARE**

Child care subsidy may be authorized for children when the Applicant or Co-Applicant has appropriately documented a need of Child Protective Services.

### **DETERMINING HOURS OF CARE BASED ON CHILD PROTECTIVE SERVICES**

The Intake Agent shall authorize child care subsidy based on the information provided by the CPS caseworker. (*See Child Protective Services pages 59 and 60.*) The Applicant and Co-Applicant are not eligible for travel time.

## ◀ **EDUCATION AND TRAINING** ▶ **DETERMINING HOURS OF CARE**

Child care subsidy may be authorized for children when the Applicant or Co-Applicant are participating in an education or training program. The Applicant and Co-Applicant must provide appropriate documentation for their training or education program to receive child care subsidy. Child care subsidy can be authorized based on documented credit or participation hours as well as study and travel.

### **DETERMINING HOURS OF CARE FOR TRAINING/EDUCATION**

Hours of care are determined by evaluating the Applicant or Co-Applicant's school schedule which represents how they are participating at the time of application. A 53 week subsidy period will be authorized using this information.

#### ➤ **CREDIT HOURS**

Using the Applicant or Co-Applicant's school documentation, the Intake Agent may calculate the Applicant or Co-Applicant's child care need based on enrolled credit hours.

- Documented credit hours
- + (*plus*) Applicant or Co-Applicant's requested study time not to exceed two (2) hours per credit hour
- + (*plus*) Documented Clinical/Externship/Practicum/Internship hours
- + (*plus*) Requested travel time not to exceed ten (10) hours for full-time service need and five (5) hours for part-time service need.

**PLEASE NOTE:** 10 hours of travel may not be added to part-time service need to create full time child care need.

The equation provides the hours of authorization needed for education/training. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant expects to participate in education/training.

➤ **PARTICIPATION HOURS**

Using the Applicant and Co-Applicant's appropriate school documentation, the Intake Agent may calculate the Applicant or Co-Applicant's child care need based on enrolled participation hours.

- Documented participation hours
- + (plus) Applicant or Co-Applicant's requested study time not to exceed two (2) hours per participation hour
- + (plus) Documented Clinical/Practicum/Externship/Internship hours
- + (plus) Requested travel time not to exceed ten (10) hours for full-time service need and five (5) hours for part-time service need.

**PLEASE NOTE:** 10 hours of travel may not be added to part-time service need to create full time child care need.

The equation provides the hours of authorization needed for education/training. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant expects to participate in education/training.

➤ **TANF IMPACT CLIENTS**

If the Applicant or Co-Applicant is a TANF Impact client participating in an education/training program, including Community Work Experience, the following policy applies:



**3.6.6 HOURS OF CARE FOR A TANF IMPACT APPLICANT POLICY**

*Total hours of care for a TANF Impact client should be based on a minimum of 30 hours unless otherwise indicated on the valid TANF Impact child care referral.*

**◀ EMPLOYMENT ▶**  
**DETERMINING HOURS OF CARE**

Child care subsidy may be authorized for children when the Applicant or Co-Applicant is participating in an employment activity. The Applicant and Co-Applicant must be able to document the complete current period's income as well as hours worked in the current period before child care subsidy can be authorized. This income, however, may not represent an entire pay cycle. Therefore, the Intake Agent must determine the number of weeks worked in the current period.

**DETERMINING HOURS OF CARE BASED ON EMPLOYMENT**

The Intake Agent must calculate the Applicant and Co-Applicant's child care need based on the documented hours worked and wages earned on each job. The Applicant and Co-Applicant are eligible for child care hours **equal to the lesser** of the two following equations.

$$\frac{\text{Total hours worked in the current period}}{\text{Divided by the number of weeks worked}}$$

The equation provides the possible hours of authorization for employment.

~ AND ~

If the hourly wage is not documented as exceeding minimum wage, the Intake Agent must also determine the Applicant and Co-Applicant's child care need based on their wages earned using the formula below.

STEP ONE:  $\frac{\text{Total wages earned in the current period}}{\text{Divided by current minimum wage}}$

STEP TWO:  $\frac{\text{The sum of the above equation}}{\text{Divided by the number of weeks worked}}$

To complete the authorization, the Intake Agent may add requested travel time not to exceed ten (10) hours for full-time service need and five (5) hours for a part-time service need. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant works to properly create an authorization. NOTE: Appropriately documented foster parents may be authorized by using a single pay stub in a current period.

**PLEASE NOTE:** 10 hours of travel may not be added to part-time service need to create full time child care need.

For TANF Impact employment authorization see Authorizing Hours of Care – TANF.

**3.6.7 EVENING WORK HOURS EXCEPTION POLICY**

*Applicants and Co-Applicants whose work hours cross over midnight may request child care to provide an opportunity for rest if child care is not needed during work hours. The amount of child care authorized must correspond with their documented service need.*

◀ **APPLICANT JOB SEARCH (AJS)** ▶  
**AUTHORIZING HOURS OF CARE**

**3.6.9 HOURS OF CARE FOR A TANF AJS APPLICANT POLICY**

*Total hours of care for a TANF AJS Applicant or Co-Applicant should be based on the hours stated for job search indicated on the valid TANF AJS child care referral.*

## ◀NEW EMPLOYMENT▶ DETERMINING HOURS OF CARE

Child care subsidy may be authorized for children when the Applicant or Co-Applicant is participating in an employment activity. A newly employed Applicant and Co-Applicant will not be able to document income, however, child care authorized is based on documentation of estimated hours to be worked.

### DETERMINING HOURS OF CARE FOR NEW EMPLOYMENT

Using the Employer Statement, the Intake Agent must calculate the Applicant and Co-Applicant's child care need based on the estimated hours to be worked per week.

Estimated hours to be worked in the current period  
+ (*plus*) Requested travel time not to exceed ten (10) hours for full-time service need  
and five (5) hours for part-time service need.

**PLEASE NOTE:** 10 hours of travel may not be added to part-time service need to create full time child care need.

The equation provides the hours of authorization needed for new employment. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant expects to work.

## ◀ON-THE-JOB TRAINING▶ DETERMINING HOURS OF CARE

Child care subsidy may be authorized for children when the Applicant or Co-Applicant is participating in on-the-job training. The Applicant and Co-Applicant must provide appropriate documentation of on-the-job training to receive child care subsidy. Child care subsidy can be authorized based on documented anticipated hours of training per week.

### DETERMINING HOURS OF CARE FOR ON-THE-JOB TRAINING

Using the Employer Statement, the Intake Agent must calculate the Applicant and Co-Applicant's child care need based on the estimated hours in training per week.

Estimated hours in training per week  
+ (*plus*) Requested travel time not to exceed ten (10) hours for full-time service need  
and five (5) hours for part-time service need.

**PLEASE NOTE:** 10 hours of travel may not be added to part-time service need to create full time child care need.

The equation provides the hours of authorization needed for on-the-job training. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant expects to participate in training.



## ◀SELF-EMPLOYMENT▶ DETERMINING HOURS OF CARE

Child care subsidy may be authorized for children when the Applicant or Co-Applicant is participating in their self-employment activity. The Applicant and Co-Applicant must be able to document revenue in the current period before child care subsidy can be authorized.

### DETERMINING HOURS OF CARE BASED ON NEW SELF-EMPLOYMENT

The Applicant or Co-Applicant must declare the amount of child care needed on the Statement of Profit and Loss (Self-Employment form).

### DETERMINING HOURS OF CARE BASED ON SELF-EMPLOYMENT

Using the monthly Statement of Profit and Loss, the Intake Agent must calculate the Applicant and Co-Applicant's child care need based on the following equation.

STEP ONE:  $\frac{\text{Total Revenue as stated on the Statement of Profit and Loss}}{\text{Divided by Minimum Wage}}$

STEP TWO:  $\frac{\text{The sum of the above equation}}{\text{Divided by four (4)}}$

The equation provides the hours of authorization needed for self-employment. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant expects to participate in their activity.

**PLEASE NOTE:** *The Applicant and Co-Applicant are not eligible for travel time.*

## ◀SNAP IMPACT▶ DETERMINING HOURS OF CARE

Child care subsidy may be authorized for children when the Applicant and/or Co-Applicant has provided a complete valid SNAP Impact referral.



### 3.6.11 HOURS OF CARE FOR A SNAP IMPACT APPLICANT POLICY

*Total hours of care for a SNAP Impact Applicant or Co-Applicant should be based on a minimum of 20 hours unless otherwise indicated on the valid SNAP Impact referral.*

## ◀TRANSITIONAL CARE▶ DETERMINING HOURS OF CARE

Child care subsidy may be authorized for children when the Applicant or Co-Applicant are eligible for transitional care.

**DETERMINING HOURS OF CARE BASED ON TRANSITIONAL CARE**

The Intake Agent shall authorize child care subsidy equivalent to the total hours of care for the Applicant and Co-Applicant's prior documented activity.

◀ **TEMPORARY ASSISTANCE FOR NEEDY FAMILIES**  
**(TANF)** ▶

**DETERMINING HOURS OF CARE**

Child care subsidy may be authorized for children when the Applicant and/or Co-Applicant has provided a complete valid TANF Impact Referral.



***3.6.10 HOURS OF CARE FOR A TANF IMPACT APPLICANT  
POLICY***

*Total hours of care for a TANF Impact Applicant or Co-Applicant should be based on a minimum of 30 hours unless otherwise indicated on the valid TANF Impact child care referral.*

## 3.7 SHIFT CARE

A licensed provider may decide to offer child care service during several shifts of a 24 hour day. However, CCDF children are to be assigned to an appropriate shift based on the policy below.



### 3.7.1 SHIFT CARE POLICY

*CCDF children are to be assigned, according to their service need, to one or two 12 hour shifts.*

Utilizing information obtained from the Applicant or Co-Applicant during the authorization interview or the Parent/Applicant Worksheet, including earliest drop-off and latest pick-up times, the Intake Agent should assign children to the appropriate shift or shifts which accommodate their service need(s), including travel time.

Approved shifts are

Shift One – 6:00 AM – 6:00 PM

Shift Two – 6:00 PM – 6:00 AM

*Alternate CCDF Eligible Provider shifts may be approved by The Office.*

A child who needs care overlapping these shifts shall be assigned to both shifts. For example: a child who needs child care from 3:00 PM – 11:00 PM should be assigned to both shift one and shift two and will be counted in the provider's capacity for both shifts.



### 3.7.2 CCDF ELIGIBLE HOME PROVIDER CAPACITY POLICY

*The CCDF eligible licensed child care home provider may not enroll more CCDF children than their legal capacity during any twelve (12) hour shift. A CCDF eligible legally licensed exempt child care home provider is eligible to care for five children, inclusive of both shifts.*



### OMW 3.7.1 SHIFT CARE POLICY

*An Applicant and/or Co-Applicant needing second or third shift care could not use the OMW voucher to cover those services unless the provider offers an OMW program during the second or third shift. Approval must be obtained by The Office before issuance.*

## 3.8 CCDF PROVIDER

### ◀ CCDF ELIGIBLE PROVIDER ▶

CCDF providers are required to be certified and enrolled with the State of Indiana to receive CCDF funding. Enrollment is intended to ensure basic protections for children. To be an eligible provider with the CCDF program, a provider must:

- Be at least eighteen (18) years of age
- Be legally operating under Indiana's Child Care Regulations, including having met applicable CCDF Provider Eligibility Standards
- Completed a registration process
- Be enrolled with the Central Reimbursement Office (CRO)

#### CCDF ELIGIBLE PROVIDER

*CCDF Eligible Provider is defined as a provider, either licensed or exempt from being licensed by law, who has met all applicable CCDF Provider Eligibility Standards and has completed the application process. This includes: licensed center, facilities and homes, unlicensed registered day care ministries, legally license-exempt child care facilities and homes, relative care (grandparent, great grandparent, aunt and/or uncle of the eligible child), and in home care not provided by a child's parent, step-parent, guardian or other in loco parentis.*



#### 3.8.1 ELIGIBLE PROVIDER POLICY

*A CCDF Eligible Provider must be legally operating under Indiana's Child Care Regulations including having met applicable CCDF Provider Eligibility Standards and be at least eighteen (18) years of age.*



#### 3.8.2 PROVIDER ENROLLMENT WITH THE CRO POLICY

*A provider will enroll with the Central Reimbursement Office after the provider has at least one active CCDF voucher. If the provider is unable to comply with enrollment requirements or refuses to complete enrollment information, the CCDF voucher(s) will be voided. Payment will not be made to the provider.*



#### OMW 3.8.1 PROVIDER ELIGIBILITY POLICY

*To meet eligibility and provide services under the OMW program, the program must be located within an OMW county, sign an agreement with The Office and meet and comply with the requirements of IC 12-17.2-7.2-2, IC 12-17.2-7.2-7 and IC 12-17.2-7.2-7.3*

## ◀ INELIGIBLE CCDF PROVIDER ▶

Certain providers are not eligible to receive reimbursement for child care provided despite the Applicant or Co-Applicant eligibility.



### 3.8.3 CCDF INELIGIBLE PROVIDER POLICY

*The following individuals are not a CCDF eligible provider:*

- *The child's sibling or step sibling living in the child's household*
- *A child's parent or step parent*
- *A child's legal guardian or in loco parentis*

**NOTE:** *An Applicant or Co-Applicant will not be paid to care for their own child.*



### 3.8.4 PROVIDER INFORMATION PAGE POLICY

*To complete the application process or to complete a provider change request, the Applicant or Co-Applicant must submit a valid Provider Information Page which has been completed and signed (facsimile or electronically signed via email may be accepted) in the current period.*

## DETERMINING IF THE PROVIDER INFORMATION PAGE IS COMPLETE

A Provider Information Page is considered complete when all of the following are included:

- ✓ Parent (Guardian) Name *(may be completed by parent)*
- ✓ Date Completed
- ✓ Caregiver Name or Business Name
- ✓ Street address where care is provided
- ✓ Hours/Days of Operation\*
- ✓ Child's Name
- ✓ All charge categories relevant to the child\*
- ✓ School year begin and end, if applicable\*
- ✓ Provider Signature

\* Intake Agent may contact the provider by phone to obtain missing information denoted by an \*. This information must be verified and documented.



### 3.5.2 PROVIDER CHARGES POLICY

*A CCDF Intake Agent may not establish part-time charges for a CCDF eligible provider.*

## ◀ REQUESTING A PROVIDER CHANGE ▶

An Applicant or Co-Applicant must initiate a request with the Intake Agent, in advance by submitting a current and complete Provider Information Page. A facsimile of this form may be accepted. The Intake Agent is not required to notify the previous provider of this change.



### **OMW 3.8.2 PROVIDER CHANGE POLICY**

*Continuity in the OMW program is critical to a strong educational foundation. Therefore, when enrolling in the OMW program, it is critical the parent makes an informed decision about the program which is right for their child and family. Provider changes are allowable, however, guidance from the Child Care Resource and Referral agency is encouraged. Leaving an OMW program for a non-participating provider will result in termination of waived copayments if applicable.*



### **3.8.6 PROVIDER CHANGE REQUEST POLICY**

*An Applicant must initiate a provider change by submitting a complete and current Provider Information Page to the local and/or regional CCDF Intake Agency no later than noon the day prior to the last business day of the week.*

If the Applicant or Co-Applicant does not notify the Intake Agent, in advance of the change, the change will be delayed and may result in non-payment for child care provided by the unauthorized provider. An Intake Agent may initiate a data change to complete a provider change in the past **ONLY** if the parent submitted and the Intake Agent received the request prior to the effective date of the change.



### **3.8.7 PROVIDER CHANGE START DATE POLICY**

*A CCDF voucher may only be changed for a future week.*

## ◀REQUIRING A PROVIDER CHANGE▶

When a provider appears on the “Provider Exceeding Capacity” report due to the removal of a plus three (3), the Intake Agent will be required to make the necessary changes to reduce the CCDF enrollment to within AIS stated capacity.

- STEP 1** Within three (3) days of appearing on the over-capacity report, contact the provider by phone to determine which CCDF child or children will be removed from their care by the following Saturday. An OMW child should not be removed until all other CCDF only children have been removed and the provider still exceeds capacity. (If you leave the provider a voicemail, allow one business day for them to return your call. If you have made three (3) attempts at different times of the day and are unable to reach the provider or leave a message, remove all CCDF only children unless the provider still exceeds capacity as stated below. **DO NOT** wait more than three (3) days to take the appropriate action.)
- STEP 2** The Intake Agent will remove the identified child or children by placing their CCDF voucher in a pending status the following Sunday. The identified child or children may not be participating in the provider’s OMW program unless the provider still exceeds capacity.
- OR**  
If the provider fails to identify the child or children to be removed, the Intake Agent will remove all CCDF only children by placing their CCDF vouchers in a pending status as of the following Sunday unless the provider still exceeds capacity.
- STEP 3** The Intake Agent will send the Applicant and Co-Applicant an Adverse Action notification requesting a new CCDF Eligible Provider be chosen.

PROVIDER

## 3.9 CHILD CARE CHARGES

### ◀ PROVIDER CHARGES ▶

A CCDF Eligible Provider must document their charges to provide child care to a specific child through completion of a Provider Information Page.



#### **3.9.1 EQUALITY OF PROVIDER CHARGES POLICY**

*A CCDF Eligible Provider may not charge more for services provided to a CCDF Eligible Child than they charge for the same service provided to a non-CCDF Eligible Child.*



#### **OMW 3.9.2 EQUALITY OF PROVIDER CHARGES POLICY**

*An OMW Eligible Provider may charge more for a child enrolled in OMW due to additional Indiana legislated pre-k requirements including family engagement activities and ISTAR-KR assessments.*



#### **3.9.3 EXCLUDED PROVIDER CHARGE POLICY**

*CCDF Eligible Providers charging registration costs, mandatory fees, and other optional child care expenses such as art and gymnastics programs or transportation costs cannot be paid through CCDF subsidy but may be charged directly to the parent.*



#### **3.5.2 PROVIDER CHARGES POLICY**

*A CCDF Intake Agent may not establish part-time charges for a CCDF eligible provider.*

### ◀ CHILD CARE CHARGE ERRORS ON CCDF VOUCHER ▶

An Intake Agent will utilize the charges documented to complete an Applicant or Co-Applicant's authorization for child care and issue a CCDF voucher accordingly. If the CCDF eligible provider reports an Intake Agent error on the CCDF voucher within 45 days of issuance, CCDF subsidy may be adjusted. If the CCDF eligible provider or Applicant or Co-Applicant fails to notify the Intake Agent of an error timely, the CCDF voucher will remain unchanged.



## 3.10 CCDF PROVIDER REIMBURSEMENT RATES

Although child care subsidy is based on the individual provider's charge for service, there are established maximum CCDF Reimbursement Rates. These maximum rates are determined by a local CCDF Market Rate survey of Indiana licensed child care providers.

### CCDF REIMBURSEMENT RATES

*CCDF Reimbursement Rates are county maximum reimbursement rates for child care by age category and provider type determined through a local CCDF Market Rate survey of Indiana's licensed child care providers.*



### PRE (OMW) REIMBURSEMENT RATES

OMW reimbursement are county maximum reimbursement rates for OMW services for pre-K children and provider type.

### CCDF REIMBURSEMENT RATE PROVIDER CATEGORIES

For purposes of CCDF Only Reimbursement Rates Provider types are defined as:

- Legally License Exempt Home
- Legally License Exempt Child Care Facilities, including Unlicensed Registered Child Care Ministry
- Licensed Home
  - Licensed Home & Licensed Home PTQ level 1
  - Licensed Home PTQ level 2
  - Licensed Home PTQ level 3
  - Licensed Home PTQ level 4
- Licensed Center
  - Licensed Center & Licensed Center PTQ level 1
  - Licensed Center PTQ level 2
  - Licensed Center PTQ level 3
  - Licensed Center PTQ level 4
- VCP (Voluntary Certification Program) Ministry
  - VCP Ministry PTQ level 1
  - VCP Ministry PTQ level 2
  - VCP Ministry PTQ level 3
  - VCP Ministry PTQ level 4

For purposes of On My Way (OMW) program Reimbursement Rates are 10% above the CCDF Reimbursement Rate for the same provider type. The OMW Provider types are defined as:

- Licensed Home
  - Licensed Home PTQ level 3
  - Licensed Home PTQ level 4

- Licensed Center
  - Licensed Center PTQ level 3
  - Licensed Center PTQ level 4
- VCP (Voluntary Certification Program) Ministry
  - VCP Ministry PTQ level 0
  - VCP Ministry PTQ level 3
  - VCP Ministry PTQ level 4
- Private Accredited Schools
  - Private Accredited School PTQ level 0
  - Private Accredited School PTQ level 1
  - Private Accredited School PTQ level 2
  - Private Accredited School PTQ level 3
  - Private Accredited School PTQ level 4
- Unlicensed Public, Private or Charter Schools
  - Unlicensed Public School PTQ level 3
  - Unlicensed Public School PTQ level 4

### CCDF REIMBURSEMENT RATE AGE CATEGORIES

For purposes of CCDF Reimbursement Rates Age Categories are defined as follows:

- Infant – a child zero to eleven (11) months of age
- Toddler – a child twelve (12) to 35 months of age
- Three (3), Four (4) or Five (5) – children 36 months to five (5) years of age
- Kindergarten – a child enrolled in half-day kindergarten or a child six (6) years of age regardless of whether they are attending kindergarten
- School-Age – a child attending school for the entire day needing care during traditional hours, including children attending all-day kindergarten and children participating in the OMW program through a Public, Private or Charter school
- School-Age Other – a school-age child enrolled in care outside of Monday through Friday 6:00 am – 6:00 pm **unless their child care need will not exceed 10 hours per week**, or a child needing sick care, or a child attending child care during a break in school, including children attending all-day kindergarten and children participating in the OMW program

**PLEASE NOTE:** *A child's CCDF voucher should be assigned a new age category the Sunday following their birthday, unless their birthday falls on a Sunday in which case the new CCDF voucher shall be assigned on the child's birthday.*

### SCHOOL-AGE CHILD CARE REIMBURSEMENT EXCEPTIONS

In accordance with CCDF Direct Service Funds federal restrictions, funds may not be used for children enrolled in grades one (1) through twelve (12) for:

- Any service provided to such students during the regular school day; or
- Any service for which such students receive academic credit toward graduation; or
- Any services duplicating an academic program of any public or private school.

## ◀ IN-HOME CARE ▶

### **IN-HOME CARE**

*In-home care is defined as child care services provided by an individual over 18 years of age who comes into the child's own home and does not reside at the child's address and is not the parent, stepparent, guardian, or in loco parentis.*

## **IN-HOME CARE REQUIREMENTS**

An Applicant or Co-Applicant may be eligible for Nanny Care, however, certain conditions apply.



### **3.10.1 IN-HOME CARE REQUIREMENT POLICY**

*An Applicant is eligible for in-home care when at least three (3) CCDF Household members are eligible for child care assistance unless otherwise approved by The Office.*

In addition to the above, to be eligible for in-home care, the Applicant, Co-Applicant and In-home provider must meet Provider Eligibility Requirements.

## **IN HOME EXCEPTIONS**

In the following situations a CCDF Applicant and Co-Applicant may be eligible to utilize in-home care, with approval from The Office, regardless of the number of CCDF Eligible Children within the CCDF Household

- A Foster Applicant and Co-Applicant with at least three (3) foster children in their care forming one or more CCDF Households; and/or
- An appropriately documented medically fragile child when the child's physician has determined care outside of the home may be dangerous to the child's health.

## **REIMBURSEMENT MAXIMUM FOR IN-HOME CARE**



### **3.10.2 IN-HOME CARE REIMBURSEMENT RATE POLICY**

*CCDF reimbursement is calculated per CCDF Household at an hourly rate consistent with the current federal minimum wage. Therefore, there is one rate for all eligible children. The CCDF Reimbursement Rate does not apply in this situation.*

When the child care authorization has been established based on the Applicant and Co-Applicant's child care need, the Intake Agent must use the following formula to determine the CCDF subsidy.

$$\frac{\text{Current Minimum Wage}}{\text{Number of Children}} = \text{The Hourly Rate of Child Care}$$



### **3.10.3 IN-HOME CARE REIMBURSEMENT CALCULATION POLICY**

*Reimbursement for in-home care is calculated based on the attendance of the eligible CCDF child attending the greatest number of hours, not to exceed 40 hours in a one week period, Sunday through Saturday.*

After attendance has been documented for all eligible children within the CCDF Household, a reimbursement is calculated and deposited into the account of the Applicant or Co-Applicant.



### **3.10.4 IN-HOME CARE REIMBURSEMENT PAYMENT POLICY**

*Reimbursement for in-home care will be paid to the parent and not the provider of care who is classified by the Internal Revenue Service as a domestic service worker.*

Due to the status of the CCDF eligible provider, the IRS form 1099 will not be issued to the parent or the provider. It is the responsibility of the parent to reimburse the provider, as well as, document the total child care reimbursed for purposes of IRS reporting and inquiry by The Office.



### **3.10.5 FAILURE TO REIMBURSE IN-HOME PROVIDER POLICY**

*Failure of the Applicant to pay the in-home (nanny) provider for reimbursed CCDF services will result in termination.*

## 3.11 CHILD CARE SUBSIDY & COPAYMENTS

### CHILD CARE SUBSIDY

*Child care subsidy is defined as the maximum child care reimbursement less applicable copayment.*

### ◀ CHILD CARE SUBSIDY MAXIMUMS ▶

After the Intake Agent has authorized child care and recorded the CCDF eligible child care provider's charges, AIS will calculate the CCDF child care subsidy.

#### ➤ PROVIDER CHARGES LESS THAN CCDF REIMBURSEMENT RATES

When the CCDF Eligible Provider's charges are less than the CCDF Reimbursement Rate, the provider's actual charge is the maximum child care subsidy.



#### 3.11.1 CCDF REIMBURSEMENT RATE POLICY

*A child care subsidy may not exceed the CCDF Eligible Provider's charges for care.*

#### ➤ PROVIDER CHARGES MORE THAN CCDF REIMBURSEMENT RATES

When the CCDF eligible child care provider's charges are greater than the CCDF Reimbursement Rate, the maximum subsidy will not exceed the established CCDF Reimbursement Rate determined by the CCDF Eligible Provider's category and the age of the eligible child. In these situations, the Applicant and Co-Applicant must assume responsibility for the additional cost of care also called an "overage". A CCDF Eligible Provider may be willing to accept a lower rate of reimbursement. This would be an agreement between the CCDF eligible provider and the Applicant or Co-Applicant.

### OVERAGE

*An overage is defined as the portion of a provider's charges which exceed the applicable county CCDF Reimbursement Rate and may be charged to the Applicant and Co-Applicant.*



### 3.11.2 CCDF MAXIMUM REIMBURSEMENT RATE POLICY

*A child care subsidy may not exceed the applicable CCDF Reimbursement Rate except in documented cases of special needs.*

## CHILD CARE SUBSIDY MAXIMUM EXCEPTION

If an Applicant or Co-Applicant has an eligible child with documented special needs within their CCDF Household, the child care subsidy may exceed established maximums by 10% in certain circumstances.



### 3.11.3 CHILD WITH SPECIAL NEEDS REIMBURSEMENT RATE POLICY

*CCDF subsidy may exceed the CCDF Reimbursement Rate by 10% in cases of children with documented special need, however, may not exceed the CCDF Eligible Provider's charges.*

## ◀ DETERMINING CHILD CARE SUBSIDY ▶

### PART TIME CHILD CARE AUTHORIZATION

When child care authorizations are established using the CCDF eligible provider's charges on an hourly or daily basis, the child care subsidy will be calculated applying the following CCDF Policies:



**Daily Authorizations:** *On a daily basis, the child care daily subsidy should never exceed the weekly rate except in documented cases of special needs.*



**Hourly Authorizations:** *On an hourly basis, the hourly subsidy should never exceed the daily rate except in documented cases of special needs.*



**Weekly Authorizations:** *On a weekly basis, the child care subsidy should never exceed the weekly rate except in documented cases of special needs.*

## ◀ CCDF COPAYMENT ▶

### COPAYMENT

*A copayment is defined as, a weekly fee for child care based on the CCDF Household's income exceeding 100% of the federal poverty guidelines and their years of CCDF participation utilizing the Office's Child Care Income Eligibility Determination and Sliding Fee Scale.*



### **OMW 3.11.1 COPAYMENT POLICY**

*Applicants chosen and determined eligible for the OMW program will not be charged a copayment during the entire case sequence. These children are considered a CCDF priority.*

The Applicant or Co-Applicant's subsidy will be determined by applying the appropriate CCDF subsidy maximum less any applicable copayment. The CCDF Eligible Provider must collect the copayment from the parent on a regular basis. This charge for care may not be waived by the CCDF Eligible Provider.



### **3.11.4 COPAYMENT POLICY**

*The Applicant and Co-Applicant are responsible for weekly copayment amount determined at the time of authorization regardless of the child(ren)'s attendance and is paid directly to the provider.*



### **3.11.6(a) COPAYMENT DETERMINATION POLICY**

*An Applicant or Co-Applicant who demonstrates incomplete income at the time of authorization, reauthorization must establish a copayment no later than thirteen (13) weeks from the date of application.*



### **3.11.7 COPAYMENT LIMITATIONS POLICY**

*An Applicant and Co-Applicant may be responsible for a copayment when their current income from all countable sources exceeds 100% of FPL. Once established, this copayment may not increase for the duration of the subsidy period inclusive of any extensions or income updates.*

## **FAILURE OF APPLICANT TO PAY A COPAYMENT**

If an Applicant or Co-Applicant fails to pay their weekly copayment in full, the CCDF Eligible Provider must contact the Intake Agent within 30 calendar days from the first missed payment. This may result in the termination of the Applicant and Co-Applicant from the CCDF Voucher Program if balance is not paid in full or an acceptable payment arrangement established with the CCDF Eligible Provider.



### **3.11.5 NON PAYMENT OF COPAYMENT POLICY**

*A CCDF Household may be terminated if the Applicant or Co-Applicant fails to pay the required copayment.*

**CHANGES TO CCDF WEEKLY COPAYMENT**

If a copayment is changed after an application has been signed, the Applicant and Co-Applicant, as well as, the CCDF Eligible Provider must receive at least a written ten (10) calendar day notice indicating the applicable changes. If this change occurs at reauthorization, the change will take effect as of the subsidy begin date without notice.

If an Applicant or Co-Applicant has a significant decrease in income which makes the payment of a CCDF weekly copayment a hardship, an income update may be completed when requested if the update results in a decrease to the Applicant and Co-Applicant's copayment.



## 3.12 CHANGES TO CCDF VOUCHERS



### 3.12.1 INCREASE IN PROVIDER CHARGES POLICY

*If a CCDF eligible provider increases their rates the change may only take place at the CCDF Household reauthorization, unless otherwise stated.*

## ◀ PROVIDERS BECOMING ELIGIBLE FOR A HIGHER CCDF REIMBURSEMENT RATE ▶



### 3.12.2 INCREASE IN CCDF REIMBURSEMENT RATE POLICY

*If a CCDF eligible provider qualifies for a higher CCDF Reimbursement Rate, a CCDF voucher adjustment will be completed by The Office.*

A provider is eligible for a higher CCDF Reimbursement Rate when the provider's PTQ level increases as documented on the PTQ Level Adjustment report available the first Sunday of the month. AIS will adjust all existing CCDF vouchers to reflect the provider's new rate of CCDF reimbursement.



### 3.12.3 CHANGE IN CCDF REIMBURSEMENT RATE CATEGORY POLICY

*If a CCDF eligible provider qualifies for a higher CCDF Reimbursement Rate, a CCDF voucher adjustment may be completed for any change in charges when the provider submits appropriate documentation within 30 days from the date of the provider's level increase letter.*

## STEPS TO COMPLETE AN INCREASE IN PROVIDER CHARGES DUE TO A PTQ LEVEL INCREASE

The following procedure should be followed when a CCDF Eligible Provider becomes eligible for a higher CCDF Reimbursement Rate and chooses to increase their charges.

- STEP 1** The Provider is notified by the appropriate PTQ contractor they are eligible for a higher CCDF Reimbursement Rate. If the Provider plans to increase their charges, the PTQ contractor will notify the provider they have 30 days from the date of their level increase letter to submit new Provider Information Pages for all children participating in CCDF. The Provider will also be instructed to submit a copy of their level increase letter to the Intake Agent with their Provider Information Pages.

- STEP 2 The Intake Agent receives and date stamps new Provider Information Pages from the CCDF Eligible Provider.
- STEP 3 The Intake Agent will have a maximum of ten (10) business days from date received to complete provider changes to establish the new subsidy rate.
- STEP 4 The Intake Agent will mail new CCDF vouchers to the CCDF Eligible Provider.
- STEP 5 If the Provider Information Page is not received by the Intake Agent within the required 30 days, the change will only take place at the time of CCDF reauthorization.

## ◀ PROVIDERS WITH A REDUCTION IN CCDF REIMBURSEMENT RATES ▶



### 3.12.4 REDUCTION IN CCDF REIMBURSEMENT RATE POLICY

*If a CCDF eligible provider qualifies for a lower CCDF Reimbursement Rate, a CCDF voucher adjustment will be completed by The Office.*

On some occasions, a provider's CCDF Reimbursement Rate may be reduced if the provider's PTQ level reduces as documented on the PTQ Level Adjustment report available the first Sunday of the month. AIS will adjust all existing CCDF vouchers to reflect the provider's new rate of CCDF reimbursement.

### STEPS REQUIRED DUE TO A REDUCTION IN CCDF REIMBURSEMENT DUE TO A PTQ LEVEL DECREASE

If a CCDF Eligible Provider is listed at a lower level on the PTQ Level Adjustment report, all CCDF Applicants with affected CCDF vouchers must be notified of the change.

- STEP 1 The Intake Agent must run the PTQ Level Adjustment report the first business day it is available.
- STEP 2 The Intake Agent will have a maximum of three (3) business days to mail an Adverse Action notice, using the template provided, to the CCDF Applicant and their provider. The CCDF Applicant must also receive a pre-voucher report.
- STEP 3 As a reminder, the Intake Agent should scan this notice for file retention.

## ◀ PROVIDERS VOLUNTARILY REDUCING CHARGES ▶

On some occasions, the Intake Agent may be notified a CCDF Eligible Provider has reduced some or all of their charge categories. The Intake Agent must complete revisions to the CCDF voucher of the CCDF Eligible Children *if the reduction results in a decrease in CCDF subsidy.*

### STEPS TO COMPLETE A DECREASE IN SUBSIDY FOR A CCDF ELIGIBLE PROVIDER REDUCING THEIR CHARGES

If a CCDF Eligible Provider notifies the Intake Agent of a charge reduction, all CCDF vouchers for Eligible Children must be corrected *if the reduction results in a decrease in CCDF subsidy.*

- STEP 1 The Intake Agent should confirm the date of the charge change with the CCDF Eligible Provider.
- STEP 2 The Intake Agent should request new Provider Information Pages for each affected CCDF Eligible Child within ten (10) calendar days.
- STEP 3 The Intake Agent will have a maximum of ten (10) business days to complete provider changes to establish the new subsidy rate.

## 3.13 COMPLETING AUTHORIZATION PROCESS

### **REQUIRED**

#### **STATISTICAL INFORMATION**

When completing the authorization process, the Intake Agent will gather statistical information about the Applicant and Co-Applicant. All of the following statistical information must be collected:

- Relationship of each CCDF Household Member to the Applicant
- Gender of each CCDF Household Member
- Hoosier Healthwise or Medicaid Participation
- Hispanic or Latino ethnic background, if applicable
- Race
  - American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Native Hawaiian or Pacific Islander
  - White
- Language spoken in the home
  - English
  - Spanish
  - Native Central, South American and Mexican (i.e. Mixteco, Quichean)
  - Caribbean (Haitian-Creole, Patois)
  - Middle Eastern and South Asian (Arabic, Hebrew, Hindi, Urdu, Bengali)
  - Eastern Asian (Chinese, Vietnamese, Tagalog)
  - Native American / Alaska Native Language
  - Pacific Island (Palauan, Fijian)
  - European and Slavic (German, French, Italian, Croatian, Yiddish, Portuguese, Russian)
  - African (Swahili, Wolof)
  - Other (American Sign Language)
  - Unspecified (Unknown or Head of Household declined to identify home language)
- Home environment
- Military status
- Highest grade completed
- Highest degree attained
- CCDF Eligible Child(ren)'s participation in pre-school services

### **OPTIONAL**

#### **CONSUMER EDUCATION SURVEY & DEVELOPMENT MILESTONES**

The Office is federally required to provide a consumer education survey to CCDF Applicants and/or Co-Applicants at the time of authorization and reauthorization. As part of the consumer education process, Applicants and/or Co-Applicants will also be asked to review the CDC's

child development milestones checklist(s) for their children five (5) years of age or younger. If provided, answers to the consumer education survey and milestone checklist(s) will be recorded in AIS for statistical reporting.

**DEVELOPMENTAL MILESTONE CHECKLIST AGE CATEGORIES:**

- Zero (0) to three (3) months
- Four (4) to five (5) months
- Six (6) to eight (8) months
- Nine (9) to eleven (11) months
- One (1) year to seventeen (17) months
- Eighteen (18) months to 23 months
- Two (2) years
- Three (3) years
- Four (4) years
- Five (5) years

When completing a face to face interview, you will be required to ask the Applicant and/or Co-Applicant the questions appropriate for their child's age. Their responses must be recorded in AIS. In addition, the appropriate age category checklist will print with each reauthorization letter and must be sent to the Applicant with their other required documents.

**CONSUMER EDUCATION SURVEY QUESTIONS:**

1. Based upon the developmental milestones checklist(s), do you have any concerns about your child(ren)'s development?
2. As you think about your child(ren)'s development, do you want information and resources that might help your child(ren) learn and grow?
3. In the last twelve (12) months, have you wanted to take your child(ren) to see a doctor or dentist, but could not because of cost?
4. Were you able to take your child(ren) to the doctor within the last twelve (12) months when they were not sick? These visits are often called "wellness visits" or "well-baby/child appointments."
5. In the last twelve (12) months, did you every buy less food or different food than you should because there wasn't enough money?
6. If food costs were not an issue, would you like to buy more fresh fruits, vegetables, protein, or dairy products for your family?
7. How satisfied are you with your overall access to food?
8. Are you a parent of a child under 5, a new mother, pregnant or breastfeeding?
9. Would you like any support with breast feeding, nutrition, or assistance with purchasing formula, milk or other food products to help your family?
10. Do you want more information about programs that support your child in a high quality early education program?
11. Do you have trouble paying your heating bill for the winter or cooling costs in the summer?
12. Some child care programs participate in the Child and Adult Care Food Program. These programs provide nutritious meals and snacks to your child during the day. At these programs, you should see your child receiving fruits, foods high in protein, and items that are a good source of dairy and overall nutrition. Would you like information about programs that participate in the

Child and Adult Care Food Program and/or would you like to know if your child care program participates in it?

These questions are optional. However, you must attempt to ask these questions in any face to face interview. If answered, the Intake Agent must record their responses in AIS and provide appropriate resources which correspond with each question.

**REQUIRED**  
**RESOURCE INFORMATION**

When completing the authorization and reauthorization process, the Intake Agent must provide the Applicant or Co-Applicant with resource information to address the Applicant's other needs. All interviews must include the following:

- ✓ Child Care Resource and Referral, including making a child care complaint; **and**
- ✓ Information on Quality Child Care / Paths to QUALITY™; **and**
- ✓ Complaint Policies/Process; **and**
- ✓ Subsidy Information; **and**
- ✓ Information on accessing [www.hoosierchildcarefamily.com](http://www.hoosierchildcarefamily.com); **and**
- ✓ Information on accessing [www.BrighterFuturesIndiana.org](http://www.BrighterFuturesIndiana.org); **and**
- ✓ Information on accessing <https://secure.in.gov/apps/fssa/carefinder/index.html> which can provide the following information:
  - License and regulatory information met by their provider, if licensed or registered; and
  - Inspection, violation and complaint information about their provider, if licensed or registered; and
  - Paths to QUALITY™ level and basic information about each level, if participating
- ✓ Written material on other resources based on the Applicant or Co-Applicant's expressed need which must, at a minimum, include:
  - TANF Information;
  - Head Start / Early Head Start;
  - CHIP Information;
  - Low Income Home Energy Assistance Program (LIHEAP);
  - SNAP (formerly Food Stamps) information;
  - CACFP information;
  - Medicaid information;
  - Indian Department of Health information; and
  - WIC information
  - First Steps information
  - Local Public School information
  - Heathy Families information
  - Mom's Helpline

The Intake Agent will be provided a FSSA Resource Guide which is dedicated to helping families live productive, safe and healthy lives and includes information about TANF and how to apply, as well as, other community and faith based organizations providing services to those in need. The following link may also be provided to an Applicant or Co-Applicant: [http://www.in.gov/fssa/files/FSSA\\_Resource\\_Guide.pdf](http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf)

**EXPECTATIONS FOR FACE-TO-FACE INTERVIEWS**

The Intake Agent is expected reach out to the Applicant or Co-Applicant to determine if additional resources are needed to meet the Applicant's needs. Utilizing the FSSA Resource Guide, the Intake Agent can make referrals to other community services which may meet these needs. An additional referral can be made to the statewide referral service 211. The Intake Agent must familiarize themselves with other resources located within the communities they serve.

**EXPECTATIONS FOR ALTERNATE METHODS**

When communicating with an Applicant and Co-Applicant by mail, the Intake Agent must make available additional information about resources located within their community. This may be done by including the county specific resource bookmark provided by the Family and Social Services Administration. Additionally, the Intake Agent must convey to the Applicant or Co-Applicant they may call for additional resource information and assistance.

## 3.14 CARD ISSUANCE

After a CCDF authorization has been completed and CCDF vouchers have been created, the Intake Agent must issue Applicant, Co-Applicant, and Authorized Representative, if applicable, a Hoosier Works for Child Care card supplied by The Office. When properly used, this card will transmit information to the Central Reimbursement Office (CRO) electronically. This information is used to calculate the CCDF Eligible Provider's child care reimbursement which is electronically deposited into the CCDF eligible provider's bank account on the date specified.



### **3.14.1(a) HOOSIER WORKS FOR CHILD CARE CARD ISSUANCE POLICY**

*An Applicant and Co-Applicant are eligible for one Hoosier Works for Child Care card and may elect to identify two additional persons to serve as an Authorized Representatives.*

## **STEPS FOR ISSUING A HOOSIER WORKS FOR CHILD CARE CARD**

### **CCDF APPLICANT AND CO-APPLICANT, IF APPLICABLE**

- STEP 1 Complete the Hoosier Works for Child Care Authorization form for each card issued. The form may be signed by the CCDF Applicant or Co-Applicant, if applicable
- STEP 2 Activate the Hoosier Works for Child Care card following AIS procedures
- STEP 3 Provide the Hoosier Works for Child Care card training by video demonstration. When video demonstration is unavailable, instructions may be provided verbally or in writing.

### **CCDF AUTHORIZED USER**

- STEP 1 Obtain the CCDF Applicant or Co-Applicant's signed authorization for issuance utilizing the CCDF Hoosier Works for Child Care Authorization form. The Authorized User must be over the age of 18 or a minor parent with proof of relationship to the eligible child. This user must be willing to accept full responsibility for the Applicant or Co-Applicant's attendance activity.
- STEP 2 Complete the Authorized User's information on the CCDF Hoosier Works for Child Care Authorization form, including signature and obtaining a copy of the Authorized User's picture identification.
- STEP 3 Activate the Hoosier Works for Child Care card following AIS procedures.
- STEP 4 Provide the Hoosier Works for Child Care card training either by video demonstration or instructions provided verbally or in writing.



**LOST, STOLEN OR INOPERABLE CARD REPLACEMENTS**

- STEP 1 Obtain the Hoosier Works for Child Care cardholder's signature on the CCDF Hoosier Works for Child Care Authorization form. A facsimile of the signature will be accepted.
- STEP 2 Activate the Hoosier Works for Child Care card following AIS procedures.
- STEP 3 Deliver the Hoosier Works for Child Care card in the method agreed upon.
- STEP 4 If the inoperable card was returned, it should be destroyed and logged for audit purposes.

**◀ HOOSIER WORKS FOR CHILD CARE CARD USAGE ▶**

The Applicant and Co-Applicant will use their Hoosier Works for Child Care card to document their Eligible Child(ren)'s attendance by using a Point of Service (POS) device available at a CCDF Eligible Provider's facility.

**3.14.2 POINT OF SERVICE DEVICE USAGE POLICY**

*An Applicant, Co-Applicant or Authorized User must document their eligible child(ren)'s attendance by using a Point of Service device available at the authorized provider's facility each day they attend.*

While it is the expectation the Applicant and Co-Applicant will document their eligible child's attendance on a daily basis, the POS device does provide an opportunity to record previous day's attendance as a "back-swipe" or documented personal day usage.

**3.14.3 PREVIOUS DAY ATTENDANCE POLICY**

*An Applicant, Co-Applicant or Authorized User may electronically document a previous day's attendance for up to thirteen 13 prior calendar days to avoid non-payment.*

**◀ TERMINATING CHILD CARE FOR INACTIVITY ▶**

When an Applicant or Co-Applicant does not document attendance using the POS device on a regular basis, the Applicant and Co-Applicant are at risk of losing the CCDF child care subsidy. The Intake Agent must notify the Applicant and Co-Applicant, as well as, the CCDF Eligible Provider a child is at risk of losing their child care subsidy if they fail to electronically document their child's attendance.

**ABSENCE**

An absence is recorded when a non-pending voucher has no recorded electronic attendance, attendance for a personal day, attendance for a provider holiday or attendance for an inclement weather day.

**EXCESSIVE ABSENCES**

Excessive absences is the failure of a CCDF Applicant, Co-Applicant or Authorized User to electronically document attendance for a CCDF Eligible Child using the CCDF Eligible Provider's point of service (POS) device for 60 consecutive calendar days.

**3.14.4(a) TERMINATION FOR INACTIVITY POLICY**

*Failure of an Applicant, Co-Applicant, or Authorized User to electronically document their child(ren)'s attendance for more than 60 days will be considered voluntary termination of the child(ren) from the CCDF Voucher Program.*

**STEPS TO TERMINATE AN APPLICANT FOR INACTIVITY**

When the Applicant's name appears on the 60+ Day No Swipe Activity Report, the Intake Agent shall terminate the child's child care subsidy after appropriate notice has been made.

- STEP 1 After 40 days of no swipe activity, the Applicant and Co-Applicant, as well as, the CCDF eligible provider are sent the 40 day automated letter.
- STEP 2 After 50 days of no swipe activity, the Applicant and Co-Applicant, as well as, the CCDF eligible provider are sent the 50 day automated letter.
- STEP 3 If the child remains on the report after 60 days, terminate the child's child care subsidy for inactivity. No additional notification is required. An automated termination letter is available.
- STEP 4 Terminate the case, if there are no active CCDF recipients. Document action taken in AIS case notes.

**PLEASE NOTE:** *This termination may be appealed using normal appeal procedures.*

## ◀IMPROPER USE ▶ OF THE HOOSIER WORK FOR CHILD CARE CARD

The Applicant, Co-Applicant and Authorized User have agreed, by their signature, to prohibit anyone other than themselves to use their Hoosier Works for Child Care card. The Applicant and Co-Applicant or Authorized User may not give their card or card number as well as their PIN number to their CCDF Eligible Provider or any other individual. The Applicant, Co-Applicant or Authorized User may not leave their Hoosier Works for Child Care card in the possession of the CCDF Eligible Provider or any staff or household member.

### **STEPS TO FOLLOW WHEN A HOOSIER WORKS FOR CHLD CARE CARD HAS BEEN FOUND IN THE PROVIDER'S POSSESSION**

If the Applicant, Co-Applicant or Authorized User's card is found in the possession of another individual, the following procedure must be followed by the Intake Agent.

- STEP 1 Notification is received by The Office to de-activate Applicant, Co-Applicant or Authorized User's Hoosier Works for Child Care cards.
- STEP 2 Deactivate the Hoosier Works for Child Care card.
- STEP 3 Send Applicant, Co-applicant or Authorized User a written 10 calendar day notice to obtain a new card.
- STEP 4 Require the cardholder to sign a new Hoosier Works for Child Care Authorization form and issue a Hoosier Works for Child Care card.
- STEP 5 Complete a Parent Noncompliance form.
- STEP 6 Require the cardholder to watch the Hoosier Works for Child Care video training.

***PLEASE NOTE:*** *If a cardholder allows someone else to use their Hoosier Works for Child Care card, CCDF subsidy may be terminated.*

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**MAINTAINING  
ELIGIBILITY  
and  
REAUTHORIZATION  
SECTION 4**

## 4.1 MAINTAINING ELIGIBILITY / REAUTHORIZATION



### 4.1.1 INFORMATION SHARING POLICY

*It is permissible to exchange Applicant information between the Intake Agent and the Local DFR or Impact Provider if allowed by law, and vice versa, when necessary for the administration of the program.*

## ◀ COMPLETE FILE ▶



### 4.1.2 REQUIREMENT FOR A COMPLETE FILE POLICY

*A complete Applicant file shall be maintained by the Intake Agent and shall include all appropriate documentation as outlined in the CCDF Policy and Procedure manual.*



### 4.1.3 COMPLETE FILE REQUIREMENTS POLICY

*The Intake Agent is responsible for the safe transport, secure storage, accuracy, maintenance, and scanning of Applicant and Co-Applicant files until transfer to the State. In addition, the Intake Agent must maintain closed Applicant and Co-Applicant files for the period of time identified in their CCDF contract.*



### 4.1.4 TRANSITION FILE POLICY

*Files transitioned from an Intake Agent which has ceased to operate to a new grantee shall be considered accurate for purposes of eligibility until the Applicant or Co-Applicant has completed a reauthorization or an update or until The Office has completed a monitoring and audit review.*

## ◀ REQUIREMENTS FOR A COMPLETE FILE ▶

The Intake Agent must assure each Applicant and Co-Applicant file is complete. A complete file should include all of the following.

- ✓ Application, State Form 805, with all eligibility criteria complete
- ✓ Application, State Form 805, or Parent/Applicant Worksheet signed and dated
- ✓ Application, State Form 805, signed by Intake Agent and dated with date of data entry into AIS
- ✓ All required verifications
- ✓ Current signed Provider Information Page (facsimile signatures are acceptable)
- ✓ Signed Hoosier Works for Child Care Authorization form, if applicable

- ✓ Copy of the AIS Pre-Voucher report
- ✓ Current completed Parent/Applicant Worksheet, if applicable
- ✓ Complete valid TANF referral, if applicable
- ✓ Completed and signed OMW Parent Agreement, if applicable
- ✓ Other documentation, as required
- ✓ Electronic notes pertaining to any notification, adverse action, reported changes, appeal or other relevant information must be entered into AIS and/or scanned.

## ◀ QUALITY ASSURANCE (QA) REVIEW ▶



### 4.1.5 QUALITY ASSURANCE REQUIREMENT POLICY

*It is the Intake Agent's responsibility to maintain data integrity and assure Applicant and Co-Applicant's eligibility is accurately determined and CCDF subsidy is appropriately authorized.*

## ◀ INTAKE AGENT AUDIT OF A CCDF APPLICATION ▶



### 4.1.6 QUALITY ASSURANCE REQUIREMENT POLICY

*The Intake Agent is required to develop a Quality Assurance process to review each completed CCDF Authorization within 21 calendar days from AIS completion date.*

The Intake Agent is provided 21 calendar days from AIS application completion date to audit an Applicant file for accuracy, error correction, and verify completion. When completed timely, the Intake Agent may be able to resolve invalid or incomplete authorizations without payment reduction.

### STEPS FOR NOTIFICATION OF FILE ERROR

If a quality assurance review identifies an invalid or incomplete authorization, the Intake Agent shall:

- |        |  |
|--------|--|
| STEP 1 | Identify the incomplete or inappropriate documentation provided  |
| STEP 2 | Request, in writing, the Applicant or Co-Applicant provide the appropriate documentation within ten (10) calendar days. This request must include detailed instructions on required documentation. |
| STEP 3 | Notification to the CCDF Eligible Provider of the parent's potential loss of benefits.   |
| STEP 4 | Place CCDF vouchers in a "Pending Status" the Sunday following the written request for expiration date.  |



#### **4.1.7 CURRENT DEFINITION EXCEPTION FOR QUALITY ASSURANCE**

*For purposes of Quality Assurance, current is defined as the previous 30 day period which may include date of written request expiration date, internal quality assurance checklist or unless otherwise stated.*



#### **4.1.8 CURRENT INCOME DEFINITION EXCEPTION FOR QUALITY ASSURANCE**

*For purposes of Quality Assurance, current income is defined as the previous 30 day period which may include Applicant or Co-Applicant signature date on the CCDF Application, State Form 805, or CCDF Parent / Applicant Worksheet, unless otherwise stated.*

### **STEPS FOR TIMELY SUBMISSION OF QUALITY ASSURANCE CORRECTION**

If an Applicant or Co-Applicant submits the requested information in the proper format in a timely manner, the Intake Agent shall follow the steps below:

- STEP 1 Update the audited CCDF application sequence in AIS, if appropriate.
- STEP 2 Print the CCDF application (State Form 805) if an update is completed.
- STEP 3 Circle the change made, if appropriate and mark CCDF application, State Form 805, with “QA Update”.
- STEP 4 Intake Agent must sign and date CCDF application, State Form 805, however, Applicant or Co-Applicant signature is not required.
- STEP 5 If the update results in a change to CCDF benefit authorization, written notification must be provided to the Applicant and Co-Applicant, as well as, eligible provider with ten (10) calendar day notice of change.
- STEP 6 Assure all applicable documents relating to the case have been scanned including original documentation, updated documentation, and written notice.
- STEP 7 Scan the Intake Agency’s internal quality assurance checklist which includes identification of Intake Agent completing the review and date.

### **STEPS FOR NO SUBMISSION, LATE SUBMISSION, OR INAPPROPRIATE SUBMISSION OF QUALITY ASSURANCE CORRECTION**

- STEP 1 If the missing documentation will result in a critical error, terminate the audited CCDF application sequence in AIS. If the missing documentation will result in an administrative error, services *may not* be terminated.
- STEP 2 Print the CCDF application, State Form 805.
- STEP 3 If terminated, circle the new subsidy end date and mark the CCDF application, State Form 805, with “QA Termination”. If unable to terminate, mark the CCDF application, State Form 805, with “No



- response from applicant. Unable to correct error.” Remove the CCDF voucher from Pending Provider.
- STEP 4 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 5 Assure all applicable documents relating to the case have been scanned including original documentation and written notice.
- STEP 6 Scan the Intake Agency’s internal quality assurance checklist which includes identification of Intake Agent completing the review and date.

## ◀ SCANNING A CCDF APPLICANT FILE ▶



### 4.1.9 SCANNING REQUIREMENT POLICY

*The CCDF Intake Agent is responsible for assuring all relevant CCDF documentation has been appropriately scanned utilizing state supported scanning software within 21 days of application or update, when available. In addition, partial OMW applications shall be scanned for retention within 2 business days.*

## ◀ AIS QUALITY ASSURANCE REPORTS ▶

AIS generates quality assurance reports to identify potential data errors. It is the sole responsibility of the Intake Agent to generate and review reports and correct data errors on a regular basis.

TCC Intake Support will email weekly Quality Assurance reports which summarize the region’s potential data errors. In addition, a representative of TCC Intake Support will conduct monthly Quality Assurance Calls with the Intake Agent. The Intake Agent is required to participate in these calls. The purpose of the call is to identify potential data integrity issues, discuss upcoming software enhancements, evaluate region’s performance and answer Intake Agent questions. Questions which cannot be answered by the TCC Intake Support Staff will be referred to the Intake Agent’s CCDF Policy Consultant. A summary of all Quality Assurance calls will be provided to the Intake Agent, Operations Director and CCDF Policy Consultant.

## 4.2 MAINTAINING AN APPLICATION

When signing the Parent's Rights and Obligations, the Applicant and Co-Applicant agree to report any change in circumstance to the Intake Agent within ten (10) calendar days of the occurrence. Some changes reported by the Applicant or Co-Applicant require action on the part of the Intake Agent including the collection of documentation. Some changes may require action, but do not require collection of documentation. Others will require no action on the part of the Applicant, Co-Applicant or Intake Agent.

### ◀ CHANGE IN CCDF HOUSEHOLD CIRCUMSTANCES ▶



#### 4.2.1 REQUIREMENT FOR REPORTING A CHANGE IN CIRCUMSTANCES POLICY

*An Applicant must report the loss of a service need, change in TANF status, change in CCDF Household composition, or change in address or phone number within 10 calendar days of occurrence to the Intake Agent and provide supporting documentation, if necessary. A failure to report changes timely may result in the termination of CCDF services and result in repayment of CCDF benefits paid on their behalf.*

#### **UPDATE DEFINITION**

*The process by which an Intake Agent completes a periodic review of an Applicant or Co-Applicant's information and verifies changes to the application.*

### ◀ CHANGES WHICH REQUIRE REPORTING ▶

The following changes must be reported requiring the Intake Agent to take the appropriate action. Remind the Applicant or Co-Applicant to notify the DFR caseworker, if necessary, of any relevant change.

- ✓ Change in residency outside of the state of Indiana
- ✓ Change in name
- ✓ Change in household size
- ✓ Change in TANF status
- ✓ Loss of service need
- ✓ Change in physical custody
- ✓ Change in income which exceeds 85% of State Median Income
- ✓ Change in total assets to one (1) million dollars



#### 4.2.2 VERIFIED DOCUMENTATION POLICY

*An update of verified information, excluding residency, must include appropriate documentation as defined in the CCDF Policy and Procedure Manual.*



#### 4.2.3 UN-VERIFIED DOCUMENTATION POLICY

*An update of un-verified information may be declared.*

## ◀ RESIDENCY ▶ CHANGE IN CIRCUMSTANCES

When the Applicant or Co-Applicant reports an address change, the Intake Agent shall:

- STEP 1 Update the most recent CCDF application sequence in AIS. No documentation is necessary.
- STEP 2 Print the CCDF application, State Form 805, and note “Address Change.”
- STEP 3 Circle the change made.
- STEP 4 Intake Agent must sign and date CCDF application (State Form 805), however, Applicant or Co-Applicant signature is not required.
- STEP 5 Scan all applicable documents relating to change.

If the change in residency results in a change in county of residence, the Applicant or Co-Applicant may transfer their CCDF benefits to another Indiana County.

### STEPS FOR AN ACTIVE APPLICANT OR CO-APPLICANT TRANSFERRING TO ANOTHER COUNTY

When an active Applicant and/or Co-Applicant moves to another Indiana County, they may transfer their CCDF benefits to their new county of residence provided the Applicant and/or Co-Applicant can demonstrate compliance with all CCDF Policies. This includes an OMW funded child regardless of the availability of OMW services in the new county of residence. If OMW is not available in the new county, the Applicant will be able to access CCDF funding. In these cases, the child’s child care subsidy must be updated to a CCDF funding source.

### **When an active Applicant or Co-Applicant notifies the Intake Agent in their new county of residence they are moving or have moved, the following actions should be taken:**

- STEP 1 The new county’s Intake Agent initiates the transfer by using the “County Transfer” option in AIS.
- STEP 2 The new county’s Intake Agent will select the new county of residence from the drop down and specify the date the transfer is to occur. This date must be a future date. If the move date is in the past, the first available date should be selected.

- STEP 3 The new county's Intake Agent will update the Applicant's new address if available. No verification is required.
- STEP 4 If requested, the new county's Intake Agent shall complete a provider change using the provider information page provided by the Applicant.
- STEP 5 If the Applicant or Co-Applicant does not have a service need, transitional care will be made available.
- STEP 6 All documents collected should be scanned for file retention. Case notes should be entered, as necessary.

**When an active Applicant or Co-Applicant notifies the Intake Agent in their old county of residence they are moving or have moved, the following actions should be taken:**

- STEP 1 The old county's Intake Agent initiates the transfer by using the "County Transfer" option in AIS.
- STEP 2 The old county's Intake Agent will select the new county of residence from the drop down and specify the date the transfer is to occur. This date must be a future date. If the move date is in the past, the first available date should be selected.
- STEP 3 The old county's Intake Agent with supervisory access will update the Applicant's new address, if available. No verification is required.
- STEP 4 If requested, the old county's Intake Agent with supervisory access shall complete a provider change using the provider information page provided by the Applicant.
- STEP 5 If the Applicant or Co-Applicant does not have a service need, transitional care will be made available.
- STEP 6 All documents collected should be scanned for file retention. Case notes should be entered, as necessary

**NOTE:** *If the notification is received with the Applicant and Co-Applicant's reauthorization information, the documents must be forwarded to the new Intake Agent for processing.*

**When an active Applicant or Co-Applicant's mail has been returned due to a move, the following actions should be taken:**

- STEP 1 The current Intake Agent should attempt to contact the Applicant or Co-Applicant by phone or email, if available.
- STEP 2 If the current Intake Agent is unable to reach the Applicant or Co-Applicant, the current Intake Agent shall contact the child's CCDF eligible provider to determine if the child is still attending their program and request notification from the Applicant or Co-Applicant.
- STEP 3 If contact is made with the Applicant or Co-Applicant, follow the steps for reporting move to their old county of residence. If contact is not made with the Applicant or Co-Applicant, do nothing until new information is available.
- STEP 4 All documents collected should be scanned for file retention. Case notes should be entered, as necessary.

## ◀PHONE NUMBER OR MAILING ADDRESS ONLY ▶ CHANGE IN CIRCUMSTANCES

When the Applicant or Co-Applicant reports a change in their phone number or mailing address only, the Intake Agent shall:

- STEP 1 Document the change, as declared.
- STEP 2 Update the most recent CCDF application sequence in AIS.
- STEP 3 Print the pre-voucher and note the change made.
- STEP 4 Scan all applicable documents relating to the change.

## ◀HOUSEHOLD MEMBER'S NAME ▶ CHANGE IN CIRCUMSTANCES

When the Applicant or Co-Applicant reports a name change of a CCDF Household member, the Intake Agent shall:

- STEP 1 Obtain appropriate proof of identity.
- STEP 2 If the CCDF Household member is the Applicant or Co-Applicant, complete a Name Attestation form with the previous name(s) as well as the new "Known As" name.
- STEP 3 Update the most recent CCDF application sequence in AIS.
- STEP 4 Print the CCDF application, State Form 805, and note "Name Change."
- STEP 5 Circle the change made.
- STEP 6 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 7 Applicant or Co-Applicant must sign and date CCDF application, State Form 805, or CCDF Parent / Applicant Worksheet.
- STEP 8 Scan all applicable documents relating to the change.

## ◀CCDF HOUSEHOLD SIZE ▶ CHANGE IN CIRCUMSTANCES

When the Applicant or Co-Applicant reports a change in CCDF Household size, the Intake Agent shall identify the appropriate situation below and follow the procedure provided.

### **BLENDING CCDF HOUSEHOLDS**

- STEP 1 Identify the cases involved. Utilizing the sliding fee scale, determine if the "new CCDF Household" will be income eligible.
- STEP 2 Select the case with the largest CCDF Household size.
- STEP 3 Add the new CCDF Household Members to the application.
- STEP 4 Update the most recent CCDF application sequence in AIS using existing income, if applicable.
- STEP 5 Terminate the other CCDF application in AIS.
- STEP 6 Add CCDF eligible children from other CCDF application to the waiting list.

- STEP 7 Submit a data change request form to the CCDF Policy Consultant. This form must include the old AIS case number and the AIS case number of active AIS application, as well as, the reason for the change.
- STEP 8 If approved, the Intake Agent will be notified the children are now in partial status.
- STEP 9 Complete the authorization for the CCDF eligible children. It is the responsibility of the Intake Agent to assure the eligible children's authorizations do not overlap.
- STEP 10 Print the CCDF application, State Form 805, and note "Blended CCDF Households".
- STEP 11 Circle the change made.
- STEP 12 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 13 Provide Applicant, Co-Applicant and CCDF eligible provider with an updated pre-voucher or voucher, if applicable.
- STEP 14 Scan all applicable documents relating to the change.

#### **ADDITION OF CCDF HOUSEHOLD MEMBER**

- STEP 1 Obtain appropriate proof of identity.
- STEP 2 Obtain appropriate proof of service need, if applicable. Note: A new Co-Applicant is eligible with a service need of Transitional Care for a maximum of sixteen (16) weeks.
- STEP 3 Update the most recent CCDF application sequence in AIS with existing income, if applicable.
- STEP 4 Print the CCDF application, State Form 805, and note "Added Household Member"
- STEP 5 Circle the change made.
- STEP 6 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 7 Provide Applicant, Co-Applicant and CCDF eligible provider with an updated pre-voucher or voucher, if applicable.
- STEP 8 Scan all applicable documents relating to the change.

#### **ADDITION OF A TANF IMPACT CCDF RECIPIENT WITHOUT INCOME**

- STEP 1 Obtain proof of identity.
- STEP 2 Obtain appropriate proof of service need, if applicable.
- STEP 3 Update the most recent CCDF application sequence in AIS.
- STEP 4 Add CCDF recipient to receive services and create appropriate CCDF voucher, if applicable.
- STEP 5 Print the CCDF application, State Form 805, and note "Added Household Member"
- STEP 6 Circle the change made, if applicable.
- STEP 7 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 8 Provide Applicant, Co-Applicant and CCDF eligible provider an updated pre-voucher or voucher, if applicable
- STEP 9 Scan all applicable documents relating to the change.

**LOSS OF CCDF HOUSEHOLD MEMBER**

- STEP 1 Obtain a statement from the Applicant indicating the CCDF Household Member is no longer in residence, or proof of loss (i.e. death certificate, divorce decree, etc.). In the case of a child turning age 18, the member may be removed without a statement.
- STEP 2 Update the most recent CCDF application sequence in AIS, including removal of any income associated with the household member being removed.
- STEP 3 Print the CCDF application, State Form 805, and note “Removed Household Member”.
- STEP 4 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 5 Provide Applicant, Co-Applicant and CCDF eligible provider with an updated pre-voucher or voucher, if applicable.
- STEP 6 Scan all applicable documents relating to the change.

**◀ CHANGE IN TANF STATUS ▶**  
**CHANGE IN CIRCUMSTANCES**

When the Intake Agent is made aware of the Applicant or Co-Applicant’s change from mandatory TANF Impact status, the Intake Agent shall:

**NOTIFIED BY THE CCDF APPLICANT OR CO-APPLICANT**

- STEP 1 Obtain proof of current service need, i.e. school schedule, most recent pay stub, or other appropriate verification.
- STEP 2 Update the most recent CCDF application sequence priority in AIS.
- STEP 3 Print the CCDF application, State Form 805, note “Change in TANF Status”.
- STEP 4 Circle the change made.
- STEP 5 Intake Agent must sign and date CCDF application, State Form 805, however, Applicant or Co-Applicant signature is not required.
- STEP 6 Scan all applicable documents relating to the change.

**NOTIFIED BY AN IMPACT SERVICE PROVIDER OR THE OFFICE**

- STEP 1 Send a written ten (10) calendar day notice to the Applicant or Co-Applicant requesting proof of current service need.
- STEP 2 Obtain proof of current service need, i.e. school schedule, most recent pay stub, or other appropriate verification.
- STEP 3 Update the most recent CCDF application sequence priority in AIS.
- STEP 4 Print the CCDF application, State Form 805, and note “Change in TANF Status.”
- STEP 5 Circle the change made.
- STEP 6 Intake Agent must sign and date CCDF application, State Form 805, however, Applicant or Co-Applicant signature is not required.
- STEP 7 Scan all applicable documents relating to the change.

**PLEASE NOTE:** *If the Applicant or Co-Applicant fails to document a current valid service need, the case shall be terminated without additional notice.*

## ◀ **LOSS OF SERVICE NEED** ▶ **CHANGE IN CIRCUMSTANCES**

The Applicant or Co-Applicant is required to report a loss of service need within ten (10) calendar days. The Applicant or Co-Applicant is eligible for sixteen (16) weeks of transitional care beginning one day after loss of service need.



### **2.13-1.1 TRANSITIONAL CARE ELIGIBILITY POLICY**

*A non-TANF Impact, SNAP Impact or AJS Applicant or Co-Applicant may receive transitional care after a temporary or non-temporary loss of service need. A Co-Applicant may request transitional care upon entering the CCDF Household.*

#### **TRANSITIONAL CARE DEFINITION**

*A service need of transitional care is established to allow an Applicant or Co-Applicant time-limited absence to care for a family member, to recover from illness, when not working between regular industry work seasons, for holidays or breaks in employment or education, due to a reduction in work or education hours, or any other cessation from work or an education program for a period not to exceed sixteen (16) weeks.*

#### **TEMPORARY CHANGE IN SERVICE NEED DEFINITION**

*Temporary change in service need is defined as a temporary time period when an Applicant or Co-Applicant is not participating in their service need including, but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, or temporarily not attending an education program due to semester breaks not to exceed 16 weeks.*

An Applicant or Co-Applicant, who fails to report a loss of service need, may be responsible for repayment of all or part of child care reimbursements paid on their behalf **unless the Applicant or Co-Applicant is eligible for transitional care**



**◀CHANGE IN PHYSICAL CUSTODY▶**  
**CHANGE IN CIRCUMSTANCES**

**TEMPORARY CHANGE IN CUSTODY**

If the Applicant or Co-Applicant reports a temporary change in physical custody, the Intake Agent shall follow the procedures outlined in Approved Leave, Physical Custody page 60.

**CHANGE IN CUSTODY**

If the Applicant reports or the Intake Agent is made aware of a change in custody, the Intake Agent shall follow the procedures outlined in Change in Physical Custody pages 41 – 42.

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## 4.3 DETERMINATION OF A REPAYMENT AGREEMENT

### STEPS TO DETERMINE A REPAYMENT AGREEMENT

The Applicant's failure to report a required change may result in repayment of child care subsidy paid on their behalf.

- STEP 1 Obtain the effective date of the change. This will establish begin and end dates to be entered on the CCDF Parent Noncompliance Form and CCDF Parent Repayment form.
- STEP 2 Determine if the Applicant and Co-Applicant were eligible for transitional care. If yes, reduce and/or eliminate their over-payment.
- STEP 3 Determine the total amount of the over-payment less any reduction due to transitional care.
- STEP 4 Complete the CCDF Parent Noncompliance Form, CCDF Parent Repayment form, and Case Narrative, when applicable.
- STEP 5 If Applicant is present, provide a copy of the forms for signature, excluding the Case Narrative. **or**

If Applicant is present, but refuses to sign, provide a copy of the forms excluding the Case Narrative, as well as, the CCDF Parent Repayment Appeal form to the Applicant. **or**

If Applicant is not present, mail a copy of the forms, excluding the Case Narrative, to the Applicant including the CCDF Parent Repayment Appeal form.

- STEP 6 If the CCDF Parent Noncompliance form and Repayment Agreement were signed, mail the original with the Case Narrative and supporting documentation to the address below. Provide a copy of the CCDF Parent Non-Compliance form and Repayment Agreement to the Applicant. *You have completed the process.* **or**

If the CCDF Parent Noncompliance form and Repayment Agreement were not signed, mail the CCDF Parent Noncompliance form, Repayment Agreement, Case Narrative and supporting documentation to the address below.

Office of Early Childhood and Out of School Learning  
Attn: CCDF Repayment Agreement  
402 W. Washington, W-361, MS02  
Indianapolis, IN 46204-2739

***PLEASE NOTE:*** *Parent Repayment Agreements are evaluated based on the information supplied by the Intake Agent. Therefore, it is imperative all relevant documents have been provided to The Office, as well as, a complete Case Narrative describing the process of determination / verification of an overpayment.*

- STEP 7 Document the action taken in AIS case notes indicating if agreement was signed or unsigned.
- STEP 8 Scan all applicable documentation.



#### **4.3.1 REPAYMENT APPEAL POLICY**

*If repayment determination has been made and the Applicant and/or Co-Applicant disagree, a written appeal must be submitted following the appeal guidelines provided.*

## 4.4 REAUTHORIZATION

### REAUTHORIZATION

*Reauthorization is the process by which information is obtained to document an Applicant and Co-Applicant's CCDF eligibility. The Intake Agent may complete this through face-to-face interview, mail, or other acceptable means.*

### REQUIRED NOTIFICATION OF UPCOMING REAUTHORIZATION

It is the responsibility of the Intake Agent to notify the Applicant and Co-Applicant of the impending reauthorization at least 30 days prior to the current subsidy end date or the due date for documentation using an alternate method of reauthorization (i.e. mail-in, fax, etc.) The notification may be made using computer generated letters or agency letters which contain similar information provided the mailing date has been documented. This notification will also serve as a ten (10) calendar day notice should the Applicant and Co-Applicant be determined ineligible at the time of reauthorization. If an Applicant or Co-Applicant is found to be no longer CCDF eligible, the ten (10) calendar day notice period will not be extended past the current subsidy end date.



#### 4.4.1 REAUTHORIZATION NOTIFICATION POLICY

*Notification of upcoming reauthorization must be provided to the Applicant, in writing, at least 30 days prior to the subsidy end date.*

### ◀ REAUTHORIZATION PROCESS ▶

The Intake Agent must conduct an eligibility reauthorization with each Applicant or Co-Applicant (both TANF and Non-TANF) **at least every 53 weeks, unless otherwise authorized.**

#### **TEMPORARY FLUCTUATION IN INCOME DEFINITION**

*A temporary fluctuation in income is earnings which are not representative of the Applicant or Co-Applicant's income over the course of a year when such fluctuations are not expected to last more than eight (8) weeks.*

#### **INCOMPLETE INCOME DEFINITION**

*Incomplete income is income documentation which does not represent an entire pay cycle for the current period. For example, less than four (4) pay stubs if paid weekly or less than two (2) if paid bi-weekly or semi-monthly.*



#### **4.4.2 REAUTHORIZATION ELIGIBILITY POLICY**

*A reauthorization may be completed thirty (30) days before the subsidy end date, but never after.*



#### **2.11.10(a) NEW EMPLOYMENT AT REAUTHORIZATION POLICY**

*If an Applicant or Co-Applicant with a prior service need of employment is unable to provide proof of wages for the previous 30 days at reauthorization, the Applicant or Co-Applicant is not eligible for reauthorization, unless already in transitional care. A gap in service need of more than ten (10) calendar days will result in noncompliance and possible repayment of CCDF benefits paid on their behalf. (See “Failure to Report a Required Change.”)*



#### **3.1.6 TERMINATION POLICY**

*An Applicant or Co-Applicant’s CCDF authorization may not be terminated without providing sixteen (16) weeks of transitional care.*

When completing the reauthorization, the Intake Agent must authorize 53 weeks of child care assistance to all non-TANF Impact, AJS or SNAP Impact Applicants. During the reauthorization period, the CCDF Eligible Child may have multiple CCDF vouchers. An authorization period may only be shortened after the Applicant and Co-Applicant has been given sixteen (16) weeks of transitional care or one of the following has occurred:

- ✓ The Applicant and Co-Applicant, if any, has requested their case be terminated; or
- ✓ The CCDF eligible child has experienced excessive absences at their CCDF eligible provider’s program; or
- ✓ The Applicant or Co-Applicant no longer has physical custody of the CCDF eligible child; or
- ✓ The CCDF Applicant and Co-Applicant have moved outside of the State of Indiana; or
- ✓ The CCDF Applicant and Co-Applicant have misrepresented, concealed or falsified documentation necessary to determine eligibility; or
- ✓ The CCDF household income exceeds 85% of the State Median Income; or
- ✓ The CCDF household has acquired assets in excess of one (1) million dollars.

Reauthorization requires the Intake Agent to enter all relevant information into AIS. Prior to completing the reauthorization, the Intake Agent must determine if all necessary documentation is available to complete the reauthorization process or if an extension of the subsidy end date is appropriate. A partial reauthorization application may not be taken unless otherwise directed by The Office.



#### **2.14.7 FINANCIAL ELIGIBILITY EXCEPTION POLICY**

*An Applicant or Co-Applicant attempting to verify financial eligibility who has experienced two consecutive periods of incomplete income may be considered financially eligible if their current gross countable income falls below the established federal poverty guideline percentages.*

### ◀ **REAUTHORIZATION WITH INCOMPLETE INCOME** ▶

When reauthorizing, if an Applicant and Co-Applicant have documented incomplete income they will be preliminarily eligible for 53 weeks of CCDF benefits. However, financial eligibility must be determined by the thirteenth (13<sup>th</sup>) week of subsidy or CCDF benefits will be terminated.

#### **DETERMINING FINANCIAL ELIGIBILITY WITH INCOMPLETE INCOME**

- STEP 1** When completing reauthorization, verify incomplete income by:
- ✓ Year to date wages; or
  - ✓ Completed wage detail form; or
  - ✓ Written statement from the employer on company letterhead.  
(In lieu of letterhead, statement must include EIN number or company business card.)
- STEP 2** A CCDF subsidy period of 53 weeks will be authorized, however, CCDF benefits may only be provided for thirteen (13) weeks. Pending vouchers shall be created beginning the fourteenth (14<sup>th</sup>) week.
- STEP 3** Advise the Applicant and Co-Applicant an income update must be completed within the thirteen (13) weeks.
- STEP 4** Submission of documentation which indicates a second incomplete income period will be considered complete current income. (See policy 2.17.7) Failure to update their income and document financial eligibility will result in termination.
- STEP 5** Provide the Applicant, Co-Applicant and CCDF Eligible Provider with an updated pre-voucher or voucher.
- STEP 6** Scan all applicable documents.



#### **4.4.10 TEMPORARY FLUCTUATION IN INCOME POLICY**

*An active CCDF Applicant or Co-Applicant may be considered income eligible for a period not to exceed thirteen (13) weeks when their current gross monthly income from all countable sources exceeds the established poverty guideline determined by The Office due to a temporary fluctuation in income. For eligibility purposes, the Applicant and Co-Applicant's monthly gross income will be equal to the prior documented current income.*

## ◀ REAUTHORIZATION WITH TEMPORARILY FLUCTUATING INCOME PROCESS ▶

When reauthorizing, if an Applicant and Co-Applicant have documented wages which exceed the established maximum poverty guideline determined by The Office and the Applicant and/or Co-Applicant believe their income will decrease in the next eight (8) weeks, they may opt to remain active on the CCDF Voucher Program. The Applicant and Co-Applicant will be required to complete an income update within the next thirteen (13) weeks. If the Applicant and Co-Applicant's updated income is below the established maximum poverty guideline, the Applicant and Co-Applicant's income and copayment will be updated to reflect their current income. If the updated income exceeds these guidelines or an income update is not completed timely, the Applicant and Co-Applicant will be terminated.

### APPROPRIATE DOCUMENTS FOR TEMPORARY FLUCTUATION IN INCOME

- Any appropriate documents used to verify current income.

### STEPS TO COMPLETE A TEMPORARY FLUCTUATION IN INCOME (TFI) EXTENSION

- STEP 7 When completing reauthorization, a prompt will warn the Intake Agent the Applicant's income exceeds the established state maximum poverty guideline. The software will offer the following three (3) options:
- ✓ Income is accurate and is not fluctuating. Case is to be terminated
  - ✓ Income is fluctuating. Case status is temporary income and will not terminate
  - ✓ Action may be cancelled to allow for further review
- STEP 8 If the income is expected to fluctuate, select temporary income. Income will save, however, the case will not terminate. Copayment will be based on the prior documented income.
- STEP 9 A subsidy period of 53 weeks will be established; however, CCDF vouchers may only be authorized for thirteen (13) weeks.
- STEP 10 Advise the Applicant an income update must be completed within thirteen (13) weeks. An Applicant or Co-Applicant may attempt to update their income multiple times in the thirteen (13) week period. Failure to update their income or document income below the established maximum poverty guideline will result in termination.

### REQUIREMENTS OF APPLICANT FILE

In addition, the Intake Agent will compile an Applicant file which must include all the applicable documentation listed below:

- ✓ All required verifications





#### **4.4.3(a) MAIL-IN REAUTHORIZATION DOCUMENTATION DATE POLICY**

*For an application not submitted in person, a valid TANF Impact referral, SNAP Impact or AJS referral and any documentation which does not change income but is dated prior to the subsidy begin date is acceptable.*

- ✓ Application, State Form 805, with all eligibility criteria complete
- ✓ Application or Parent/Applicant Worksheet signed and dated



#### **4.4.4 CCDF APPLICANT SIGNATURE POLICY**

*During a face-to-face interview, the Applicant or Co-Applicant must sign and date the Application, State Form 805, upon completion of program authorization.*



#### **4.4.5 APPLICANT MAIL-IN SIGNATURE POLICY**

*A complete CCDF application not submitted in-person by Applicant or Co-Applicant must contain an Applicant or Co-Applicant's signature and date on the CCDF Parent / Applicant Worksheet.*



#### **4.4.6 APPLICANT SIGNATURE POLICY**

*The signature of an Applicant or Co-Applicant may be original or facsimile.*

- ✓ Application, State Form 805, signed by Intake Agent and dated with date of data entry into AIS



#### **4.4.7 INTAKE AGENT SIGNATURE POLICY**

*A complete State Form 805 Application must be signed by the CCDF Intake Agent upon completion of program authorization.*

- ✓ Current signed Provider Information Page (facsimile signatures are acceptable)
- ✓ Signed Hoosier Works for Child Care Card Authorization form, if applicable
- ✓ Complete TANF Referral, if required
- ✓ A copy of the pre-voucher
- ✓ A completed Parent/Applicant Worksheet, if applicable
- ✓ Other documentation, as required

## REAUTHORIZATION WHILE ON LEAVE



### 4.4.8(b) REAUTHORIZATION WHEN ON LEAVE POLICY

*An Applicant or Co-Applicant's subsidy end date may be extended up to sixteen (16) weeks when attempting to complete reauthorization at a time when they are not actively participating in their documented service need due to approved leave or transitional care.*

The application reauthorization process should provide for the collection of all relevant information to accurately complete the application, State Form 805, and ensure eligibility. When appropriate, the creation of vouchers assigned to Pending Provider may be used to assure child care subsidy is not paid before service need and income eligibility are appropriately verified.



### 4.4.9 REAUTHORIZATION PROCESS POLICY

*A reauthorization may be completed in a manner which provides the opportunity to collect all relevant documentation from the Applicant and Co-Applicant including signature on either on the applicant, State Form 805, or CCDF Parent / Applicant Worksheet.*

**PLEASE NOTE:** For more information on completing a reauthorization, see Section: DETERMINING ELIGIBILITY.

## ◀ HOOSIER WORK FOR CHILD CARE CARDS ▶

If a face-to-face interview is conducted for reauthorization, the Intake Agent should ask to view the Applicant's or Co-Applicant's Hoosier Works for Child Care card. If they state they do not have their card, a replacement card should be issued. The Intake Agent should also remind them they may not leave their card with the provider or give the card to someone picking up their child. Allowing someone else to use their child care card could result in termination of benefits.

If a parent has an active child care card in their possession, it is not necessary to issue a new Hoosier Works for Child Care card. The card will continue to function once the reauthorization has been completed in its entirety. It is not necessary for the Intake Agent to provide additional card training at reauthorization, unless requested by the parent.

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**MAINTAINING  
HOOSIER WORK  
CHILD CARE CARDS  
SECTION 5**

## **5.1 MAINTAINING A SUPPLY OF HOOSIER WORKS FOR CHILD CARE CARDS**

### **GENERAL INFORMATION**

In order for CCDF recipients to access their CCDF benefits and CCDF providers to be paid, Applicants and Co-Applicants will receive electronic child care cards from the Intake Agent. This is also known as Over the Counter (OTC) issuance.

### **HOOSIER WORKS FOR CHILD CARE ◀ ISSUING AND TRACKING OTC ▶**

Each CCDF Intake Agent will be responsible for issuing and tracking OTC electronic swipe cards. Depending upon the number of staff in the CCDF Intake Agency, the agency should designate individuals to perform the following tasks.

#### **INVENTORY CONTROL**

Inventory control involves ordering and maintaining OTC inventory. The individual responsible for inventory control must monitor the daily balance and security of the card, ordering additional cards when necessary, ensuring proper contents of each shipment, maintaining all inventory paperwork and records related to inventory and issuance, requesting an electronic inventory listing from The Office (if desired, see “Forms and Inventory” section), and reconciling inventory daily.

Intake Agents who have large card inventories on hand are encouraged to keep a separate “working” OTC inventory from a “bulk” OTC card inventory. The “working” inventory should be in a safe place, but relatively easy for the issuing Intake Agent to supply to CCDF Applicants and Co-Applicants. The “bulk” inventory should be kept in a secure place at all times, until the “working” inventory needs to be replenished

#### **CARD ISSUANCE**

Card issuance involves the activation and issuance of HW Cards to eligible CCDF recipients and their authorized users, if applicable. The individual responsible for card issuance must ensure proper recordkeeping is maintained for each card issued, be able to account for all cards handled and issued so inventory will balance accordingly, ensure cards are issued to individuals eligible for card usage, activate card with the system for use, provide adequate (State supplied) applicant training, answer applicant questions and complete applicant paperwork related to issuance of a HW Card. Additionally, if a applicant reports their card is lost or stolen, card issuance staff is responsible for deactivating the missing card immediately, and following the appropriate procedures for issuing the applicant a replacement card following proper procedures.

**PLEASE NOTE:** In some counties, these duties may be performed by the same person depending on size of staff. Additionally, assignment of the Inventory Control role is to be limited to as few staff members as possible, but as many as necessary (for example, one plus a backup) to ensure that the procedures are completed. Card issuance staff might involve several people depending on the volume of cards being distributed on a regular basis.

## HOOSIER WORKS FOR CHILD CARE ◀ ORDERING OTC CARDS ▶

**PLEASE NOTE:** All shipping charges will be billed to and paid by the state.

Cards are to be ordered **quarterly** during the last month of each quarter (March, June, September, and December), **by region**. All regions will be contacted with a reminder at the beginning of each month, indicated above. Orders are due by the end of the notification month. NOTE: Not all offices will need to submit an order each and every quarter, depending upon the volume of cards issued and those remaining.

### STEPS TO ORDER OTC HOOSIER WORKS CARDS

**PLEASE NOTE:** Cards are to be ordered in multiples of 100 (100 cards to a box), with the minimum order for a region consisting of 100 cards or one (1) box, and in multiples of 100.

**STEP 1** An email is sent quarterly to each Intake Manager requesting a replay with the number of cards needed, if necessary.

Emergency orders **MUST** be signed by your regional CCDF Policy Consultant. **Please** do everything possible to adhere to the above schedule and limit emergency orders. Repeated emergency orders, including those submitted not long after the regular due date, is indicative of the need for more cautious and attentive inventory monitoring.

**STEP 2** Manufacturer ships orders directly to the central regional office by the specified shipping date – signature required upon delivery.

**STEP 3** Upon receiving and signing for shipment, the quantity ordered should be verified and cards securely stored until issuance.

**PLEASE NOTE:** The Office, in conjunction with the local Intake Agent supervisor will be responsible for investigating lost/missing or “short” shipments.

### STEPS TO VERIFYING YOUR SHIPMENT

Upon Receipt of OTC cards, the Intake Agent should:

**STEP 1** Verify the number of cards received against the number ordered.

**STEP 2** Check the condition of the cards.

- If it is discovered a card is damaged, the card number should be logged and a hole cut in the magnetic stripe. Defective/Destroyed cards may

be stored with the bulk inventory cards but they should be separated so as not to damage any other cards or not to reissue.

- STEP 3 Place the box(es) in a secure location.
- STEP 4 When distributing the regional order to your county office, distribute by box/multiples of 100. Do not distribute by dividing boxes of 100 into new amount.

## ◀ISSUING OTC HOOSIER WORKS CARDS▶

### WHEN TO ISSUE AN OTC HOOSIER WORKS CARD

The Intake Agent may issue OTC cards to:

- ✓ New CCDF Applicant and Co-Applicant
- ✓ Applicant or Co-Applicants who have a lost, damaged or stolen OTC card
- ✓ One (1) Authorized Representative requested by the Applicant or Co-Applicant

### OTC HOOSIER WORKS CARD ISSUANCE GUIDELINES

Any person wishing to receive an OTC card as noted above must have one form of ID as noted in the CCDF Policy and Procedures Section Verification of Identity.

The Intake Agent must document:

- ✓ Name of individual receiving the OTC Card
- ✓ Relationship of the cardholder to the Applicant
- ✓ Signature of individual receiving the OTC Card
- ✓ Signature of Applicant, if the card is for an authorized user
- ✓ Date issued
- ✓ Reason for the card issuance
- ✓ Sixteen (16) digit number of the OTC Card or a photocopy of the front of the card for the Applicant file
- ✓ Signature of the Intake Agent who issued the OTC Card.



#### 5.1.1 OTC CARDS SIGNATURE POLICY

*Cards issued as replacement for lost, stolen or inoperable cards may be issued using a facsimile of the individual's signature.*

After issuing the card, all of the following must occur

- ✓ The person receiving the HW Card must sign the back of the card immediately.
- ✓ The Intake Agent must provide state supplied applicant training materials.
- ✓ The Intake Agent will instruct the cardholder to call the PIN Select Line in 24 hours to select a PIN (Personal Identification Number).

## ◀RETURNED OTC HOOSIER WORKS CARDS▶

The Intake Agent must log all returned cards, regardless of how they are returned. The Intake Agent should try to locate the Applicant so the Applicant may retrieve the card. If the applicant cannot be found and does not pick up the card *within ten (10) business days* from the day contact was attempted/made, it should be destroyed. Additionally, returned cards are to be kept in a secured location until either reclaimed by the Applicant or destroyed. The card is destroyed by hole punching (or scratching) the magnetic stripe. Destroyed cards should be kept in a secure location with other damaged cards for auditing purposes. Whether the applicant is located and picks up the card, or the card is unclaimed and destroyed, the action taken is to be documented by the Intake Agent on the “Returned Card Log” form.

## ◀FORMS AND INVENTORY▶

You must keep adequate documentation and records related to HW Card issuance for three (3) calendar years. All forms are to be used as they originally appear for consistency and auditing purposes.

If you are familiar with Excel, you may also request an electronic Excel version of this listing if you would find it helpful in your inventory and issuance activity. After it is emailed to you, you may then simply copy and paste the electronic listing into your Hoosier Works for Child Care Daily Card Issuance Log you have already saved electronically. Then, print the document and fill in the remaining columns appropriately. (You MAY overwrite the card listings pasted within the spreadsheet because you are required to print these documents for use in daily issuance tracking, and keep as records for three (3) calendar years). This electronic process simply eliminates the need for card issuance staff to manually write the card numbers being issued. If this is NOT your offices’ preferred method, you will still need to print the document (the log), make copies, and will be required to manually write each card number upon issuance.

Please note that for security reasons, card numbers are not numbered in an obvious manner (XXXXXXXXXXXXXXXXX1, XXXXXXXXXXXXXXXXXXX2, and so forth). When conducting inventory procedures, you will not be able to subtract the first card number from the last card number to determine quantity of cards. You will need to take care in using the listing sent with the shipment, and/or the identical electronic version as a tool in monitoring your inventory.

***PLEASE NOTE: DO NOT randomly select card to issue. They must be issued to applicants in the order they are listed (front of box to back of box). Random issuance could result in tracking errors.***

## ◀OTC HOOSIER WORKS INVENTORY FORMS▶

The following forms have been provided for the maintenance of OTC Hoosier Works Cards.

- Bulk OTC Card Inventory Form
- Hoosier Works for Child Care Authorization
- Hoosier Works for Child Care Daily Card Issuance Log (Excel)



- Daily Hoosier Works Card Inventory Reconciliation Form
- Returned Card Log
- Vault Card Replenishment Order Form

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# **NONCOMPLIANCE**

## **SECTION 6**

## 6.1 ADVERSE ACTION

### ADVERSE ACTION

*Adverse action is an action toward an Applicant or Co-Applicant that includes denial of services, the potential of termination of services or reduction in services. CCDF Applicant / Co-Applicant and CCDF Eligible Providers must be notified at least 10 calendar days before an Adverse Action can be imposed.*

An adverse action written notice must be provided if the Applicant and Co-Applicant are facing a potential loss of services for reasons which include, but are not limited to, the following:

- A request to provide documentation due to critical error; or
- A request for income documentation for a new household member with a service need of employment; or
- A requirement to select a new CCDF Eligible Provider; or

In response to an administrative error, the Intake Agent may send the Applicant and Co-Applicant a written request for additional information. However, if the Applicant or Co-Applicant does not respond to the request, services cannot be terminated.



#### 6.1.1 CCDF ELIGIBLE PROVIDER NOTICE POLICY

*An Applicant and the Applicant's provider must be notified in writing at least 10 calendar days before an adverse action can be imposed unless the adverse action is to occur at the Applicant's subsidy end date.*

If an Applicant or Co-Applicant has not appropriately responded to the Adverse Action request in a timely manner, the CCDF subsidy shall be terminated. Any reimbursement made after the Intake Agent's failure to timely terminate an unresolved Adverse Action will be considered an inappropriate payment and may require a payment reduction and/or repayment from the Intake Agent.

### ADVERSE ACTION EXCEPTION

#### ◀ PROVIDER SEARCH EXTENSION ▶



#### 6.1.2 PROVIDER SEARCH EXTENSION POLICY

*An Applicant, who is unable to obtain a CCDF Eligible Provider within the (ten) 10 day adverse action period, may request an additional four (4) weeks to complete their search. However, CCDF benefits will not be paid during this period. Should an Applicant have a reauthorization prior to the end of their search period, the application may be re-activated on appeal when a qualified CCDF Eligible Provider has been located.*

## STEPS FOR PROVIDER SEARCH EXTENSION

- STEP 1 Obtain a written statement from the Applicant or Co-Applicant requesting additional time to find a qualified provider.
- STEP 2 Refer the Applicant or Co-Applicant to the local CCRR for assistance in finding a CCDF Eligible Provider.
- STEP 3 Assign the CCDF Eligible Child's voucher to Pending Provider for the extended search period.
- STEP 4 If a CCDF Eligible Provider is found, complete the authorization, as requested

If the Pending Provider voucher has been swept, extend the existing Pending Voucher and complete the authorization by completing a provider change.

If the Applicant and Co-Applicant are required to complete a reauthorization prior to the expiration date of the extended search period, the case will terminate but may be activated on appeal using the Applicant or Co-Applicant's written statement as documentation.

If a CCDF Eligible Provider is not found, the child shall be terminated.

## ◀ PARENT NONCOMPLIANCE / INELIGIBLE ▶

The Office or the Intake Agent may determine a parent is noncompliant with CCDF Policies or ineligible for CCDF benefits.

## REASONS FOR DENIAL OF AN APPLICANT APPLICATION

An Applicant and Co-Applicant's application or reauthorization application will be denied for any of the following reasons:

1. CCDF Household income does not meet financial eligibility
2. CCDF Household does not meet service need requirements
3. Copayment exceeds total weekly subsidy
4. Child who is the primary beneficiary of service is not a US citizen, qualified alien and/or resident of Indiana
5. CCDF Applicant is not a resident of Indiana
6. Failure to provide complete information at time of authorization, reauthorization or update
7. Misrepresenting, concealing or withholding information on the Application, State Form 805
8. Failure to select a CCDF eligible provider
9. Failure to remain current on any existing repayment agreements determined by The Office
10. CCDF funding is not available within the county of residence
11. Previous substantiation of welfare fraud, any component of fraud, or illegal receipt of government funds

### **REASONS AN APPLICANT APPLICATION MAY BE TERMINATED**

An Applicant and Co-Applicant's CCDF benefits may be terminated for any of the following reasons:

1. Failure to respond to requests for additional information related to eligibility determination from The Office or its agents within the required time frame
2. Failure to pay weekly copayment owed, if reported within 30 days from first missed payment.
3. Failure to document a CCDF eligible child's attendance in the manner required by The Office.
4. Failure to fully reimburse CCDF eligible in-home (nanny) provider
5. 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.
6. 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.
7. Failure to remain current on any existing repayment agreements determined by The Office
8. Failure to select a CCDF eligible provider

### **REASONS FOR TERMINATION OF AN APPLICANT APPLICATION**

An Applicant and Co-Applicant's subsidy **will be** terminated for any of the following reasons:

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

## ◀ APPLICANT APPEAL PROCESS ▶

The Intake Agent must inform the Applicant / Co-Applicant of the Parent Appeal Procedure at time of initial authorization and reauthorization.

### STEPS FOR APPLICANT APPEAL

When any adverse action is taken such as termination, denial of service or reduction in services, the Applicant or Co-Applicant may appeal.

- STEP 1** Within ten (10) calendar days of receipt of adverse action letter or subsidy expiration date, the Applicant or Co-Applicant must send a written request of appeal to the Intake Agent.

The Intake Agent has ten (10) calendar days to review the request and respond in writing. This response must provide information on the next step of the appeal process. The Intake Agent will document research to support any decision made. The documentation shall be scanned into the case file.

- STEP 2** If the Applicant or Co-Applicant is not satisfied with the decision of the Intake Agent supervisor, the Applicant or Co-Applicant must send written request for appeal to the CCDF Operations Manager within fifteen (15) calendar days of receipt of the denial letter from the Intake Supervisor.

Office of Early Childhood and Out of School Learning  
Attn: CCDF Operations Manager - CCDF Appeals  
402 West Washington Street, W-361, MS-02  
Indianapolis, IN 46204-2739

The CCDF Operations Manager has fifteen (15) calendar days to review the request and respond in writing. This response must provide information on the next step of the appeal process.

- STEP 3** If the Applicant or Co-Applicant is not satisfied with the decision of the CCDF Operations Manager, they have fifteen (15) calendar days from receipt of letter from the CCDF Operations Manager to submit a final written request for appeal to the:

Office of Early Childhood and Out of School Learning  
Attn: Director - CCDF Appeals  
402 West Washington Street, W-361, MS-02  
Indianapolis, IN 46204-2739

The Director has fifteen (15) calendar days to review the decision of the CCDF Policy Manager and respond in writing. The decision of the Director is FINAL.



#### **6.1.3 APPLICANT APPEAL POLICY**

*If an Applicant and Co-Applicant are terminated from the CCDF Voucher Program, a written appeal must be submitted following the appeal guidelines provided.*

**PAYMENT OF SERVICE DURING APPEAL**

Service for child care provided during an Applicant and Co-Applicant's appeal will not be reimbursed after the ten (10) calendar day notice. However, if a finding is held in the Applicant and Co-Applicant's favor, all child care during the appeal process will be paid retroactively provided the Applicant or Co-Applicant completes reauthorization timely, has a service need during the entire appeal period, and has utilized child care through a CCDF Eligible Provider. After an appeal, the Applicant and Co-Applicant who are able to demonstrate a current service need, but are unable to document a service need during the entire appeal period, may be reauthorized using their current service need.



## 6.2 PROGRAM ABUSE OR FRAUD

### PROGRAM ABUSE

*Program abuse is defined as any false reporting of fact or information, providing false documentation or the omission of facts by the Applicant or Co-Applicant.*



### 6.2.1 INTAKE AGENT FRAUD RESPONSIBILITY POLICY

*A determination by an Intake Agent of suspicious or fraudulent activity on the part of an Applicant, Co-Applicant or CCDF eligible provider must be referred to the FSSA Compliance Division.*

The Intake Agent is expected to report all suspicions of fraudulent activity in the CCDF program to the FSSA Compliance Division on the form provided. Should the Intake Agent fail to report any fraudulent activity which is defined in the contract as being within the scope of the intake duties, the Intake Agent will be held accountable for any over-payment further it would be considered a failure to perform contract obligations.

### REPORTING FRAUD

Fraud may be reported to The Office in variety of ways. Applicants, Co-Applicants, child care providers and concerned citizens by contacting:

- 800-403-0864; or
- [ReportFraud@fssa.IN.gov](mailto:ReportFraud@fssa.IN.gov); or
- FSSA Compliance Division, Room E-414, 402 W Washington Street, Indianapolis, IN 46204

### INTAKE AGENT ROLE

The Intake Agent is expected to take action and/or report program abuse. These instances include, but are not limited to:

#### **Applicant and Co-Applicant Program Abuse**

The Intake Agent should take appropriate action to obtain evidence of program abuse through verification of information from the source prior to submission of a fraud referral to the CCDF Fraud Coordinator.

- Failure to report a biological or custodial adult as a household member
- Failure to report other forms of income, including child support, second employment, etc.
- Submission of suspicious documentation, including, but not limited to wage verification

#### **Provider Program Abuse**

Any of the following instances should be reported to the appropriate CCDF Policy Consultant, in writing.

- Providing care at an address which has not been licensed, registered or certified
- Allowing other individuals not properly certified to provide child care

- Providing care at an address which differs from the address indicated on the Applicant's Provider Worksheet and/or CCDF Voucher
- Having possession of or using the Applicant's Hoosier Works for Child Care card or having possession of card numbers or pin numbers
- Submission of suspicious, false or misleading documentation.

#### **Intake Agent Fraud**

Any of the following instances should be reported to the FSSA Compliance Division by securely emailing [ReportFraud@fssa.IN.gov](mailto:ReportFraud@fssa.IN.gov).

- Suspicious activity by an employee
- Suspicion of program abuse in receipt of CCDF benefits by any employee of the agency.

### **COMPLIANCE DIVISION REPAYMENT DETERMINATION**

If the Compliance Division makes a determination of overpayment, it may be referred to the Intake Agent for completion of a Repayment Agreement. The Intake Agent shall:

- STEP 1 Complete the CCDF Parent Noncompliance form, CCDF Parent Repayment form, and Case Narrative, when applicable.
- STEP 2 If Applicant is present, provide a copy of the forms for signature, excluding the Case Narrative. **or**

If Applicant is present, but refuses to sign, provide a copy of the forms, excluding the Case Narrative, as well as, the CCDF Compliance Division Repayment Appeal form. **or**

If Applicant is not present, mail a copy of the forms, excluding the Case Narrative, to the Applicant including the CCDF Compliance Division Repayment Appeal form.

- STEP 3 Mail signed or unsigned original forms with the Case Narrative and supporting documentation to the following address:

Office of Early Childhood and Out of School Learning  
Attn: CCDF Repayment Agreement  
402 W Washington, W-361, MS02  
Indianapolis, IN 46204-2739

- STEP 4 Document action taken in AIS case notes indicating if agreement was signed or unsigned.
- STEP 5 Scan all applicable documentation.

## 6.3 PROVIDER COMPLIANCE / NONCOMPLIANCE

### ◀ PROVIDER COMPLIANCE ▶

Effective July 1, 2002 the General Assembly passed legislation that requires all child care providers to comply with certain health and safety standards prior to their participation in the Child Care and Development Fund Voucher Program.

Effective July 1, 2005 the General Assembly passed legislation stating licensed child care homes and licensed child care centers would be considered compliant with CCDF Provider Eligibility Standards as long as their Indiana license is valid.

Effective July 1, 2013 the General Assembly passed legislation stating a licensed child care home and licensed child care center under Revocation action are not eligible for participation in the Child Care and Development Fund Voucher Program.

Unlicensed child care providers, however, must demonstrate compliance with the CCDF Provider Eligibility Standards with written documentation as well as home/facility inspection.



#### **6.3.1 PROVIDER ELIGIBILITY STANDARDS POLICY**

*A CCDF eligible provider must assure CCDF Provider Eligibility Standards are maintained at all times. Failure to maintain compliance may result in decertification through a Notice of Order.*

The Intake Agent will be notified of a child care provider's failure to comply with CCDF Provider Eligibility Standards by fax or email. It is imperative Intake Agents take action on Notification of Denial / Revocation timely to ensure Applicants and Co-Applicants receive adequate notice regarding the status of their current child care provider.

### **STEPS FOR REMOVING CHILDREN FROM PROVIDERS WHO HAVE FAILED TO MAINTAIN COMPLIANCE WITH PROVIDER ELIGIBILITY STANDARDS**

If an Applicant or Co-Applicant wishes to leave their child(ren) in the care of the ineligible provider, their CCDF benefits will be terminated and future eligibility is subject to availability of funds. Ineligible CCDF providers who choose to file an appeal will not be reimbursed during the appeal process.

- STEP 1** The Office sends a "Notice of Order" letter to the child care provider. A copy of the Notice of Order is faxed or emailed to the Intake Agent requiring immediate action.

- STEP 2 The Intake Agent must determine if the provider has active CCDF or OMW vouchers. No action on the CCDF or OMW voucher is required at this time.
- STEP 3 When all active CCDF or OMW vouchers have been identified, the Intake Agent shall use the appropriate form letter (CCDF Provider NOO – Parent Notification Letter) provided to notify Applicant and Co-Applicant their child care provider is noncompliant with required CCDF standards. Applicants and Co-Applicants must be notified within three (3) calendar days of fax / email notification. A copy of the written notification shall be maintained in the Applicant’s file.
- STEP 4 A courtesy copy of the Applicant or Co-Applicant written notification shall be sent to the appropriate child care provider.
- STEP 5 Payments shall not be made to the ineligible child care provider beyond the effective date of the Order as stated in the child care provider’s Notice of Order.

**PLEASE NOTE:** *The AIS software system will automatically move children assigned to an ineligible provider to Pending Provider effective the Sunday following the effective date of the Notice of Order.*

- STEP 6 If an Applicant or Co-Applicant selects a CCDF Eligible Provider prior to the effective date of the order, the provider change shall be completed. However, if an Applicant or Co-Applicant has not selected a CCDF Eligible Provider or the ineligible provider has not been reinstated prior to the effective date of the Notice of Order, the Intake Agent shall issue a notice using the form letter (CCDF Provider Ineligible) provided, allowing ten (10) days to choose a new CCDF Eligible Provider to maintain their CCDF benefits.

If an Applicant or Co-Applicant is unable to locate a CCDF Eligible Provider, they may make a written request for an extended provider search. See Steps for an Extended Provider Search pages 166-167.

**PLEASE NOTE:** *Applicant’s or Co-Applicant’s questions regarding a CCDF child care provider’s ineligibility should be referred to the provider. (Some denials or revocations may be based on confidential information.)*

## **STEPS FOR REMOVING CHILDREN FROM LICENSED PROVIDERS WHO HAVE RECEIVED A NOTICE DUE TO A NEGATIVE LICENSING ACTION**

If an Applicant or Co-Applicant wishes to leave their child(ren) in the care of the ineligible provider, their CCDF benefits will be terminated and future eligibility is subject to availability of funds.

- STEP 1 The Office sends written notice to the child care provider. A copy of the notice is emailed to the Intake Agent requiring immediate action.
- STEP 2 The Intake Agent must determine if the provider has active CCDF or OMW vouchers by using “View Provider”. If the child care provider’s name does not display, generate a Closed Provider with Recipients Report.

- STEP 3** When all active CCDF and OMW vouchers have been identified, the Intake Agent shall use the appropriate form letter provided to notify Applicant and Co-Applicant their child care provider is no longer an eligible CCDF Provider. The Applicant and Co-Applicant should be given until the effective date of the notice to find a CCDF eligible provider. CCDF and OMW Vouchers may remain with the CCDF Provider until the Saturday following the effective date of the notice. Applicants and Co-Applicants must be notified within three (3) business days of notification. A copy of the written notification shall be maintained in the Applicant's file and scanned into their electronic file.
- STEP 4** A courtesy copy of the Applicant or Co-Applicant written notification shall be sent to the appropriate child care provider.
- STEP 5** Payments shall not be made to the ineligible child care provider beyond the effective date as stated in the child care provider's written notice.

***PLEASE NOTE:*** The AIS software system will automatically move children assigned to an ineligible provider to Pending Provider effective the Sunday following the effective date of the Notice of Order.

- STEP 7** If an Applicant or Co-Applicant selects a CCDF Eligible Provider prior to the effective date of notification, the provider change shall be completed.

If an Applicant or Co-Applicant has not selected CCDF Eligible Provider prior to the effective date of the notice, the child(ren)'s CCDF benefits will be terminated.

If an Applicant or Co-Applicant is unable to locate a CCDF Eligible Provider, they may make a written request for an extended provider search. See Steps for an Extended Provider Search pages 166-167.

***PLEASE NOTE:*** Applicant's or Co-Applicant's questions regarding a CCDF child care provider's ineligibility should be referred to the provider and/or The Office's Licensing Section.

## **ADDITIONAL PROVIDER NONCOMPLIANCES**

### **◀SUSPENDING A CCDF ELIGIBLE PROVIDER▶**

In certain situations where there are immediate concerns for the protection of children or the integrity of the provider, The Office may take adverse action against a provider affecting the ability to participate in the CCDF program.



#### **6.3.2 SUSPENDED PROVIDER REIMBURSEMENT POLICY**

*Reimbursement will cease upon suspension or termination of a CCDF eligible provider.*

A suspension of a CCDF Eligible Provider can be effective immediately upon notice to the provider. The Intake Agent will be notified to immediately contact Applicant and Co-Applicants to select a new child care provider. The Applicant or Co-Applicant shall be referred to the local child care resource and referral agency if they need assistance selecting a new CCDF Eligible Provider.

### **REASONS FOR SUSPENDING A CCDF ELIGIBLE PROVIDER**

A CCDF Eligible Provider may be suspended by The Office from the CCDF program if they are not in compliance with any of the following policies.



**6.3.3** *CCDF Eligible Providers must care for the CCDF child at the address listed on the CCDF voucher.*



**6.3.4** *CCDF Eligible Providers may not possess or use a Hoosier Works for Child Care card, sixteen (16) digit card number, and/or personal identification number (PIN) to authorize electronic attendance transactions for any eligible child(ren). This policy also applies to child care staff as well as any members of the provider's household in which child care is provided.*



**6.3.5** *CCDF Eligible Providers may not require or coerce Hoosier Works for Child Care cardholders to provide their Hoosier Works for Child Care card or 16 digit card number and/or personal identification number (PIN).*



**6.3.6** *CCDF Eligible Providers must allow access to their child care center or home to any representative of the Family and Social Services Administration.*



**6.6.7** *CCDF Eligible Providers must allow unscheduled visits by a custodial adult of a child anytime the child care facility is in operation.*

### **6.6.8 ADDITIONAL REASONS FOR SUSPENDING A CCDF ELIGIBLE PROVIDER**

An eligible CCDF child care provider may be suspended by The Office from the CCDF program under any of the following circumstances.

1. Death or serious injury of a child while in the provider's care pending the outcome of the investigation
2. A pending abuse or neglect charge against the provider, an existing employee or volunteer of the provider, or in the case of a licensed or legally license exempt child care home, a member of the provider's household
3. Substantiated health or safety hazard
4. Threatening behavior directed towards a representative of the Division or its agents
5. Providing false or misleading information on any form connected with the CCDF Voucher Program
6. Illegally operating a home or facility
7. Failure to respond to The Office's request for information, including but not limited to, written attendance records
8. Failure to meet the CCDF provider eligibility standards, IC 12-17.2-3.5
9. A substantiated health or safety hazard posing an immediate threat to the health or safety of the children in care.
10. Documentation of a CCDF eligible child's attendance, by the provider, in a manner not allowed by The Office
11. Failure to respond to a repayment agreement or to remain current with any repayment agreement in place with The Office
12. Failure to allow The Office or its agents access to the child care facility / home, child care staff and other child care records
13. Possession of an Applicant's card, card number, personal identification number or other information enabling a provider to document a CCDF eligible child's attendance.
14. Requiring an Applicant to allow the provider to possess their CCDF card, card number, Personal Identification Number, or any other means for recording electronic attendance
15. Charging the CCDF voucher program for time a CCDF eligible child was not in attendance, excluding approved holidays and personal days, as allowed by The Office
16. Charging the CCDF voucher program for time the CCDF eligible child was not cared for at the CCDF approved address
17. Substantiated violation of CCDF voucher program policies and procedures
18. Substantiated fraud, any component of fraud, or the illegal receipt of government funds by any governmental agency

### **ADDITIONAL PROVIDER NONCOMPLIANCES**

#### **◀TERMINATING A CCDF ELIGIBLE PROVIDER▶**

Termination of a CCDF Eligible Provider will become effective immediately upon notice. Payment will cease upon termination of the ineligible CCDF Eligible Provider. The Intake Agent will be notified to immediately contact the Applicant or Co-Applicant to select a new CCDF Eligible Provider. Applicants shall be referred to the local child care resource and referral agencies if they need assistance selecting a new CCDF Eligible Provider.

### **6.6.9 REASONS FOR TERMINATING A CCDF ELIGIBLE PROVIDER**

A CCDF Eligible Provider will be terminated by The Office under any of the following circumstances:

1. A CPS substantiation of abuse or neglect against the provider, an existing employee or volunteer of the provider, or in the case of a licensed or legally license exempt child care home, a member of the provider's household
2. Substantiated fraud, any component of fraud, or the illegal receipt of government funds by any governmental agency
3. For licensed child care facilities / homes, the loss of licensure
4. Illegally operating child care facility or home
5. Repeated failure to meet CCDF provider eligibility standards under IC 12-17.2-3.5 even if insufficiencies have been corrected
6. Pending criminal charges for fraud, any component of fraud and/or CCDF voucher program policies or procedures by any governmental agency
7. Repeated substantiated violation of CCDF voucher program policies and procedures
8. Providing false or misleading information on any form connected with the CCDF voucher program
9. Charging the CCDF voucher program for time a CCDF eligible child was not in attendance, excluding approved holidays and personal days, as allowed by The Office
10. Charging the CCDF program for time a CCDF eligible child was not cared for at the approved CCDF address
11. Requiring an Applicant to allow the provider to possess their CCDF card, the card number or Personal Identification Number, or any other means for recording electronic attendance.
12. Charging CCDF families for any liquidated damages or overages owed by the provider.

### **STEPS FOR REMOVING CHILDREN FROM SUSPENDED OR TERMINATED PROVIDERS**

If an Applicant or Co-Applicant wishes to leave their child(ren) in the care of the ineligible CCDF provider, their CCDF benefits will be terminated and future eligibility is subject to availability of funds. Ineligible CCDF providers who choose to file an appeal will not be reimbursed during the appeal process.

- STEP 1 The Office will notify the Intake Agent of action required. Immediate action will be required.
- STEP 2 The Intake Agent must determine if the provider has active vouchers.
- STEP 3 When all active vouchers have been identified, the Intake Agent shall use the form letter provided to notify Applicant or Co-Applicant that their child care provider is no longer eligible to participate in the CCDF program. Applicants or Co-Applicants must be notified immediately. A copy of the written notification shall be maintained the Applicant or Co-Applicant's file.
- STEP 4 A courtesy copy of the Applicant or Co-Applicant written notification shall be sent to the appropriate child care provider.
- STEP 5 Payments shall not be made to the ineligible CCDF provider beyond the suspension or termination date.



**PLEASE NOTE:** *The AIS software system will automatically move children assigned to an ineligible provider to Pending Provider effective the Sunday following the effective date of suspension or termination.*

- STEP 8 If an Applicant or Co-Applicant selects a CCDF eligible provider within the notice period, the provider change shall be completed. However, if an Applicant or Co-Applicant has not selected a CCDF Eligible Provider or the ineligible provider has not been reinstated, prior to the notification date, the CCDF benefits shall be terminated.

An Applicant or Co-Applicant may make a written request for an extended provider search. See Steps for Extended Provider Search pages 166-167.

**PLEASE NOTE:** *Applicant's or Co-Applicant's questions regarding a CCDF child care provider's ineligibility should be referred to the provider.*

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# **PERFORMANCE STANDARDS SECTION 7**

## 7.1 PERFORMANCE STANDARDS

The Intake Agent is required to maintain performance standards as related to the CCDF Program. These standards are as follows:

- An accuracy rate of less than 100% of applicant files reviewed by the State shall result in a reduction of the monthly payment to Grantee for active family case files found to have errors. In addition, if Grantee has two (2) consecutive months of an accuracy rate of less than 97% of applicant files reviewed, grantee shall be placed on a probationary status by the State for a period of three (3) months.
- Grantees on probationary status that have an accuracy rate of less than 97% of applicant files reviewed, shall incur a reduction of the monthly payment for active family case files found to have errors and for the direct services paid to providers on files found to be ineligible.
- If after three months on probation, the accuracy rate of files reviewed remains less than 97%, the State may terminate their CCDF contract agreement pursuant to Section VII **SUSPENSION AND TERMINATION** Paragraph A. of the contract agreement.

### ◀MONITORING AND AUDIT▶

The Office will conduct a review of CCDF recipient files to monitor compliance with CCDF rules. In addition, the Intake Agent may be audited by the FSSA Audit, State Board of Accounts, and/or Federal Audit.

### ◀MONITORING FOR INVALID VOUCHERS▶

#### REASONS FOR INVALID VOUCHERS

The CCDF Quality Assurance process includes the identification of invalid vouchers. Applicants or children appearing on the weekly QA report for any of the following reasons are ineligible to receive CCDF services:

- Employment service need with no wages recorded
- Child over 13 years old and not documented as special needs
- Child attending a closed provider
- Age ineligible OMW child

#### STEPS TO ADDRESS QA ERRORS

On the Monday following the QA report, the intake errors will be emailed to the agency's primary CCDF contact and sent by US mail a notification of identified cases. The following procedures must be followed:

- STEP 1 The Intake Agent will have thirteen (13) calendar days to update the data in the software and/or terminate the Applicant.
- STEP 2 If the Intake Agent has not updated the data and the Applicant or child still appears on the weekly QA report, the Intake Agent will receive notification via email and US mail requiring the termination of the application with ten (10) calendar days notice.

## ◀MONITORING PROCESS FOR CCDF APPLICANTS▶

In the course of monitoring a grantee, monitors may determine an applicant is ineligible for CCDF services or an improper payment has been authorized requiring action by the Intake Agent. This will result in a reduction and/or repayment. Monitors may also determine a case file has an administrative error that may not result in a repayment.

### STEPS FOR CORRECTING A MONITORING ERROR

Each Monday following this determination by the monitor, a letter will be emailed to the agency's primary CCDF contact. The following procedures must be followed:

- STEP 1 The Intake Agent will have 45 calendar days to resolve the noncompliance or terminate the case.
- STEP 2 Scan resolution of error if error can be corrected.
- STEP 3 If error cannot be corrected, scan statement that error cannot be corrected.
- STEP 4 If the Intake Agent does not agree with error, an appeal must be submitted on appeal form with policy manual section and documentation by noon on Friday following the noncompliance letter
- STEP 5 The Office will review appeal and provide notification of approval or denial within ten (10) business days of receipt of appeal.
- STEP 6 All denied appeals must provide the necessary documentation or terminate within 45 days of receipt of original letter.

## ◀INTAKE APPEAL PROCESS▶

### STEPS FOR AN INTAKE APPEAL PROCESS

The Intake Agency has the right to **appeal** each case file reduction. The appeal form can be found in the back of this manual or obtained by emailing [BCC.IntakeSupport@fssa.in.gov](mailto:BCC.IntakeSupport@fssa.in.gov). The appeal timeline is as follows:

- STEP 1 An appeal must be received, via an email to Scanning Help, by the Friday following the date of notice, no later than 12:00 pm EST.
- STEP 2 Appeals must include all necessary documentation, the policy manual reference and any other relevant justification.
- STEP 3 The Office will approve or deny the appeal and notify the agency within ten (10) working days.
- STEP 4 If an appeal is approved, the reduction will not be required but the file may still need to be corrected within 45 days from the original date of notice.
- STEP 5 If an appeal is denied, reduction will be withheld and the file must be corrected or terminated, if necessary.

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**CCDF  
AGREEMENT  
CENTERS  
SECTION 8**

## 8.1 CCDF AGREEMENT CENTERS

### ◀ THE MEMORANDUM OF UNDERSTANDING ▶

Each Center Operating as an Agreement and Intake Agent must have a current (within the current contract year) signed Memorandum of Understanding (MOU). This MOU outlines the responsibilities of both parties in the delivery of service to CCDF households participating through a center contract. When implementing or changing policies or procedures, both parties should review the MOU to determine if such actions will violate their existing agreement.

### ◀ GENERAL PRINCIPLES ▶

#### **CENTER RESPONSIBILITIES**

In general, it is the responsibility of the Center Operating with an Agreement to:

- Determine preliminary eligibility
- Generate appropriate referrals for child care services
- Provide custodial adults with a printed referral, completed provider information page as well as general enrollment information
- Notify the Intake Agent of known changes in household circumstance which may affect participation in the CCDF program
- Complete all budget functions associated with their contract

#### **INTAKE AGENT RESPONSIBILITIES**

In general, it is the responsibility of the Intake Agent to:

- Check for new referrals
- Make an enrollment appointment available to agreement Applicants or Co-Applicants within five (5) business days of referral creation
- Determine eligibility
- Provide printed CCDF voucher to the Agreement Center upon authorization
- Maintain Applicant files
- Communicate any changes in child eligibility to the Agreement Center
- Act upon changes in household circumstance reported by the Agreement Center within five (5) business days
- Notify the Applicant and Co-Applicant of impending reauthorization at least thirty (30) days in advance

### ◀ APPLICANT INITIAL APPLICATION ▶

An Agreement Center Applicant or Co-Applicant applies for CCDF benefits in the same manner as Intake Applicants and Co-Applicants. It is the responsibility of the Intake Agent to determine the appropriate authorization begin and end dates which correspond to the Applicant and Co-Applicant's service need. It is also the sole responsibility of the Intake Agent to



determine the amount of care authorized based upon a verified service need. (See Determining Eligibility Section for further information.)

While the Intake Agent is responsible for authorizing child care based upon a verified service need, the Intake Agent may not exceed the number of weeks or amount of funding authorized by the Agreement Center as stated on the Applicant or Co-Applicant's child care referral. However, the Intake Agent may reduce the amount authorized based upon the Applicant or Co-Applicant's verified service need.

For specific information on entering a CCDF application for an Agreement Center Applicant or Co-Applicant, please refer to your software procedure manual.

***PLEASE NOTE:*** Agreement Center's eligible child should not be added to an active intake application until after the Center's voucher end date.

## ◀ CLIENT REAUTHORIZATION ▶

The Intake Agent must conduct a reauthorization with each Agreement Center Applicant or Co-Applicant at least every 53 weeks. This requires the Agreement Center to create a new child care referral for the Applicant or Co-Applicant. A reauthorization, including completion of a new Application, may be completed thirty (30) days before the subsidy end date, but never after.

### NOTIFICATION OF UPCOMING REAUTHORIZATION

It is the responsibility of the Intake Agent to notify the Applicant or Co-Applicant of the impending reauthorization at least (30) days prior to the subsidy end date. The notification may be made using computer generated letters, or agency letters which contain similar information provided the mailing date has been documented. This notification will also serve as the Applicant's ten (10) calendar day notice of termination for failure to complete reauthorization timely. It is the responsibility of the Agreement Center to provide the Applicant or Co-Applicant with a referral at the time of reauthorization.

### METHOD OF REAUTHORIZATION

When completing a reauthorization (update), the Intake Agent may use a variety of methods including:

- Face-to-face interview
- Mail
- Fax with the assistance of the Center Operating with a CCDF Agreement

## ◀ MAINTAINING AN APPLICANT FILE ▶

An Applicant file is maintained in the same manner as any CCDF Applicant. (See Maintaining an Applicant File Section for more information)

## **CCDF AGREEMENT CENTER**

### **◀ MAINTAINING A WAITING LIST ▶**

It is the responsibility of the Agreement Center to maintain a waiting list of Applicants wishing to access their CCDF Center funds.



#### **8.1.1 CCDF CONTRACT CENTER PARTICIPATION POLICY**

*A child may not actively participate in the Agreement Center program and the CCDF intake program simultaneously.*

### **◀ APPLICANTS REQUESTING A PROVIDER CHANGE ▶**

When a current CCDF Agreement applicant requests to change their provider to another CCDF Eligible Provider, not owned by the CCDF Agreement Center, the child may receive CCDF funding immediately with approval from The Office.

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# **FORMS**

## **SECTION 9**

## CHILD CARE AND DEVELOPMENT FUND (CCDF) Pre-application (v2-16)

Date Completed: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you:  Working  Attending School If you are working, are you paid:  Weekly  Bi-Weekly  Other: \_\_\_\_\_

Is a spouse/parent of the child(ren) living with you?  Yes  No If yes, are they:  Working  Attending School  Other: \_\_\_\_\_

If a spouse/parent is working, are they paid:  Weekly  Bi-Weekly  Other: \_\_\_\_\_

**PLEASE NOTE: YOU MUST ATTACH A COPY OF A RECENT PAYSTUB FOR YOURSELF AND OTHER ADULT, IF APPLICABLE. IF SELF-EMPLOYED, ATTACH STATEMENT OF PROFIT AND LOSS FOR PREVIOUS MONTH.**

Please complete the table below for ALL household members including yourself:

LIST ALL HOUSEHOLD MEMBERS	Date of Birth	Does child need child care services?	Does child have special needs? (See Note)	Relationship to Applicant	Licensed Foster Parent	OTHER SOURCES OF INCOME
Last Name, First Name		N/A	N/A	SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support \$_____mo.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security \$_____mo.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	TANF* \$_____mo. (*Documentation required)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	Unemployment \$_____mo.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	Other \$_____mo.

**Special Needs Note: Child must be enrolled in Children with Special Health Care Services, First Steps, Public School Special Education (IEP) or Head Start (professionally diagnosed with disabilities); receiving Supplemental Social Security or have a statement from a health professional. (Documentation must be submitted)**

Additional Questions
1. Are you and your family currently living in a homeless or domestic violence shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you and your family currently living in a car, park or other public place? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do your family assets (cash, retirement, real property, and investments) total more than one million dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No

AFFIRMATION STATEMENT
I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this pre-application when and if I complete an application for services.
Signed: _____ Date: _____
Your pre-application must be renewed every 90 days. This process is initiated by the Intake Agency by mail. Please notify the agency of any changes to your application, including address.

Check <u>all</u> categories which best describe who is currently watching your child(ren).
<input type="checkbox"/> Licensed Child Care Center
<input type="checkbox"/> Licensed Child Care Home
<input type="checkbox"/> Unlicensed Registered Child Care Ministry
<input type="checkbox"/> Friend / Relative / Neighbor
<input type="checkbox"/> Head Start
<input type="checkbox"/> Pre-School
<input type="checkbox"/> Before/After School Program
<input type="checkbox"/> Boys/Girls Club
<input type="checkbox"/> Nanny (In my own home)
<input type="checkbox"/> No one at this time
<input type="checkbox"/> Other _____

**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): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Days: S M T W T F S

Type of Provider	
<input type="checkbox"/> Licensed Home	License # _____
<input type="checkbox"/> Licensed Center	License # _____
<input type="checkbox"/> Registered Ministry	Registration # _____
<input type="checkbox"/> License Exempt Home	
<input type="checkbox"/> License Exempt Facility	
<input type="checkbox"/> Providing Care in child's home	

Child's Name (first & last)	Child's Age Years / Months	Kindergarten <i>Indicate</i> HD = ½ 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™ Level

**FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE**

School Year Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

Does school-age child need break care vouchers? Yes No  
*If yes, a school schedule must be provided.*

Are you related to the children listed above?  Yes  No

If yes, please explain: \_\_\_\_\_

**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](http://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: \_\_\_\_\_

**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 your local intake office.**

**ON MY WAY (OMW) PROVIDER INFORMATION PAGE** (v3-18)

**PROVIDER:** Please complete all information and sign the form in the box on the bottom left. **OMW PARENT/GUARDIAN** must sign this form to certify choice.

Parent (Guardian) Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Social Security or EIN Number (last 4 digits only): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Pre-K Program Hours: \_\_\_\_\_ Days: S M T W T F S

Type of OMW Provider	
<input type="checkbox"/> Licensed Home	License # _____
<input type="checkbox"/> Licensed Center	License # _____
<input type="checkbox"/> Registered Ministry	Registration # _____
<input type="checkbox"/> License Exempt Home	
<input type="checkbox"/> License Exempt Facility	
<input type="checkbox"/> Providing Care in child's home	

Child's Name (first & last)	Child's Date of Birth		Current Charge OMW Pre-K Weekly				Provider's Current Paths to QUALITY™ Level

**On My Way (OMW) Program Year**

Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

**If you are a public, private, or charter school, does your OMW Pre-K program include wrap-around care?** Yes No

*If no, please provide a school calendar.*

**Are you related to the children listed above?** Yes No  
 If yes, explain: \_\_\_\_\_

**PLEASE NOTE:** OMW 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 OMW 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 OMW vouchers.** In signing below, I certify this OMW provider is my choice.

**Signed:** \_\_\_\_\_

Consistent participation in a Pre-K program is essential to a strong educational foundation; however, if you need to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility. All requests must be submitted to the local intake office by *noon on Thursday* the week prior to your child's start date.

**If you have any questions, please contact your local intake office.**

**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](http://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:** \_\_\_\_\_

**Parent/Applicant Worksheet (Child Care and Development Fund Voucher Program) (v8-18)**

Parent/Applicant Name		AIS Case Number		Parent/Applicant DOB		Home Phone (     )		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		Email Address

List adults in household: First Name, Last Name	Birth Date	Specify Relationship to Parent/Applicant	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 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			

INCOME DISCLOSURE (Include all income received in previous 30 days)			
Income Source	Monthly Amount	For Whom	Verification must be attached
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

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- In what school district do you live?  
\_\_\_\_\_
- Are you living in a homeless shelter or domestic violence shelter?  
YES NO
- Are you living in your car, a park, or other public place?  
YES NO
- Are you living in a residence with family and/or friends?  
YES NO
- Where is your family living?  
\_\_\_\_\_
- Are any children on your application disabled?  
YES NO
- Are you or your co-applicant active in the US Military?  
YES NO
- Are you or your co-applicant active in the National Guard of Reserve?  
YES NO
- Do you have assets which exceed one (1) million dollars?  
YES NO

**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.)



## **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 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.

**DISCLOSURE STATEMENT:**

18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Section 35-43-5-7: Welfare fraud(a) A person who knowingly or intentionally: (1) obtains public relief or assistance by means of impersonation, fictitious transfer, false or misleading oral or written statement, fraudulent conveyance, or other fraudulent means; (2) acquires, possesses, uses, transfers, sells, trades, issues, or disposes of: (A) an authorization document to obtain public relief or assistance; or (B) public relief or assistance; except as authorized by law; (3) uses, transfers, acquires, issues, or possesses a blank or incomplete authorization document to participate in public relief or assistance programs, except as authorized by law; (4) counterfeits or alters an authorization document to receive public relief or assistance, or knowingly uses, transfers, acquires, or possesses a counterfeit or altered authorization document to receive public relief or assistance; or (5) conceals information for the purpose of receiving public relief or assistance to which he is not entitled; commits welfare fraud, a Class A misdemeanor, except as provided in subsection (b). (b) The offense is: (1) a Class D felony if: (A) the amount of public relief or assistance involved is more than two hundred fifty dollars (\$250) but less than two thousand five hundred dollars (\$2,500); or (B) the amount involved is not more than two hundred fifty dollars (\$250) and the person has a prior conviction of welfare fraud under this section; and (2) a Class C felony if the amount of public relief or assistance involved is two thousand five hundred dollars (\$2,500) or more, regardless of whether the person has a prior conviction of welfare fraud under this section. (c) Whenever a person is convicted of welfare fraud under this section, the clerk of the sentencing court shall certify to the appropriate state agency and the appropriate agency of the county of the defendant's residence: (1) his conviction; and (2) whether the defendant is placed on probation and restitution is ordered under IC 35-38-2.

I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Family and Social Services Administration/Office of Early Childhood and Out of School Learning, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of CCDF benefits, and/or the imposition of fines, civil damages, and/or imprisonment.

Parent / Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENTION!** The income and residency documentation you submit must be dated no earlier than 30 days before the date you sign this worksheet.

**NOTES TO YOUR CCDF INTAKE AGENT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# APPLICATION FOR CHILD CARE SERVICES

STATE FORM 46513 (R7 / 1-16) / OECOSL 0805

Applicant Information				
Name of Applicant <i>(last name, first name, middle initial)</i>			+++Primary Language Spoken at Home	
Address <i>(number and street, city, state, and ZIP)</i>			Mailing Address <i>(number and street, City, state, and ZIP)</i>	
Single Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Licensed Foster Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	County of Residence	School District number	Telephone number (     )

Family Members - Complete this section for yourself and ALL FAMILY MEMBERS living in your household. Be sure to complete ALL information. (See definition of family on Instruction Sheet.)						Relationship to applicant	Gender	RID number if available/SSN	Medicaid/ Hoosier Healthwise	TANF	Ethnic Hispanic or Latino	Race Check all that apply. (See codes below.)**					Adult Service Need Code+
Last Name	First Name	M.I.	Date of Birth <i>(month, day, year)</i>	Citizen/Qualified Alien	Special Needs							1	2	3	4	5	
Head of household is to be listed first.						SELF	M / F		Y / N	Y / N	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Y / N	Y / N		M / F		Y / N	Y / N	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Y / N	Y / N		M / F		Y / N	Y / N	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Y / N	Y / N		M / F		Y / N	Y / N	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Y / N	Y / N		M / F		Y / N	Y / N	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Y / N	Y / N		M / F		Y / N	Y / N	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Y / N	Y / N		M / F		Y / N	Y / N	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Y / N	Y / N		M / F		Y / N	Y / N	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>CCDF Priorities</b> <i>(Internal use only)</i>  TANF Impact: <input type="checkbox"/> TANF: <input type="checkbox"/> CPS: <input type="checkbox"/> Special Needs: <input type="checkbox"/> Homeless: <input type="checkbox"/> None: <input type="checkbox"/>	<b>+++Primary Language Spoken at Home:</b>  1- English 2- Spanish 3- Native Central, South American, and Mexican languages (e.g., Mixteco, Quichean) 4- Caribbean Languages (e.g., Haitian-Creole, Patois) 5- Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali) 6- East Asian Languages (e.g., Chinese, Vietnamese, Tagalog) 7- Native North American/Alaska Native Languages 8- Pacific Island Languages (e.g., Palauan, Fijian) 9- European & Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian) 10- African Languages (e.g., Swahili, Wolof) 11- Other (e.g., American Sign Language) 12- Unspecified (Unknown or head of household declined to identify home language)	<b>**RACIAL / ETHNIC CODE</b>  1. American Indian/Alaskan Native 2. Asian 3. Black or African American 4. Native Hawaiian/other Pacific Islander 5. White  <div style="background-color: #cccccc; text-align: center; padding: 2px;"><b>+SERVICE NEED CODE</b></div> 1. Employment 2. Education 3. Both 1 and 2 4. Child Protective Services
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**Disclosure of your Social Security number (SSN) is optional. Your SSN is not required for child care eligibility and eligibility will not be denied due to your failure to provide a SSN. If provided, the State will keep your SSN confidential. State may use your SSN to assemble research data sets that do not identify individuals; verify employment and/or income; supply federal government information regarding the child care program; and/or match against TANF database.**

**Additional Questions (Homeless/Disability/Military/Assets)**

- 1. Is family living in a Homeless Shelter or Domestic Violence Shelter? Yes No
- 2. Is family living in a Car/Park or other public place? Yes No
- 3. Is family living in a residence with family and/or friends? Yes No
- 4. Where is the family living? \_\_\_\_\_
- 5. Are any child(ren) in the CCDF household disabled? Yes No
- 6. Are any CCDF household members active in the US Military, National Guard or Reserve? Yes No
- 7. Does the CCDF household assets exceed one (1) Million Dollars? Yes No

**Family Income and Size** - List the income received (*in the last thirty (30) days*) by family members living in your household Income for children under eighteen (18) years of age (*except SSI and TANF*) need not be reported.

**++ Income Source Codes**

Name of Person Receiving Money	Monthly Gross Income for Eligibility Purposes	Income Source Code(s) (see codes)++	
			1. Wages/Employment: _____
			2. TANF: _____
			3. Other State Funding/TANF MOE: _____
			4. Housing Voucher/Cash Assistance: _____
			5. Food Stamps (SNAP): _____
			6. SSI or other Federal Cash Program: _____
			7. Pension: _____
			8. Unemployment: _____
			9. Child Support: _____
			10. Other Income Counted ( <i>interest, trust, maintenance, etc.</i> ): _____
			11. Other Income NOT Counted (not counted in eligibility): _____
Number of adults in family	Number of children in family	Total number in family	Total family income
			Poverty level

**DO NOT COUNT #3, 4, 5 or 11 toward eligibility**

**Education level of all adult members including begin/end dates for all those attending school.**

Name ( <i>last, first, MI</i> )	Highest Grade completed	Highest Degree attained	Start date ( <i>month, day, year</i> )	End date ( <i>month, day, year</i> )



## Signatures and Parent 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.
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- 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.
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- **I understand that failure to pay any child care co-payment could result in my family being terminated from this funding assistance.**

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- 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.

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- 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 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.

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- 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.

18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Section 35-43-5-7: Welfare fraud(a) A person who knowingly or intentionally: (1) obtains public relief or assistance by means of impersonation, fictitious transfer, false or misleading oral or written statement, fraudulent conveyance, or other fraudulent means; (2) acquires, possesses, uses, transfers, sells, trades, issues, or disposes of: (A) an authorization document to obtain public relief or assistance; or (B) public relief or assistance; except as authorized by law; (3) uses, transfers, acquires, issues, or possesses a blank or incomplete authorization document to participate in public relief or assistance programs, except as authorized by law; (4) counterfeits or alters an authorization document to receive public relief or assistance, or knowingly uses, transfers, acquires, or possesses a counterfeit or altered authorization document to receive public relief or assistance; or (5) conceals information for the purpose of receiving public relief or assistance to which he is not entitled; commits welfare fraud, a Class A misdemeanor, except as provided in subsection (b). (b) The offense is: (1) a Class D felony if: (A) the amount of public relief or assistance involved is more than two hundred fifty dollars (\$250) but less than two thousand five hundred dollars (\$2,500); or (B) the amount involved is not more than two hundred fifty dollars (\$250) and the person has a prior conviction of welfare fraud under this section; and (2) a Class C felony if the amount of public relief or assistance involved is two thousand five hundred dollars (\$2,500) or more, regardless of whether the person has a prior conviction of welfare fraud under this section. (c) Whenever a person is convicted of welfare fraud under this section, the clerk of the sentencing court shall certify to the appropriate state agency and the appropriate agency of the county of the defendant's residence: (1) his conviction; and (2) whether the defendant is placed on probation and restitution is ordered under IC 35-38-2.

I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Family and Social Services Administration/Office of Early Childhood and Out of School Learning, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of CCDF benefits, and/or the imposition of fines, civil damages, and/or imprisonment.

Signature of Applicant	Date (month, day, year)	Date child care subsidy begins (month, day, year)	Date child care subsidy ends (month, day, year)
Signature of Agent	Date (month, day, year)	Name of Agency	

**Other Sources Referred**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Resource and Referral                     | <input type="checkbox"/> Information on Quality Child Care   | <input type="checkbox"/> Complaint Policies/Procedures | <input type="checkbox"/> Health/Safety Information |
| <input type="checkbox"/> Regulatory Information                    | <input type="checkbox"/> Legal Child Care Information        | <input type="checkbox"/> Subsidy Information           | <input type="checkbox"/> TANF Information          |
| <input type="checkbox"/> Head Start/Early Head Start               | <input type="checkbox"/> CHIP Information                    | <input type="checkbox"/> SNAP Information              | <input type="checkbox"/> CACFP Information         |
| <input type="checkbox"/> Medicaid Information                      | <input type="checkbox"/> Indiana Dept. of Health Information | <input type="checkbox"/> WIC Information               | <input type="checkbox"/> Written Materials         |
| <input type="checkbox"/> Low Income Home Energy Assistance Program |  |  |  |

# STATEMENT OF PROFIT AND LOSS (v2-16)

## (Self-Employment Form)

Applicant/Co-Applicant: \_\_\_\_\_ Previous Calendar Month: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Start-Up Date (mm/dd/yy): \_\_\_\_\_

Business Name: \_\_\_\_\_ Are you licensed by the State?  YES  NO

Business Address: \_\_\_\_\_

Are you registered with Secretary of State (Indiana):  YES  NO Do you have an EIN number?  YES  NO

Instructions: Use the table below to provide a statement of your profit/loss for the previous calendar month. Please provide revenue (money collected for the sale of your goods or service). You may consider any expense considered as such by the Internal Revenue Service (IRS) a legitimate expense for CCDF purposes.

	Revenue	Expense	Profit/Loss
<b>TOTAL REVENUE</b>			
<b>For the Previous Calendar Month:</b>			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
<b>TOTAL EXPENSES</b>			
<b>Profit/Loss (Revenue – Expenses)*</b>			

**PLEASE NOTE:** You must also provide a copy of your IRS tax transcript (requested on IRS form 4506T-EX) for your most recently completed tax year, unless taxes have not been filed due to Business Start-Up Date.

As a new business (less than 8 weeks), I am requesting \_\_\_\_\_ hours per week of child care to support my work activity.

By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand I may be asked to provide documentation supporting revenue and expenses and agree to provide this information upon request.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(If there is a co-applicant working in this business, please complete this section.)**

As a new business (less than 8 weeks), I am requesting \_\_\_\_\_ hours per week of child care to support my work activity.

By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand I may be asked to provide documentation supporting revenue and expenses and agree to provide this information upon request.

Co- Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM  
WAGE DETAIL FORM (v5-13)**

**NOTE: Check stubs or employer's cancelled checks (front and back) must be included with this form for the pay dates listed.**

**APPLICANT / CO-APPLICANT SECTION – To be completed by the employee.**

I hereby authorize and request you provide the Child Care and Development Fund information as specified below. This information is necessary to establish my eligibility for child care assistance. This is without any liability to you whatsoever. You may retain a copy of this authorization for your records.

Employee Signature: \_\_\_\_\_ Last 4 of Social Security Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**EMPLOYER SECTION – To be completed by your Employer ONLY**

Please complete the following information for the period of \_\_\_\_\_ to \_\_\_\_\_

Actual Date Paid	Gross Wages Paid	Total Hours Worked	Check Number <i>If cancelled check is provided</i>

Is this individual still employed?  YES     NO    If **NO**, please provide last day worked: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please provide your business's EIN number: \_\_\_\_\_ and/or attach your business card.

Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Date completed \_\_\_\_\_

*Note: This form cannot be accepted without the EIN number and/or business card.*

If you have questions regarding this form, please contact:  
INSERT LOCAL INTAKE INFORMATION HERE

**CHILD CARE AND DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM  
ALTERNATIVE WAGE DOCUMENTATION REQUEST (v8-18)**

For purposes of CCDF eligibility, an Applicant and/or Co-Applicant must demonstrate a service and financial eligibility. Financial eligibility is determined by calculating total income from all countable sources within the current period. If an Applicant or Co-Applicant is reporting employment as their service need, this must be documented by the receipt of earned income or wages. The following are appropriate sources to verify earned income or wages:

- ✓ Current pay stubs
- ✓ Cancelled check (front and back) **and** a completed CCDF Wage Detail Form
- ✓ A computer generated Wage History Summary provided by the employer
- ✓ Completed State Form 54092 received from the DFR which provides current wage information
- ✓ AEINC screen from a complete TANF Impact referral, regardless of age
- ✓ A statement from The Work Number (an employer verification service), provided your employer participates

If you are unable to provide the documentation listed above, you may submit a written request for consideration of other written documentation. Please complete the form below and return to your local intake office within 10 calendar days.

**APPLICANT/CO-APPLICANT SECTION:**

Date:	CCDF Applicant Name:	Phone:
Street Address:		City, State, Zip Code:
You must attach copies of the following to your request: <b>DO NOT SEND ORIGINAL DOCUMENTS</b>		
<input type="checkbox"/> A copy of your W2 or IRS form 1099 <input type="checkbox"/> Any other relevant documentation to support your request		
COMMENTS:		
CCDF Applicant or Co-Applicant (Employee) Signature:		Date:

**EMPLOYER SECTION**

Employer Name:	Phone:
Complete Employer Address:	
This business is known by the IRS as a: _____ Sole Proprietorship – Owner’s Name: _____ _____ Partnership – Partners Names: _____ _____ Limited Liability Corporation incorporated in State of: _____ _____ Corporation incorporated in State of: _____ _____ Not For Profit type: _____	Comments:
Employer’s Signature:	Printed Name:

Your request will be reviewed by the Office of Early Childhood and Out of School Learning.  
You will be notified within 10 calendar days of receipt of this request.

**CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**TIPPED EMPLOYEE WORKSHEET (v7-12)**

Check Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_  
*The following wage categories are listed on my attached paystub. Those included in my gross wages have been marked.*

Description (List each wage/earnings category listed on your pay stub)	Hours Shown on Pay Stub	Included in my Gross	Amount
		<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	\$
		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
<b>Additional Self-Declared Tips</b>		<b>YES</b>	\$
<b>TOTALS</b>		(Internal Use Only) Total Marked YES	\$
<b>To determine gross wages, record the greater of Amount Marked as Gross or Total Hours x Minimum Wage</b>		(Internal Use ONLY) Minimum Wage Calculation Total Hours X Minimum Wage = \$	

Check Date: \_\_\_\_\_  
*The following wage categories are listed on my attached paystub. Those included in my gross wages have been marked.*

Description (List each wage/earnings category listed on your pay stub)	Hours Shown on Pay Stub	Included in my Gross	Amount
		<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	\$
		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
<b>Additional Self-Declared Tips</b>		<b>YES</b>	\$
<b>TOTALS</b>		(Internal Use Only) Total Marked YES	\$
<b>To determine gross wages, record the greater of Amount Marked as Gross or Total Hours x Minimum Wage</b>		(Internal Use ONLY) Minimum Wage Calculation Total Hours X Minimum Wage = \$	

By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand my employer may be asked to provide additional information supporting my declarations above and provide my consent for wage verification.

Applicant/Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**NOTE: Copies of your pay stubs must be included with this form.**

# CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

## TIPPED EMPLOYEE WORKSHEET INSTRUCTIONS (v7-12)

(1)

(2)

Check Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

**The following wage categories are listed on my attached paystub. Those included in my gross wages have been marked.**

Description (List each wage/earnings category listed on your pay stub) (3)	Hours Shown on Pay Stub (4)	Included in my Gross (5)	Amount (6)
		<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	\$
		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
<b>Additional Self-Declared Tips</b>		<b>YES</b>	\$ (7)
<b>TOTALS</b>	<b>(8)</b>	<i>(Internal Use Only)</i> Total Marked YES	\$ (9)
<b>To determine gross wages, record the greater of Amount Marked as Gross or Total Hours x Minimum Wage</b>			<i>(Internal Use ONLY) Minimum Wage Calculation</i> Total Hours X Minimum Wage = \$ (10)

### Tipped Wages Worksheet and Determining Gross Wages INSTRUCTIONS

**General Instruction:**

- A. Paystubs or a CCDF approved alternative is required in addition to the Tipped Wages Worksheet.
- B. If you are unable to determine which categories are included in your gross wages or if the hours reflected on your pay stub are not accurate, you MUST obtain a signed and dated statement from your employer and submit with the Tipped Wages Worksheet. *(The statement must be on company letterhead or include business card from individual signing statement or provide the Tax Identification Number of your employer.)*

**Instruction:**

- 1) Enter check date (date pay received)
- 2) Enter Applicant/Co-Applicant name as it appears on the pay stub
- 3) List each wage/earnings category listed on the pay stub
- 4) List the hours indicated on the pay stub
- 5) Indicate YES or NO as to whether this line item was included in the gross wages
- 6) List the amount on the stub matching the description listed in box (3)
- 7) List any additional tips received but not indicated on pay stub
- 8) Total hours from pay stub
- 9) *Internal Use ONLY (Intake Agent will complete)* - Total only income marked with a YES in column (5)
- 10) *Internal Use ONLY (Intake Agent will complete)* - Calculate total hours x minimum wage  
The Applicant/Co-Applicant's wages for this pay stub will be the greater of boxes (9) or (10)

**REQUEST FOR EARNINGS INFORMATION** (v11-17)  
**Office of Early Childhood and Out of School Learning**  
**Child Care and Development Fund (CCDF) Voucher Program**

**NOTICE OF CONFIDENTIALITY**  
 The information obtained on this form is confidential under federal regulations, including 45 CFR 98.15(b)(13). The information will not be released except as permitted or required by law or with the consent of the applicant/recipient.

Applicant Signature: \_\_\_\_\_ SSN XXX-XX-\_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**To Employer:**

The information being requested is necessary to determine eligibility for participation in the Child Care and Development Fund (CCDF) Voucher Program. The Family and Social Services Administration (FSSA) is required by law to verify earned income in the determination of eligibility for this assistance. Your cooperation is needed in providing the information. Thank you in advance for your prompt attention and cooperation.

<b>Employer Information</b>	
Name of Employer:	Employer EIN or Tax ID:
Street Address:	City, State and Zip Code:

<b>Enter the earnings information requested below for each pay period in the months indicated</b>							
Month of:				Month of:			
Date Paid	Gross Amount	Tips, if any	Hours Worked	Date Paid	Gross Amount	Tips, if any	Hours Worked

Date of Hire: \_\_\_\_\_ Is individual still employed? \_\_\_\_\_ If no, last date of employment (MM/DD/YY): \_\_\_\_\_

Signature of individual completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Title of individual completing form: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**NAME ATTESTATION** (v5-12)

Individual's Name: \_\_\_\_\_  Applicant  Co-Applicant  
*The name above should be recorded as it appears on the CCDF Application (State Form 805)*

is also known as:

*List any other names, including those on documents provided, the Applicant or Co-Applicant is using or has used.*

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Printed Name)

and that all names listed above are the same person.

I hereby affirm, under the penalties of perjury, I am the above named individual and I have personally prepared the foregoing statement for myself and the same is true to the best of my knowledge and belief.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: This document shall be used when the Applicant or Co-Applicant's name does not match all sources of verification information provided to the Intake Agent.

**CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**CHILD SUPPORT AND MAINTENANCE DECLARATION** (v8-18)

*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.	\$	
<b>SPOUSAL/ABSENT PARENT HOUSEHOLD PAYMENT</b>	\$	

***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: \_\_\_\_\_

**CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**SECONDARY SCHOOL ENROLLMENT VERIFICATION** (v10-14)

By my signature below, I give consent to \_\_\_\_\_ to release my enrollment information to the CCDF Intake Office listed below. This information is necessary to establish my eligibility for child care assistance.

Student (CCDF Applicant) Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

***For School Use Only:***

Student's Street Address: \_\_\_\_\_

Student's City: \_\_\_\_\_ Student's Zip Code: \_\_\_\_\_

Student's Current Grade Level: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Date School Year Begins: \_\_\_\_\_ Date School Year Ends: \_\_\_\_\_

Student's School Day Begins: \_\_\_\_\_  AM  PM Student's School Day Ends: \_\_\_\_\_  AM  PM

Check Days Attending:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

-----  
School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**PLEASE RETURN FORM TO:**     ***Insert Intake Agency Name***  
   ***Insert Intake Address***  
   ***Insert Intake Phone / Fax Numbers***



**CHILD CARE AND DEVELOPMENT FUND VOUCHER PROGRAM**  
**Provider (Employer) – Parent (Employee) Statement** (v8-18)

➔ If the Provider (Employer) is **CCDF Eligible and is a Licensed Center or Legally Licensed Exempt Facility, including a Registered Child Care Ministry**, please read and initial each statement acknowledging your understanding of CCDF Policy 2.11.4.

Parent  
Initial

Provider  
Initial

\_\_\_\_\_

\_\_\_\_\_

A child care provider is ineligible to receive CCDF payments when a child's parent/step-parent/guardian is employed by the provider and the parent/step-parent/guardian is responsible for their own child for any part of the child care day.

\_\_\_\_\_

\_\_\_\_\_

The child's parent/step-parent/guardian **MAY NOT** be in the same room or outdoor play area as their child for any part of the child care day.

We have read and understand the above statements. Our signatures on this form acknowledge our compliance.

\_\_\_\_\_  
Parent/Step-Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Step-parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Please print* Facility Name (Employer)

\_\_\_\_\_  
Facility Owner/Director Signature

\_\_\_\_\_  
Date

➔ If the Provider (Employer) is **CCDF Eligible and is a Licensed Child Care Home or a Legally Licensed Exempt Home**, the parent/step-parent/guardian **MAY NOT** work at the home where their child attends. (CCDF Policy 2.11.4)

Parent's work site address/ license or EX #: \_\_\_\_\_

Child name(s): \_\_\_\_\_

Child attends site address/license or EX #: \_\_\_\_\_

Child name(s): \_\_\_\_\_

Child attends site address/license or EX #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Step-parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Step-parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider (Employer) Name (Printed)

\_\_\_\_\_  
Provider (Employer) Signature

\_\_\_\_\_  
Date

# DETERMINING CHILD CARE NEED

## EMPLOYMENT

Applicant/Co-Applicant: \_\_\_\_\_

Employer: \_\_\_\_\_

Average Work Week:     S  M  T  W  T  F  S

Rec'd	Gross Wages	Hours	Earliest drop-off time
<b>TOTALS</b>			<b>Check appropriate shift(s)</b> <b>Shift 1</b> <input type="checkbox"/> <b>Shift 2</b> <input type="checkbox"/>

\_\_\_\_\_ Total hours worked in the previous 30 days

÷ \_\_\_\_\_ Number of weeks worked

= **(A)** \_\_\_\_\_ Child care needed per week based on hours

\_\_\_\_\_ Total gross wages (If hourly wage is not documented or is less than minimum wage)

÷ \_\_\_\_\_ Current minimum wage

= \_\_\_\_\_ Child care needed per month based on minimum wage

÷ 4 **(B)** \_\_\_\_\_ Child care needed per week based on minimum wage

The lesser of **(A)** or **(B)** \_\_\_\_\_

Travel Time Requested + \_\_\_\_\_  
(not to exceed 10 hours  
for child care need of  
25 or more hours and  
5 hours for less than 25)

Total Child Care Need = \_\_\_\_\_

## TRAINING/EDUCATION

Applicant/Co-Applicant: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

\_\_\_\_\_ Classroom Program      \_\_\_\_\_ Distance Learning

Days Participating:  S  M  T  W  T  F  S

\_\_\_\_\_ Credit hours or participation hours

+ \_\_\_\_\_ Clinical/Practicum/Internship hours

= \_\_\_\_\_ Subtotal child care need

+ \_\_\_\_\_ Travel Time Requested (not to exceed 10 hours for child care need of 25 or more hours and 5 hours for less than 25)

+ \_\_\_\_\_ Study time requested (not to exceed 2 hours per credit hour)

**OR**

+ \_\_\_\_\_ Study time requested (not to exceed 2 hours per participation hour)

= \_\_\_\_\_ Total Child Care Need

CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM  
FACTS Verification Form (v4-19)

APPLICANT INFORMATION		AIS CASE NUMBER:
Name of Applicant/Co-Applicant <i>(last name, first name, middle initial)</i>		
Date of Birth	Verified in FACTS <input type="checkbox"/> Yes <input type="checkbox"/> No	

***By my signature below, I give consent for the Office of Early Childhood and Out of School Learning or its representative to access documents I have provided to the Division of Family Resources as indicated below. I understand this information is needed to determine my eligibility for the CCDF Voucher Program.***

**Signed,** \_\_\_\_\_ **Dated** \_\_\_\_\_

<input type="checkbox"/> RESIDENCY INFORMATION	
Current Address <i>(number and street, city, state, and ZIP)</i>	
County of Residence	Verified in FACTS <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> CHILD(REN) INFORMATION		
Name of Child(ren)	Date of Birth	Document available and printed <input type="checkbox"/> Yes <input type="checkbox"/> No
		Citizenship document needed <input type="checkbox"/> Yes <input type="checkbox"/> No
		Document available and printed <input type="checkbox"/> Yes <input type="checkbox"/> No
		Citizenship document needed <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> TANF BENEFITS	
Current Benefit Amount	Verified in FACTS <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> UNEARNED INCOME (SSI AND UNEMPLOYMENT)		
Type of Income Received	Amount, if known \$	
Source	Verified in FACTS <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount received \$

<input type="checkbox"/> EARNED INCOME (Note: FACTS income may not be more than 12 months old.)			
Employer's Name		Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do the number of hours you work vary by more than ten (10)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pay Frequency	
Date of Check(s) Viewed	Gross Wages	Hours	Wage Info from Current Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		Verified in FACTS <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		
	\$		
	\$		Gross Monthly Wage \$

<input type="checkbox"/> SELF-EMPLOYED, IF APPLICABLE			
Schedule C <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Tax Year Schedule Available & Viewed in FACTS <input type="checkbox"/> Yes <input type="checkbox"/> No		

The information on this form has been verified and documented with the CCDF applicant or co-applicant's consent by viewing eligible documents in the State of Indiana's FACTS system.

Intake Agent Signature: \_\_\_\_\_ Date \_\_\_\_\_

# HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION APPLICANT AND CO-APPLICANT CARD HOLDERS (v8-19)

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Co-Applicant Cardholder Name: \_\_\_\_\_

Reason for Issuance: (A) New Applicant  Applicant  Co-Applicant  
(check all that apply) (B) Replacement  Lost/stolen  Not working  Other: \_\_\_\_\_

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 must use my card to document attendance on a regular basis and my provider may consider my failure to do so timely as non-payment for child care provided.
- 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 me and/or my 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

Applicant or Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY	
16 Digit Card Number: _____	
<i>(Or attach a photocopy of the front of the HW Card)</i>	
Issuing staff: _____	Date: _____

CARD USAGE TRAINING	
_____	Video and verbal/written
_____	Verbal/written only

# 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 authorized 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: \_\_\_\_\_

FOR OFFICE USE ONLY	
16 Digit Card Number: _____	
<i>(Or attach a photocopy of the front of the HW Card)</i>	
Issuing staff: _____	Date: _____

CARD USAGE TRAINING	
_____	Video and verbal/written
_____	Verbal/written only

**CHILD CARE DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM**  
**APPLICANT/CO-APPLICANT APPEAL FORM V8-19**

The applicant/co-applicant can use this form to challenge an adverse action such as a childcare denial, termination of assistance, etc. If you wish to file an appeal, please complete this form and attach all relevant supporting documentation. Mail completed form to:

***INSERT LOCAL AGENCY NAME***  
***Attn: Insert Name Here***  
***INSERT LOCAL AGENCY ADDRESS***

***THE APPEAL MUST BE RECEIVED WITHIN 10 CALENDAR DAYS OF RECEIPT OF ADVERSE ACTION LETTER OR SUBSIDY EXPIRATION DATE.***

Case Name:	Phone:
Street Address:	City, State, Zip Code:
Please detail why you feel the determination is unjust. You must submit any relevant documentation to support your claim.	
You must attach copies of any relevant documentation to support your appeal. DO NOT SEND ORIGINAL DOCUMENTS.	
Signature:	Date:

**Child Care Development Fund**

**Data Change Request Form**

Effective: 6/21/2010

Case#  Seq#  County :   
 Submitted by :

**Nature of Change:** Enter x in one or more of the 8 choices below

- |  |   |
|--|---|
| <input type="checkbox"/> 1) Voucher change (verify no swipe activity or pmt.)                | <input type="checkbox"/> 5) Monitoring Corrections (income, inactive sequence changes, etc.)                        |
| <input type="checkbox"/> 2) Subsidy Begin/End date: Enter date: <input type="text"/>         | <input type="checkbox"/> 6) Custody; Catastrophic; Split apps; Foster/Adoption: <b>Move to Partial</b>              |
| <input type="checkbox"/> 3) Additional voucher for diff in subsidy amount owed               | <input type="checkbox"/> *You must follow procedures for emergency requests so that there is no overlap in service. |
| <input type="checkbox"/> * if there is already swipe activity                                | <input type="checkbox"/> 7) New voucher where partial payment was made due to age group error                       |
| <input type="checkbox"/> 4) Create a new voucher (gap in service, or add to receive service) | <input type="checkbox"/> 8) Other (be specific in Justification section)  |

Is this request for a Contract Center (Title XX) case? -->>>> yes/no

Details: Note EXACTLY what you want changed - **DO NOT INCLUDE** personally identifiable information (first names only, no SSNs or d.o.b)

NEW Voucher Details:				NEW Voucher Details:			
Child <b>FIRST</b> Name				Child <b>FIRST</b> Name			
Voucher Dates				Voucher Dates			
Provider Name				Provider Name			
Prov. Street Address				Prov. Street Address			
Provider Charges	Week	Day	Hr	Provider Charges	Week	Day	Hr
Service Hours	Hrs Per Day	Days Per Wk		Service Hours	Hrs Per Day	Days per Wk	
Age Group (infant, toddler, 3/4/5, kinder, school age, school other)	Toddler			Age Group (infant, toddler, 3/4/5, kinder, school age, school other)			
Shift (1, 2, or 1&2)	Pre-School Y/N			Shift (1, 2, or 1&2)	Pre-School Y/N		

NEW Voucher Details:				NEW Voucher Details:			
Child <b>FIRST</b> Name				Child <b>FIRST</b> Name			
Voucher Dates				Voucher Dates			
Provider Name				Provider Name			
Provider Street Address				Provider Street Address			
Provider Charges	Week	Day	Hr	Provider Charges	Week	Day	Hr
Service Hours	Hrs Per Day	Days Per Wk		Service Hours	Hrs Per Day	Days per Wk	
Age Group (infant, toddler, 3/4/5, kinder, school age, school other)				Age Group (infant, toddler, 3/4/5, kinder, school age, school other)			
Shift (1, 2, or 1&2)	Pre-School Y/N No			Shift (1, 2, or 1&2)	Pre-School Y/N		

NEW Voucher Details:				NEW Voucher Details:			
Child <b>FIRST</b> Name				Child <b>FIRST</b> Name			
Voucher Dates				Voucher Dates			
Provider Name				Provider Name			
Prov. Street Address				Prov. Street Address			
Provider Charges	Week	Day	Hr	Provider Charges	Week	Day	Hr
Service Hours	Hrs Per Day	Days Per Wk		Service Hours	Hrs Per Day	Days per Wk	
Age Group (infant, toddler, 3/4/5, kinder, school age, school other)				Age Group (infant, toddler, 3/4/5, kinder, school age, school other)			
Shift (1, 2, or 1&2)	Pre-School Y/N			Shift (1, 2, or 1&2)	Pre-School Y/N		

*Reasons for denials:*

*\* a child cannot be assigned to a provider that is exceeding capacity*

*\* a past voucher cannot be modified in ANY way if there is swipe activity or payment*

*\* all voucher and subsidy dates must begin on SUNDAY and end on SATURDAY*

*\* a voucher cannot be 'backdated'; instead, request a new voucher to be created*

*\* if the new voucher is part-time, only an hourly or daily rate can be entered as the provider charge*

**NONCOMPLIANCE &  
REPAYMENT FORMS**  
SECTION 10



**CHILD CARE AND DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM**  
**Parent Noncompliance Form (v9-12)**

Intake Agency & Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Social Security Number / RID Number: \_\_\_\_\_ AIS Case Number, if applicable: \_\_\_\_\_

*Nature of noncompliance, i.e. failure to report change in household size, failure to report loss of service need, card found in provider's possession, improper payment for personal day, etc. . . .*

*Attach additional pages, if necessary. Also, please attach documentation which supports the noncompliance determination, if any.*

**Did the above result in an overpayment?**             YES             NO  
**Was it calculated by the Compliance Division?**     YES             NO

**PARENT AFFIRMATION SECTION**

By my signature below, I acknowledge this noncompliance has been explained fully and I have received the following:

- ✓ Repayment Appeal Procedures, if applicable
- ✓ A copy of this completed Parent Noncompliance Form
- ✓ A copy of my signed Parent Rights and Obligations Form

I agree to abide by all CCDF Policies. I understand a future CCDF policy noncompliance may result in the termination of my child care benefits.

*Parent was not present. All attachments were mailed.*

Intake Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***This letter is to accompany any Parent Repayment Agreement.*** (v10-12)

*Date*

*Applicant Name*

*Applicant Street*

*Applicant City, State, Zip Code*

Dear Applicant;

A review of your case has resulted in a finding of noncompliance with your CCDF Parent Obligations as stated on the enclosed Parent Noncompliance form. Additionally, this noncompliance may have resulted in child care benefits paid for care provided to your child(ren) which were ineligible due to the noncompliance. If ineligible child care benefits were paid, the Family and Social Services Administration (FSSA) is seeking repayment as stated on the enclosed CCDF Parent Repayment form.

On the enclosed Parent Repayment Form, please indicate if you would like to make a lump sum payment or prefer to make the stated monthly payment until the balance owed is paid in full. Then sign the form and return it to the address listed. Directions for submitting your payment are included on this form as well.

If you do not agree with this repayment determination, steps for appealing the decision are also enclosed.

Failure to successfully appeal or to make repayment in full will result in FSSA taking any and all available means of collection including, but not limited to, tax intercept.

Sincerely,

*Insert Agency Name Here*

# CHILD CARE AND DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM

## Parent Repayment Form (v2-16)

Intake Agency & Agent Name:	Date:
Parent Name:	
Street Address:	City, State, Zip Code:
Social Security Number / RID Number:	AIS Case Number, if applicable:

Was a Noncompliance form completed?  YES  NO      Was the Noncompliance form signed by the parent?  YES  NO  
**Was over-payment calculated by the Compliance Division?  YES  NO**

Amount of over-payment: per Fiscal Year	Actual Service Period dates by Federal Fiscal Year
\$ _____	
\$ _____	
\$ _____	

### CCDF REPAYMENT AGREEMENT

#### Payment Options (Check only one)

Payment in Full       Minimum Monthly Payment (must begin within 30 days of signature)  
\$ \_\_\_\_\_      \$ \_\_\_\_\_ (greater of \$50 or 3%) Monthly beginning: \_\_\_\_\_

CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO: **TREASURER, STATE OF INDIANA**  
AND MAILED TO: FSSA – CLAIM REPAYMENT  
CCDF  
P.O. BOX 621007  
INDIANAPOLIS, IN 46262-1007

***By my signature below, I acknowledge my obligation to repay this CCDF overpayment. I understand monthly payments must continue until the entire sum is fully paid.***

Failure to sign the repayment agreement or dispute the overpayment within 30 calendar days from the date of this document deems the overpayment determination to be correct. Failure to repay a valid repayment agreement, including failure to make a monthly payment, may result in termination from the CCDF voucher program. Additionally, the Office will use all other appropriate means of collection to fulfill this debt.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

This repayment agreement must be signed and returned to: *Insert Intake Name*  
*Insert Intake Address*

### DISPUTE OF REPAYMENT AGREEMENT

My signature below acknowledges I am **not** in agreement with the determination of an overpayment and have opted to appeal this determination. I have been provided a copy of the Repayment Appeal Procedures and understand I must file a written appeal within 30 calendar days according to the Repayment Appeal Procedures. My failure to contest the overpayment within 30 calendar days from the date of this document deems the overpayment determination to be correct which may result in my termination from the CCDF voucher program and other collection attempts as appropriate.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**CHILD CARE AND DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM  
INTAKE CASE NARRATIVE FORM (v12-11)**

Intake Agency & Agent Name:

Date:

Parent Name(s):

AIS Case Number & County

*Nature of noncompliance, i.e. failure to report change in household size, failure to report loss of service need, card found in provider's possession, improper payment for personal day, etc. . . .*

*Case Narrative, i.e. When 10 day notice was sent, if any. How attached information was collected, if any. Any other relevant facts related to the over-payment determination should be noted in the case narrative.*

**Were case notes documented in AIS?**     **YES**             **NO**

# CHILD CARE AND DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM

## REPAYMENT APPEAL FORM (v8-18)

You have the right to appeal any noncompliance determination resulting in the repayment of CCDF benefits. If you wish to appeal a determination, please complete this form, attach all relevant supporting documentation and mail to:

Indiana Family and Social Services Administration  
 Attn: CCDF Operations Manager, OECOSL  
 402 West Washington Street, W-361, MS-02  
 Indianapolis, IN 46204-2739

***YOUR APPEAL MUST BE RECEIVED WITHIN 30 CALENDAR DAYS OF THE DATE OF THE CCDF REPAYMENT FORM TO BE CONSIDERED. FAILURE TO SUBMIT AN APPEAL TIMELY DEEMS THE OVERPAYMENT DETERMINATION TO BE VALID.***

<input type="checkbox"/> Parent <input type="checkbox"/> Provider	Name:	Phone:
Street Address:		City, State, Zip Code:
Name Intake (CCDF Voucher) Agency who made the determination:		County:
Please detail why you feel this determination is unjust. You must submit any relevant documentation to support your claim.		
You must attach copies of the following to your appeal: <b><u>(DO NOT SEND ORIGINAL DOCUMENTS)</u></b> <input type="checkbox"/> A copy of Parent or Provider Noncompliance Form completed by the CCDF Intake Agency <input type="checkbox"/> A copy of Parent or Provider Repayment Form you have been requested to sign <input type="checkbox"/> Any other relevant documentation to support your case		
Signature:		Date:

**TANF IMPACT  
REFERRAL FORMS  
SECTION 11**



# DFR / CCDF TANF / AJS REFERRAL

State Form 53132 (R3 / 7-19)  
FAMILY AND SOCIAL SERVICES ADMINISTRATION

Name of parent (last, first, middle)	Telephone number ( )	Case number
Address (number and street, city, state, and ZIP code)		

TANF IMPACT REFERRAL		
Check the TANF IMPACT activity in which the parent participates.		
<input type="checkbox"/> Employment	<input type="checkbox"/> Education	<input type="checkbox"/> Job skills training
<input type="checkbox"/> Job search	<input type="checkbox"/> Community work experience	<input type="checkbox"/> Job readiness
Begin date (month, day, year)	Projected end date (month, day, year)	<p>← There must be both a begin and an end date for the TANF IMPACT activity checked. This could correspond to the redetermination date, but cannot exceed six (6) months.</p>

TYPE OF REFERRAL	
Check one:	Current TANF benefit amount
<input type="checkbox"/> AJS <input type="checkbox"/> TANF IMPACT	

GENERAL COMMENTS

CASEWORKER INFORMATION		
Name of caseworker		Date (month, day, year)
Telephone number ( )	Fax number ( )	E-mail address

NOTIFICATION OF ACTION - TO BE COMPLETED BY INTAKE AGENT.				
<input type="checkbox"/> The client listed on this form has been approved for Child Care Subsidy.				
Begin date (month, day, year)	End date (month, day, year)	Amount of Child Care Subsidy	Amount of co-pay	Amount of overage
Name of provider				
Address (number and street, city, state, and ZIP code)				
The client listed on this form is being denied child care subsidy for the following reason:				
<input type="checkbox"/> The client never made an appointment. who does not meet the minimum standards.		<input type="checkbox"/> The client selected a provider		
<input type="checkbox"/> The client failed to provide the required child care provider information.		<input type="checkbox"/> Other:		
The client listed on this form is receiving ten (10) days notice of termination from the CCDF program due to the following reason(s):				
<input type="checkbox"/> The client no longer has a service need.		<input type="checkbox"/> Other:		
<input type="checkbox"/> The client is over poverty guidelines.				
Name of voucher / intake agent		Telephone number ( )	Date (month, day, year)	



# DFR / CCDF SNAP REFERRAL

State Form 56481 (R2 / 6-19)  
FAMILY AND SOCIAL SERVICES ADMINISTRATION

Name of parent (last, first, middle)	Telephone number ( )	RID / PID
Address (number and street, city, state, and ZIP code)		

SNAP / IMPACT REFERRAL		
Check the activity in which the client participates.		
<input type="checkbox"/> Employment	<input type="checkbox"/> Education	<input type="checkbox"/> Job skills training
<input type="checkbox"/> Work experience		
<input type="checkbox"/> Job search	<input type="checkbox"/> Community work experience	<input type="checkbox"/> Job readiness
		<input type="checkbox"/> Vocational training
Begin date (month, day, year)	Projected end date (month, day, year)	◀ There must be both a begin and an end date for the SNAP / IMPACT activity checked.
For employment only - this is limited to ninety (90) days after the begin date.		

GENERAL COMMENTS
SNAP allows four (4) weeks, up to twenty (20) hours per week of activity, unless otherwise indicated.

CASEWORKER INFORMATION		
Name of caseworker	Date (month, day, year)	
Telephone number ( )	Fax number ( )	E-mail address

NOTIFICATION OF ACTION - TO BE COMPLETED BY INTAKE AGENT.				
<input type="checkbox"/> The client listed on this form has been approved for Child Care Subsidy.				
Begin date (month, day, year)	End date (month, day, year)	Amount of Child Care Subsidy	Amount of co-pay	Amount of overage
Name of provider				
Address (number and street, city, state, and ZIP code)				
The client listed on this form is being denied child care subsidy for the following reason:				
<input type="checkbox"/> The client never made an appointment.		<input type="checkbox"/> The client selected a provider who does not meet the minimum standards.		
<input type="checkbox"/> The client failed to provide the required child care provider information.		<input type="checkbox"/> Other:		
The client listed on this form is receiving ten (10) days notice of termination from the CCDF program due to the following reason(s):				
<input type="checkbox"/> The client no longer has a service need.		<input type="checkbox"/> Other:		
<input type="checkbox"/> The client is over poverty guidelines.				
Name of voucher / intake agent	Telephone number ( )	Date (month, day, year)		



**DEPARTMENT OF CHILD SERVICES REFERRAL TO FSSA / CCDF**

State Form 56655 (1-19)  
 FAMILY AND SOCIAL SERVICES ADMINISTRATION  
 OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

APPLICANT INFORMATION	
Name of Applicant <i>(last name, first name, middle initial)</i>	Date <i>(month, day, year)</i>
Co-Applicant, if applicable <i>(last name, first name, middle initial)</i>	
Address <i>(number and street, city, state, and ZIP code)</i>	County of Residence
Mailing Address <i>(number and street, City, state, and ZIP code)</i>	Telephone number ( )

CHILD(REN) INFORMATION	
Name of Child(ren)	Date of Birth <i>(month, day, year)</i>
Is (Are) the child(ren) in the care of: <input type="checkbox"/> Licensed Foster Parent <input type="checkbox"/> Relative	

**PLEASE COMPLETE AN ADDITIONAL FORM FOR ANY EXTRA CHILDREN.**

CASEWORKER INFORMATION		
Name of Caseworker		Date <i>(month, day, year)</i>
Telephone Number ( )	Fax Number ( )	E-mail Address

NOTIFICATION OF ACTION – TO BE COMPLETED BY INTAKE AGENT.				
<input type="checkbox"/> The client listed on this form has been approved for Child Care Subsidy.				
Begin Date <i>(month, day, year)</i>	End Date <i>(month, day, year)</i>	Amount of Child Care Subsidy	Amount of co-pay	Amount of overage
Provider address <i>(number and street, city, state and ZIP code)</i>				
The client listed on this form is being denied child care subsidy for the following reason:				
<input type="checkbox"/> Client never made an appointment.		<input type="checkbox"/> Client selected provider does not meet minimum standards.		
<input type="checkbox"/> Client failed to provide the required child care provider information.		<input type="checkbox"/> Other: _____		
The client listed on this form is receiving ten (10) days' notice of termination from the CCDF program due to the following reason(s):				
<input type="checkbox"/> Client no longer has a service need.		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Client is over poverty guidelines.		_____		
Name of voucher / intake agent		Telephone number ( )	Date <i>(month, day, year)</i>	

# ◀ DEPARTMENT OF CHILD SERVICES (DCS) ▶

## REFERRAL PROGRAM

Priority for CCDF Applicants or Co-Applicants participating in the DCS Referral program is documented by receipt of a complete referral received directly from the DCS caseworker. A DCS Referral is only valid for 30 days from caseworker signature date.

### **DCS REFERRAL APPOINTMENT POLICY**

*If a complete DCS referral has been received, the Intake Agent must make an appointment available to the DCS Applicant or Co-Applicant within five (5) business days of Applicant or Co-Applicant contact.*

### **DETERMINING IF A DCS REFERRAL IS COMPLETE**

A DCS referral may be received by fax or email. It is the responsibility of the Intake Agent to verify the referral is complete prior to completing the application.

All of the following criteria must be met to determine a referral is complete:

- ✓ The referral is *current* based on the caseworker's signature date
- ✓ A DCS Referral includes all of the following:
  - Applicant Name
  - Applicant Complete Address
  - Applicant Phone Number, if available
  - Child(ren) Information
  - Indication of Licensed Foster Parent or Relative Placement
  - Caseworker's Name and Date of Referral Completed

### **COMPLETING DCS REFERRAL APPLICATION**

A complete DCS referral is adequate proof of:

- ✓ A Co-Applicant's identity; and
- ✓ A child's identity and date of birth; and
- ✓ Residency

### **REQUIRED DOCUMENTS FOR LICENSED FOSTER PARENTS**

- ✓ Applicant proof of identity;
- ✓ Foster License (which must match the referral address):
- ✓ Service Need Documentation (for determination of hours of care)

### **REQUIRED DOCUMENTS FOR RELATIVE CARE**

- ✓ Applicant proof of identity;
- ✓ Service Need Documentation;
- ✓ Verification of current income to determine financial eligibility

### **REQUIRED DOCUMENTS FOR CHILDREN**

- ✓ Proof of Citizenship (Referral is not appropriate documentation of citizenship)

### **AUTHORIZING CHILD CARE WITH A DCS REFERRAL**

When all required documentation and verification of financial eligibility, if appropriate, has been obtained, the Intake Agent may establish CCDF benefits for the eligible child(ren). The Applicant and Co-Applicant's participation must begin the week of or the week following the application completion date.



VALID FOR ONE YEAR

United States Department of State  
Bureau of Population, Refugees, and Migration  
Washington, D.C. 20520-5824

Date Issued: 23 Nov 2012

**The Transportation Company And Transportation Security Administration**

Document ID: To be valid, an ID must be present. This may consist of letters and numbers.

RE: (1 Members) UNHCR Case Number:

Applicant's name will appear here

US Address: An address will appear here. This may not match the address provided on the Refugee Referral.

Sir/Madam:

Pursuant to the accompanying travel packet (for international flights) or the form I-94 (for U.S. domestic flights), the Department of Homeland Security/U.S. Citizenship and Immigration Services has approved the application to apply for admission to the United States of the below-named alien(s) under section 207(c)(1).



Photo is here

Individual's Name



Each family member will have a photo and relevant info.

Male: Principal Applicant

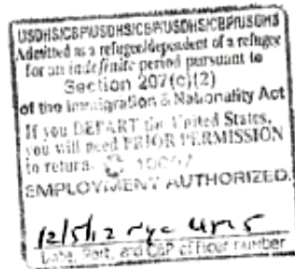
DOB:

COB/NAT: Somalia/Somalia

An airline, or airport security agency, may accept this letter as assurance that the above-named alien(s) may be transported to and within the United States without liability under section 273(b) of the Immigration and Nationality Act.

Sincerely,

Director, Office of Refugee Admissions  
Bureau of Population, Refugees, and Migration  
U.S. Department of State



Not valid unless this document contains a Document ID.

**NOTIFICATION  
LETTERS  
SECTION 12**

**ADMIN ERROR – ADDITIONAL INFORMATION**  
**Child Care and Development Fund (CCDF) Voucher Program**  
**NOTICE OF DOCUMENTATION NEEDED**

Date of Notice:

**Due Date: *(insert date 10 days from date of notice)***

Applicant Name  
Applicant Address  
Applicant City, State and Zip

A review of your case has resulted in a request for additional documentation. To correct the case error, the documentation listed below must be received. *Your cooperation is greatly appreciated.*

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If you have any questions regarding this matter or wish to confirm receipt of your information, please contact *(insert contact information)*.

**CRITICAL ADVERSE – ADDITIONAL INFORMATION**  
**Child Care and Development Fund (CCDF) Voucher Program**  
**NOTICE OF ADVERSE ACTION**

Date of Notice:

**Due Date: *(insert date 10 days from date of notice)***

Applicant Name  
Applicant Address  
Applicant City, State and Zip

A review of your case has resulted in a request for additional documentation. To remain an active participant in the CCDF Program, the documentation listed below must be received *in the office* before close of business on the due date stated above. Failure to provide the requested information will result in termination of your child care assistance without further notice.

- Provider Information Page completed by your provider
- Proof of Birth for \_\_\_\_\_
- Employment Verification
- Proof of Identity for Applicant or Co-Applicant
- School Schedule which includes your name, school name, semester begin and end dates and credit or participation hours
- Other: *(insert detailed description of documentation needed.)*

If you have any questions regarding this matter or wish to confirm receipt of your information, please contact *(insert contact information)*. Your child care *will be* terminated if the requested documentation is not received timely.

**CRITICAL ADVERSE – TERMINATED**  
**Child Care and Development Fund (CCDF) Voucher Program**  
**NOTICE OF ADVERSE ACTION**

Date of Notice:

**Effective Date:** *(insert date 10 days from date of notice)*

Applicant Name  
Applicant Address  
Applicant City, State and Zip

A review of your case has resulted in termination. Your child care services will terminate on *(insert above date)*. This action was taken due to the following reason(s):

- Maximum CCDF reimbursement rate is less than your required copayment.
- No longer a resident of Indiana.
- No longer have a valid CCDF service need.
- Failure to become current with your debt owed to the Office of Early Childhood and Out of School Learning.
- Providing false or misleading information.
- Intentional program violation.
- Other: *(insert detailed description of documentation needed.)*

If you have any questions regarding this matter, please contact *(insert contact information)*. Your child care provider has been notified of your termination.

## PROVIDER NOTICE – ADVERSE CRITICAL

*This letter is to be used to notify CCDF Providers that a parent/applicant is at risk of losing their CCDF eligibility.* (v8-18)

**NOTE: Prepare on agency letterhead**

*Date*

*Provider Name*

*Street Address*

*City, State and Zip*

Dear Provider:

RE:    *(Insert parent/applicant name)*  
          *(insert child's name(s))*

This letter is to provide notification the parent/applicant listed above is at risk of losing their CCDF eligibility for failure to comply with program guidelines. Please be advised the parent/applicant's child care benefits will end ten (10) days from the date of this letter if the parent/applicant fails to document compliance. If the parent documents compliance, the child(ren)'s voucher(s) will be reinstated.

If you have questions regarding the parent's responsibilities to document compliance, they must be addressed with the parent/applicant. If you have questions about the status of the child(ren)'s vouchers, you may view the vouchers at [www.hoosierchildcare.com](http://www.hoosierchildcare.com) or contact our office at *(insert agency phone number)*.

Sincerely,

*(Insert Contact Information)*

Cc: Parent/Applicant file



## PROVIDER NOTICE – ADVERSE TERMINATED

*This letter is to be used to notify CCDF Provider's that a parent/applicant has been terminated from CCDF.*

**NOTE: Prepare on agency letterhead**

*Date  
Provider Name  
Street Address  
City, State and Zip*

Dear Provider:

RE: *(Insert parent/applicant name)*  
*(Insert child's name(s))*

This letter is to provide notification the parent/applicant listed above has been terminated from the CCDF Program. Please be advised the parent/applicant's child care benefits will end ten (10) days from the date of this letter.

If you have questions regarding the parent's eligibility, they must be addressed with the parent/applicant. If you have questions about the status of the child(ren)'s vouchers, you may view the vouchers at [www.hoosierchildcare.com](http://www.hoosierchildcare.com) or contact our office at *(insert agency phone number)*.

Sincerely,

*(Insert Contact Information)*

Cc: Parent/Applicant file

## APPLICANT NOTICE – PROVIDER DECERTIFIED

*This form letter is to be used to notify CCDF Applicant their child care provider has been issued a Notice of Order.*

### Child Care and Development Fund (CCDF) Voucher Program

Date of Notice:

Applicant Name  
Applicant Address  
Applicant City, State and Zip

RE: Provider's Name  
Provider's Address

You are hereby notified the Office of Early Childhood and Out of School Learning has denied or decertified your provider's participation in the Child Care and Development Fund Voucher (CCDF) Program due to failure to meet one or more of the required standards for CCDF providers. Your provider may not be eligible for reimbursement for child care services after ***(insert effective date of the order)***.

To remain an active participant in the CCDF Program, you must select an eligible CCDF provider. If you choose to continue to receive care from an ineligible provider you will be responsible for any charges incurred.

For assistance locating alternate child care, please contact your Child Care Resource and Referral at (800) 299-1627.

If you have any questions regarding this matter, please contact *(insert agency contact information)*.

Sincerely,

*Insert Intake Contact Information*

## **APPLICANT ADVERSE NOTICE – PROVIDER INELIGIBLE**

*This form letter is to be used to notify CCDF Applicant their child care provider is no longer eligible.*

### **Child Care and Development Fund (CCDF) Voucher Program Notice of Action Needed**

Date of Notice:

**Due Date: *(insert date 10 days from date of notice)***

Applicant Name  
Applicant Address  
Applicant City, State, Zip

RE: Provider's Name  
Provider's Address

You are hereby notified your provider is no longer eligible for reimbursement for child care services through the Child Care and Development Fund (CCDF) Program.

To remain an active participant in the CCDF Program, you must have an eligible provider. Your child care voucher will be terminated if a provider change is not completed by close of business on the date listed above. For assistance locating alternate child care, please contact your Child Care Resource and Referral at (800) 299-1627.

If you are having difficulty locating an eligible provider, you may submit a written request for a Provider Search Extension to your Intake Office. This will allow you up to an additional 30 days to choose a CCDF eligible provider which fits the needs of your family. Please note, CCDF will not be paying for child care services during this extension period. To receive this extension, you must submit the written request prior to the due date of this notice (listed above).

Sincerely,

*Insert Intake Contact Information*

## **APPLICANT ADVERSE NOTICE – PROVIDER REVOKED**

*This form letter is to be used to notify CCDF parent's their LICENSED child care provider has been issued a Notice of Order due to a negative action.*

### **Child Care and Development Fund (CCDF) Voucher Program**

Date of Notice:

Applicant Name  
Applicant Address  
Applicant City, State and Zip

RE: Provider's Name  
Provider's Address

You are hereby notified that the Division of Family Resources has taken action to deny or revoke your child care provider's license for failure to meet the required standards for licensure. Under Indiana law, a child care provider whose license has been denied or revoked is not eligible to receive Child Care and Development Fund (CCDF) payments. Your child care provider will not be eligible to participate in the CCDF program effective (insert effective date of the order).

Your child care provider may choose to appeal the licensing action. If your provider chooses to appeal they may remain open throughout the appeal process; however, they are NOT eligible for CCDF payments during this time. The appeal process may take nine months or longer.

You may choose to continue to take your children to this provider; however, your child care voucher will be terminated and you will be responsible for any charges incurred.

If you wish to continue to receive CCDF benefits, you must select an eligible provider by the date listed above. If you need assistance locating alternate child care, please contact your Child Care Resource and Referral at (800) 299-1627.

If you have any questions regarding this matter, please contact *(insert agency contact information)*.

Sincerely,

*Insert Intake Contact Information*

**SAMPLE PROVIDER  
NOTICE OF ORDER  
LETTERS  
SECTION 13**

**This letter is a sample of the notification letter provided when the Division of Family Resources has issued a Notice of Order indicating the provider is no longer compliant with CCDF Provider Eligibility Standards. IMMEDIATE ACTION is required.**

Date

Name  
Address  
City  
State

RE: Notice of Order  
(County Name)

Dear Provider Name:

You are hereby notified that the Division of Family Resources has revoked your ability to participate as a child care provider in the Child Care and Development Fund (CCDF) Program. This order shall become effective \_\_\_\_\_ (18 days).

**The denial is based on your lack of compliance with the CCDF Provider Eligibility Standards found in Indiana Code 12-17.2-3.5 et seq. You failed to maintain compliance with the following standard(s):**

**Indiana Code (IC) XXXXXX**  
State Code

State finding

If you object to the order you are entitled to file a written request with the Division of Family Resources prior to the effective date of this order. The written request must state that you are the person to whom this order is directed, that you are negatively affected by the order, and that you are entitled to review of the order. Your request should be directed to the address below:

MS02 Supervisor's Name  
Family and Social Services Administration  
Division of Family Resources  
402 W. Washington Street, Room W-386  
Indianapolis, IN 46204-2739

If parent or guardians of children in your care need assistance locating alternate child care, please contact Early Learning Indiana at 800-299-1627.

PLEASE NOTE: This action only effects your ability to receive CCDF voucher payments and does not impact your ability to legally provider child care. If you have questions regarding why this action has been taken, please contact your local Child Care Resource and Referral.

Sincerely,

Child Care Administrator  
Division of Family Resources

**This letter is a sample of the notification letter provided when the Division of Family Resources has issued an order to rescind a prior order when a gap in eligibility exists.**

Date

Name  
Address  
City, State

RE: Notice of Order  
(County Name)

Dear Provider Name:

You are hereby notified that the Division of Family Resources is rescinding the Notice of Order issued on (date of original letter). You will be able to resume participation as a child care provider in the Child Care and Development Fund (CCDF) Program on (enter date of this letter).

This decision is based on information provided demonstrating that you are now in compliance with the CCDF Provider Eligibility Standards found in Indiana Code 12-17.2-3.5 et seq. To remain an eligible provider, you must maintain compliance with the CCDF Provider Eligibility Standards. Failure to maintain compliance shall result in your inability to participate as a CCDF provider.

PLEASE NOTE: This action affects your ability to receive CCDF voucher payments and does not impact your ability to legally provider child care.

Sincerely,

Child Care Administrator  
Office of Early Childhood and Out of School Learning

CC: Appropriate Supervisor  
CCDF Intake/Voucher Agent  
PES Verifying Agency  
CCDF Program Consultant  
OECOSL Technical Support  
File

**This letter is a sample of the notification letter provided when the Division of Family Resources has issued an order to rescind a prior order.**

Date

Name  
Address  
City, State

RE: Notice of Order  
(County Name)

Dear Provider Name:

You are hereby notified that the Division of Family Resources is rescinding the Notice of Order issued on (date of original letter). You will be able to continue to participate as a child care provider in the Child Care and Development Fund (CCDF) Program.

This decision is based on information provided demonstrating that you are now in compliance with the CCDF Provider Eligibility Standards found in Indiana Code 12-17.2-3.5 et seq. To remain an eligible provider, you must maintain compliance with the CCDF Provider Eligibility Standards. Failure to maintain compliance shall result in your inability to participate as a CCDF provider.

PLEASE NOTE: This action only affects your ability to receive CCDF voucher payments and does not impact your ability to legally provide child care.

Sincerely,

Child Care Administrator  
Office of Early Childhood and Out of School Learning

Cc *Appropriate Supervisor*  
CCDF Intake/Voucher Agent  
PES Verifying Agency  
CCDF Program Consultant  
OECOSL Technical Support  
File



**This letter is sample of the notification letter provided when the Office has revoked a licensed provider's license which has affected their ability to participate in the CCDF Voucher Program.**

Date

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

**91-7190-0005-2670-0004-1824**

Name  
Address  
City, State

**RE: Revocation of Child Care Home License**

Dear *Provider Name*:

Please be advised that this is official notification that the Division of Family Resources is taking action to **revoke** your license.

This revocation is based on noncompliance with the following Indiana and Administrative Code:

**IC 12-17.2-5-33(a) & (b)(1)(B) Disciplinary sanctions**

- (a) A licensee shall operate a child care home in compliance with the rules established under this article and is subject to the disciplinary sanctions under sections under subsection (b) if the division finds that the licensee has violated this article.
- (b) The division may impose any of the following sanctions when the division finds that a licensee has committed a violation under subsection (a):
  - (1) After complying with the procedural provisions in sections 19 through 22 of this chapter:
    - (B) revoke the license."

**IC 12-17.2-5-3(f) Applying for licenses; national criminal history background check**

- (f) In addition to the requirements under subsections (d) and (e), an applicant must report to the division any:
  - (A) police investigations;
  - (B) arrests; and
  - (C) criminal convictions; of which the applicant is aware regarding the applicant, the applicant's spouse, or a person described in subsection (e)."

You were ...

If you object to this action of revoking your license to operate a child care home, you are entitled to file a written request for an administrative appeal to the following address within thirty (30) days after receipt of this letter, pursuant to the Administrative Adjudication procedures established under 470 IAC 1-4:

Family and Social Services Administration  
Division of Family Resources, Office of Early Childhood and Out of School Learning  
402 West Washington Street, Room W-361, MS 02  
Indianapolis, IN 46204-2739

If you do not appeal this action within thirty (30) days you must cease operation of your child care home and return your license to the Division. If you fail to do so, civil and criminal proceedings will be recommended by this Division to the Attorney General of the State of Indiana as well as to your local County Prosecutor.

In accordance with Indiana Code 12-17.2-4-19; the licensee shall also be provided with the opportunity for an informal meeting with the Division. The licensee must request the meeting within ten (10) working days after the receipt of the certified notice. If you would like to schedule an informal meeting, please contact your licensing consultant, (*Insert licensing consultant's name here*).

Pursuant to Indiana Code 12-17.2-5-1, a person may not operate a child care home without a license issued under this article. According to IC 12-17.2-2-8 Sec. 8, the division shall exempt from licensure the following programs: A child care home if the provider; (A) does not receive regular compensation; (B) cares only for children who are related to the

provider; (C) cares for less than six (6) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative.

Indiana Code 12-17.2-5-29 provides that the Division shall investigate a report of an unlicensed child care home and report the findings to the Attorney General, and to the county department of public welfare attorney, and the Prosecuting Attorney in the county where the child care home is located.

The Attorney General or the County Attorney may seek the issuance of a search warrant to assist in the investigation, file an action for injunctive relief to stop the operation of a child care home if there is reasonable cause to believe that the child care home is operating without a license required under this article, or a licensee's noncompliance with this article and the rules adopted under this article creates an imminent danger of serious bodily injury to a child or an imminent danger to the health of a child.

The Attorney General and/or the County Attorney may seek in civil action a civil penalty not to exceed one hundred dollars (\$100) a day for each day a child care home is operating without a license required under this article.

The Division may provide for the removal of children from child care homes, and may provide an opportunity for an informal meeting with your local Office of Family Resources and Department of Child Services after the injunctive relief is ordered.

Parents or guardians of the children in care should be referred to their local Child Care Resource and Referral Agency for assistance in locating child care. For additional information concerning child care in your area, please call 1-800-299-1627.

**Your ability to accept payment from federal subsidized parent/customers will be jeopardized due to the revocation.**

This enforcement action against your child care home license makes you ineligible to receive a voucher payment through the Child Care and Development Fund (CCDF) program until any further proceeding regarding your child care home license reflects a **final** determination that your child care home license is in good standing. (See selected portions of the Indiana Code (IC) below):

**IC 12-17.2-3.5-4**

**Ineligible providers; enforcement action; decertification**

Sec. 4

(b) A provider whose:

(1) license under . . . IC 12-17.2-5; is subject to an enforcement action is ineligible to receive a voucher payment, regardless of whether the provider meets the requirements of this chapter, until the outcome of any proceeding under IC 4-21.5 reflects a final determination that the provider's license . . . is in good standing.

**IC 12-7-2-77.2**

**"Enforcement action"**

Sec. 77.2. "Enforcement action" for purposes of IC 12-17.2, refers to the following:

(2) Denial, suspension, or revocation of a license under . . . IC 12-17.2-5.

**Effective (*Insert effective date here*) you will not be eligible to receive CCDF payments.**

Parents or guardians of the children receiving CCDF in care should be **immediately** referred to their local Child Care Resource and Referral Agency for assistance in locating child care. For additional information concerning child care in your area, please call 1-800-299-1627.

If you have any questions regarding this matter, please feel free to contact Ms. Debbie Sampson, Manager, Child Care Homes at (317) xxx-xxxx.

**SAMPLE  
PARENT & PROVIDER  
LATE ATTENDANCE  
LETTERS**

Date

Intake Name – County  
Intake Address  
Intake Address

Applicant Name  
Applicant Address  
Applicant Address

Dear Applicant,

You have not entered time in and time out for your child, \_\_\_\_\_, for the past forty (40) days. By signing the Parent Statement of Rights and Obligations during your last appointment, you agreed to the following “I understand my voucher will end if my child/children’s vouchers are not used for sixty (60) days”.

**If your child is still using the voucher, you must start swiping on the POS machine to enter your child’s time in and time out within ten (10) days from the date of this letter.** If your Hoosier Works for Child Care (HWCC) card is not working or you have lost the card, you may call us to get a new card. To see times entered, go to [www.hoosierchildcarefamily.com](http://www.hoosierchildcarefamily.com) or look at the tape from the Point of Service (POS) machine.

If you do not enter time in and time out, it will cause your child’s voucher to end. If you are NOT using your voucher for this child, you must tell us. If you have questions you may call us at the number below.

Sincerely,

Intake

Intake Name – County  
Intake Address  
Intake Address  
Intake Phone

3/2018 v3

Case#

Date

Intake Name – County  
Intake Address  
Intake Address

Applicant Name  
Applicant Address  
Applicant Address

Dear Applicant,

Your voucher for \_\_\_\_\_ could end because you did not enter time in and time out for your child on the Point of Service (POS) machine.

We sent a letter ten (10) days ago telling you time in and time out must be entered or your voucher would end. Our records do not show attendance has been entered.

Your child's voucher will end ten (10) days from the date of this letter.

Sincerely,

Intake

Intake Name – County  
Intake Address  
Intake Address

3/2018 v2

Case#

Date

Intake Name – County  
Intake Address  
Intake Address

Applicant Name  
Applicant Address  
Applicant Address

Dear Applicant,

This letter serves as notice the voucher for \_\_\_\_\_ ended on (*enter new voucher or subsidy end date*), because you did not enter time in and time out for your child on the Point of Service (POS) machine for sixty (60) days.

Sincerely,

Intake

Intake Name – County  
Intake Address  
Intake Address

3/2018 v1

Case#

Date

Provider Name  
Street Address  
City, State and Zip

Dear Provider,

RE: (Insert parent/applicant name)  
(Insert child's name)

This letter is to provide notification the parent/applicant listed above is at risk of losing their CCDF eligibility for an excessive absence of forty (40) days. The parent/applicant has been issued a notice requiring them to begin electronically documenting their child's attendance on the Point of Service (POS) device within ten (10) days, if the child is still utilizing the voucher.

To ensure continuity of the child's voucher, please follow up with the parent/applicant and verify the attendance is being recorded by either reviewing the POS tape or accessing [www.hoosierchildcare.com](http://www.hoosierchildcare.com).

Failure of the parent/applicant to electronically document attendance in the noted timeframe will result in termination of the child's voucher.

Sincerely,

CCDF Intake  
Intake Name – County  
Street Address  
City, State and Zip

3/2018 v1

Case#

Date

Provider Name  
Street Address  
City, State and Zip

Dear Provider,

RE: (Insert parent/applicant name)  
(Insert child's name)

This letter is to provide notification the child listed above has been terminated from the Child Care and Development Fund (CCDF) for an excessive absence of fifty (50) days.

Ten (10) days ago the parent/applicant was sent a notice requiring them to begin electronically documenting the child's attendance within then (10) days to avoid termination of the child's voucher.

This letter serves as the ten (10) day notice of termination of the child's voucher.

Sincerely,

CCDF Intake  
Intake Name – County  
Street Address  
City, State and Zip

3/2018 v1

Case#



**HOOSIER WORKS FOR  
CHILD CARE CARD  
INVENTORY FORMS  
SECTION 14**

**BULK HOOSIER WORKS OTC CARD INVENTORY FORM**  
 (Dedicate a fresh sheet per order)

OFFICE NAME AND ADDRESS: \_\_\_\_\_

DATE ORDERED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ REQUESTED QUANTITY: \_\_\_\_\_

**SECTION 1**

Starting Card Number (16 digits)	Ending Card Number (16 digits)	Original card order quantity	Number of damaged/missing cards in order (if any)	Balance	Initials

**SECTION 2**

	Beginning balance (enter balance from Section 1)	Quantity of Bulk Cards Removed	Date Removed	Removed by: (Full Name)	New Balance (carry to next entry)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

## HOOSIER WORKS FOR CHILD CARE DAILY LOG FOR CARD ISSUANCE

CARD ISSUER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

	Date	Cardholder Name (Please print)	Signature, if available	Reason * (1, 2, 3)	Card number (16 digits)	Issued by (Initials)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

<p>Card Issuer's Signature: _____ Date: _____</p> <p>Inventory Supervisor's Signature: _____ Date: _____</p> <p>Page: _____ Reconciled: <input type="checkbox"/> Yes    <input type="checkbox"/> No    Cards not accounted for: _____</p>	<p>* Reason for Over the Counter (OTC)</p> <ol style="list-style-type: none"> <li>1. New Card</li> <li>2. Replacement</li> <li>3. Authorized User</li> </ol>
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## DAILY HOOSIER WORKS CARD INVENTORY RECONCILIATION FORM

		First Card Number	Last Card Number	Number of Hoosier Works Cards **
1	<b>Beginning</b>			
2	<b>Added from Bulk</b>			
3	<b>Available for Distribution</b>			
4	<b>Distributed</b>			
5	<b>Ending (Actual Count**) (Return cards to bulk daily)</b>			

Line 1 – Should be your beginning working balance of cards for the day. *(Cards stored in safe separate from bulk)*

Line 2 – Should be any cards that you received from the bulk inventory.

Line 3 – Is the total of lines 1 and 2.

Line 4 – Is what you issued.

Line 5 – \*\* Would be your ending balance. Use card listing to determine actual number of cards included. (Cards are returned to the bulk inventory safe, but stored separately.)

Card Issuer Signature

Inventory Supervisor Signature

Date and Office Location

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**RETURNED HOOSIER WORKS FOR CHILD CARE CARD LOG**

	<b>Date Card Returned</b>	<b>Card Number</b>	<b>Date Client Contact Made</b>	<b>Date Card Picked Up by Client (if applicable)</b>	<b>Card Issuer Initials</b>	<b>Date Card Deactivated and Destroyed</b>	<b>Card Issuer Initials</b>	<b>Client Signature (is successful contact made and client picks up card)</b>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

**Complete an inquiry to determine client's name and check history to see if card has already been deactivated.  
 Notify appropriate intake if the client's case is not in your county.**



**MONITORING FORMS &  
LETTERS  
SECTION 15**

# APPEAL OF MONITORING ERROR

Agency Name: \_\_\_\_\_

County: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Monitoring Error (**list only one error per page**): \_\_\_\_\_

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Reason for Dispute of Error: \_\_\_\_\_

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Section of the CCDF Policy and Procedure Manual that support the appeal (**include language and page number(s)**): \_\_\_\_\_

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Supporting document(s) from original scanned documents to dispute error (**must be attached**): \_\_\_\_\_

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(This letter will be sent by the Office to Intake for Monitoring errors on applications signed after 2/27/2010)

Date  
Intake Agent  
100 Some Where Street  
City, State, Zip

RE: Active Case File Errors

Attached is the monitoring summary report on active case files with errors for the week of 00/00/0000. The summary report is separated into the following categories:

1. Critical Case File Errors (\$20 reduction required)
2. Administrative Errors

Your agency will have **45 calendar days** to correct each error or terminate the case if the case is determined to be ineligible.

Cases that are found to be ineligible must be terminated. All monthly \$20 active case file payments for terminated cases will be required to be paid back.

Your agency has the right to **appeal** each \$20 case file reduction. The appeal timeline is as follows:

1. An appeal must be received, via an email to Scanning Help, by the Friday following the date of notice, no later than 12:00 p.m. EST;
2. Appeals must include all necessary documentation, the policy manual reference and any other relevant justification;
3. The office will approve or deny the appeal and notify the agency within 14 working days;
4. If an appeal is approved the \$20 reduction will not be required but the file may still need to be corrected within 45 days from the original date of notice;
5. If an appeal is denied, \$20 will be withheld and the file must be corrected or terminated if necessary.

If you have any questions in regards to any errors or the appeal process, please email Scanning Help. Thank you for your immediate attention to these important errors.

Sincerely,



Nicole Norvell

CC:  
Carrie Gray, CCDF Operations Manager  
Linda Kolbus, Director of Operations  
Policy Consultant

**ON MY WAY (OMW)  
LETTERS &  
LEGISLATION  
SECTION 16**





(Date)

Dear Parent/Guardian,

Great News!! Your child's application has been chosen and we would like to meet with you to see if you are eligible for an On My Way Pre-K grant! Please complete the following steps to see if you are eligible. Once this is confirmed, your family will receive a free On My Way Pre-K grant to attend pre-K, beginning in August 2018. Don't miss out. Limited slots will be filled on a first come basis.

Here are your next Two Steps:

**1. Select a Program for Your Child**

- Find a list of approved programs online at [www.onmywayprek.org](http://www.onmywayprek.org) or call **1-800-299-1627** to speak to someone who can help you.
- Once you select an approved On My Way Pre-K program that is best for your child and family, ask them to fill out the **OMW Provider Information Page** in this packet.
- Bring the completed **OMW Provider Information Page** to your enrollment appointment.

**2. Attend Enrollment Appointment within 15 business days**

- See information in this packet on what you need to bring to this appointment.

**An appointment with *insert intake name* must occur within 15 business days from date of this letter. Please call *insert intake phone number* [to schedule a time you can attend.] or [if you cannot attend on date scheduled and need to reschedule.]** remove option not needed due to intake's scheduling options Staff will do their best to work around your schedule. At this appointment, the staff will review your paperwork, answer any questions you may have and complete your pre-K grant if eligible.

Being prepared for your appointment will help the enrollment process go smoothly. If you have any questions or need help preparing for your appointment, please text, email or call your county On My Way Pre-K project manager, ***insert name, email and phone number***, and they will be happy to help you. **Please remember your family must demonstrate they meet all eligibility requirements and complete Steps 1 and 2 above to receive a free pre-k grant.**

Attending a high quality pre-kindergarten program is an important step in supporting your child's future school success. Thank you for making this important choice to give your child a great start to their school career!

Sincerely,

Nicole Norvell, Director  
Indiana Office of Early Childhood and Out of School Learning

## Intake Letterhead

Today's date

The parent/guardian of: Child's name  
Address  
City, State, Zip

Dear Parent/Guardian:

We have attempted several times to contact you concerning your On My Way Pre-K Grant. We are sorry to inform you since we have not received a response within the time allotted, your child has been removed from the On My Way Pre-K Lottery.

Please contact us if you would like to be put back on the bottom of the lottery list, should additional slots become available.

If you are still interested in enrolling your child in an early care and education program for a fee, and need assistance with locating a program near you, please contact a referral specialist at 1-800-299-1627.

Sincerely,

## Intake Letterhead

Today's Date

Dear Hoosier Family,

The Office of Early Childhood and Out of School Learning (OECOSL) recently received your application for an On My Way Pre-K for your 4-year old child. Thank you for your interest in the On My Way Pre-K program.

OECOSL received a large number of applications; many more than there are available grant funds. We are sorry that your application was not selected to receive a grant.

OECOSL will maintain the list of applicants in the order that applications were received. If grant funds become available due to a grant recipient who is determined to, unable or unwilling to participate in the On My Way Pre-K program, OECOSL will award these grant funds to the next child on the list if interested.

If you are still interested in enrolling your child in an early care and education program and need assistance with locating a program near you, please contact an early learning referral specialist at 1-800-299-1627.



## On My Way Pre-K Program

### NOTICE OF INCOMPLETE AND/OR MISSING DOCUMENTATION

Date of Notice:

**Due Date: (insert date –within 10 days)**

Applicant Name

Applicant Address

Applicant City, State and Zip

Your recent lottery application for an On My Way Pre-K grant was missing the following information. **We cannot enter your application into our system to be considered eligible without this information.** Please call, email or scan the following information by **(DATE WITHIN 10 DAYS)**. Only complete applications will be chosen on a first come, first served basis for available grants.

- Date of birth for child(ren) to receive Pre-K services
- Income information
- County of residence
- Other: *(insert detailed description of what is needed.)*

Thank you for your prompt attention to this missing information.

Thank you!

## On My Way Pre-K Important Notice about Your Pre-K Application



Insert date

Applicant Name

Applicant Address

Applicant City, State and Zip

We recently reviewed your application for an On My Way PreK Grant for your child. Unfortunately, your child (insert name or names here) does not appear to be eligible for a grant because of the following reasons:

- Child's age – *Your child must be at least 4 and not yet 5 by 8/1/2018. Your child must be eligible to start Kindergarten in August 2019.*
- Residency – *your family must live in Allen, Bartholomew, DeKalb, Delaware, Elkhart, Floyd, Grant, Harrison, Howard, Jackson, Kosciusko, Lake, Madison, Marion, Marshall, Monroe, St. Joseph, Tippecanoe, Vanderburgh or Vigo County.*
- Service Need – *Applicant(s) must be working and/or attending an accredited or certified education/training program.*
- Income- *Your family income must not exceed the federal poverty level (FPL) maximum for your county:*  
Your application shows your family income as \$ \_\_\_\_\_ per (insert month or year) and your household size as \_\_\_\_\_.

The maximum gross income to be eligible for a grant for a family of \_\_\_\_\_ is \$ \_\_\_\_\_ per (insert month or year). Your family gross income is over this amount.

If you have any questions or believe that the information on your application is not accurate please contact:

Insert Intake info here



Today's date

The parent/guardian of: Child's name  
Address  
City, State Zip

Dear Parent/Guardian:

You recently received a packet notifying you that your child's application was selected to determine if your family is eligible to receive an On My Way Pre-K grant.

Since that time, we have attempted to contact you using the addresses, phone numbers and/or email addresses you provided on your application. Unfortunately, to date, we have not heard from you and we have not been able to make an appointment for you to complete an appointment to determine your eligibility.

It is essential that we hear from you immediately if you are still interested in receiving this grant to support the cost of high quality pre-K services for your child.

Please note that you will not receive pre-K financial assistance unless you complete the process to verify eligibility.

**Please contact us (INTAKE NAME, PHONE NUMBER)** to schedule an appointment time to complete your child's enrollment or to let us know that you are no longer interested in receiving this grant.

If we do not hear from you by **(Insert 6th business day from mailing date)**, we will assume you are no longer interested in this opportunity.





Today's Date

Dear Parent,

Thank you for applying for your child to be part of the On My Way Pre-K program. Unfortunately, we do not have funding for your child at this time. If more funding becomes available, we will contact you.

There are a few other programs that help families pay for high-quality education.

1. Child Care and Development Fund (CCDF) child care voucher program  
[www.in.gov/fssa/carefinder/3900.htm](http://www.in.gov/fssa/carefinder/3900.htm)
2. Head Start – *(please see attached flyer)*
3. Public School pre-kindergarten programs– *(please see attached flyer)*

Also, there may be other programs in your community that offer free or sliding scale fees to help families afford high-quality pre-K. For help finding a quality, affordable program, please call an Early Learning Referral Specialist at 1-800-299-1627.

Again, we thank you for your application.

Sincerely,

A handwritten signature in black ink that reads 'Nicole Norvell'.

Nicole Norvell  
Director  
Indiana Office of Early Childhood and Out of School Learning



# WHAT TO BRING TO MY ON MY WAY PRE-K APPOINTMENT LIST

Below is what you need to bring to your appointment to make sure your family is eligible and to complete your child's On My Way Pre-K grant. Please see the back of the page for examples for each item. **Your application cannot be finalized until all required documentation has been received.** Check the box next to each item as you gather your forms – **when all the boxes are checked – YOU ARE READY FOR YOUR APPOINTMENT.**

## ALL FAMILIES MUST BRING: (please see back for a list of acceptable forms)

- PROOF OF IDENTITY** – at least 1 (one) per **EACH** household member
- PROOF OF RESIDENCY** – must be within the last 30 days
- PROOF OF SERVICE NEED** – working and/or attending school
- ON MY WAY PRE-K FORMS** – included in this packet  
If you currently are not working or going to school, and would like assistance, WE CAN HELP! Please call, text or email the county project manager listed in your letter TODAY!
  - OMW Provider Information Page** – completed by an approved OMW/CCDF provider only  
A list of approved programs in your county may be found at:  
<https://secure.in.gov/apps/fssa/providersearch/home/program/prek>
  - OMW Signed parent Agreement** – please read carefully and we will discuss at your appointment if you have questions.

**ALL OF THESE DOCUMENTS MUST BE GIVEN TO INTAKE TO COMPLETE AN  
ON MY WAY PRE-K GRANT!**

## THESE ADDITIONAL ITEMS MUST BE PROVIDED IF THEY APPLY TO YOUR FAMILY:

- VERIFICATION OF ALL OTHER SOURCES OF INCOME** – only if you have other sources  
Must cover most recent 30 days (30 days prior to your appointment date)

- Current TANF benefit letter
- Social Security (SSI) benefit letter (for current benefit year)
- Unemployment print out – **MUST BE PRINTED SAME DAY SEEN**
- Any other income you receive – Please list: \_\_\_\_\_

- Your current CCDF Swipe Card** (only if you already have one)

If you have questions prior to your appointment, please contact:

*(Intake Office)*  
*(Phone)*  
*(Email)*

We look forward to assisting you in completing your application!

**PLEASE TURN OVER FOR LIST OF ACCEPTABLE ITEMS YOU CAN BRING FOR EACH REQUIREMENT  
ABOVE.**



# WHAT TO BRING TO MY ON MY WAY PRE-K APPOINTMENT LIST

## PROOF OF IDENTITY RESOURCES – ONLY ONE (1) FOR EACH FAMILY MEMBER IN HOUSEHOLD

### Parent(s) Picture ID:

- ❖ Driver's License
- ❖ State Issued ID
- ❖ Passport
- ❖ Military ID
- ❖ School ID
- ❖ Work ID

### For ALL Children in the Household:

- ❖ Birth Certificate
- ❖ Birth Confirmation Letter
- ❖ State ID
- ❖ Medicaid Card (if date of birth is on card)
- ❖ **Immunization Record**
- ❖ **Current proof of placement with child's birth date**  
(**bold** items DO NOT prove child's citizenship – additional documents may be needed to prove child's citizenship)

### ONLY FOSTER Parent(s) – All of the above PLUS:

Valid Foster Parent License (must match your address) and Verification the child is a ward of the state from DCS Caseworker or current per diem documentation with child(ren)'s name on it within the last 30 days.

## PROOF OF RESIDENCY RESOURCES – ONLY ONE (1) (MUST SHOW YOU ARE CURRENTLY LIVING THERE AND BE DATED WITHIN THE LAST 30 DAYS)

- ❖ Current Lease or lease amendment for existing lease period; Signed and dated Landlord Statement or rent receipt
- ❖ Current mortgage statement
- ❖ ICES Screen
- ❖ Valid Driver's License
- ❖ Current mail in envelope received at address, including postmark (No window envelopes)
- ❖ Valid State ID
- ❖ INS Green Card
- ❖ Utility Bill (billing date within last 30 days)
- ❖ Current Pay Check Stub
- ❖ Current documentation from homeless shelter
- ❖ Mail from DFR, DWD, IMPACT or other Federal Agency with current date
- ❖ Online documentation from US Postal Service
- ❖ Valid IN Vehicle Registration
- ❖ Signed and dated statement from declared legal resident with whom you reside

## PROOF OF SERVICE NEED DOCUMENTS – ONLY ONE (1) Working or Attending School

### If working:

- ❖ Bi-weekly pay stub – last 2 prior to appointment
- ❖ Monthly – most recent pay stub
- ❖ Weekly check – last 4 prior to appointment
- ❖ Cancelled checks (front and back) & wage detail form
- ❖ NEW JOB Form (if you have a new job or do not receive pay stubs, contact the intake office for what to bring)

### If attending school:

- ❖ School schedule or letter from school with all of the following:
    - Your name and school name
    - Credit Hours/Class Hours
    - Semester begin/end dates
- \*\* class start dates may be current or within 30 days of start date of OMW Pre-K program

# ON MY WAY LEGISLATION

## IC 12-17.2-7.2-1

As used in this chapter, "eligible child" refers to an individual who:

- (1) is at least four (4) years of age and less than five (5) years of age on August 1 of the state fiscal year for which a grant is sought under the prekindergarten pilot program;
- (2) is a resident of Indiana or otherwise has legal settlement in Indiana, as determined under IC 20-26-11;
- (3) meets the requirements under section 7.1 of this chapter;
- (4) receives qualified early education services from an eligible provider, as determined by the office;
- (5) has a parent or guardian who participates in a parental engagement and involvement component provided by the eligible provider; and
- (6) has a parent or guardian who agrees to ensure that the child meets the attendance requirements determined by the office.

## IC 12-17.2-7.2-7.2

(a) For an eligible child to qualify for a grant under this chapter, the eligible child must reside with a parent or guardian who is:

- (1) working or attending a job training or an educational program; or
- (2) actively seeking employment, subject to the approval by the United States Department of Health and Human Services as provided in 45 CFR 98.21.

(b) Before the office may award a grant to an eligible child under this chapter, the office shall require that a parent or guardian of the eligible child agree to the following:

- (1) The eligible child will attend the prekindergarten program of an eligible provider selected by the parent or guardian for the full duration of the prekindergarten program year.
- (2) The parent or guardian will not transfer to another prekindergarten program during the prekindergarten program year.
- (3) The eligible child will attend the prekindergarten program at least eighty-five percent (85%) of the days that the prekindergarten program is provided.
- (4) The parent or guardian will allow the eligible child to participate in an external evaluation conducted by researchers, including the kindergarten readiness assessment and measuring of developmental and academic progress.
- (5) The parent or guardian will participate in family engagement and involvement activities offered by the selected prekindergarten program, including meetings with the eligible child's teacher to discuss the eligible child's progress or any other conference concerning the eligible child that is requested by the eligible provider.
- (6) The parent or guardian will complete the necessary forms for the eligible child to receive a student test number from the department of education.
- (7) The parent or guardian will send the eligible child to kindergarten.
- (8) The parent or guardian will read to the eligible child each week.
- (9) Any other condition the office determines is appropriate.

(c) Priority may be given to an eligible child under this section if a parent or guardian of the eligible child is:

- (1) involved in activities that improve the parent's or guardian's education; or
- (2) involved in job training.

## IC 12-17.2-7.2-7.1 Sec. 7.1.

(a) Except as provided in subsection (b), for an eligible child to qualify for a grant under this chapter, the eligible child must be a member of a household with an annual income that does not exceed one hundred twenty-seven percent (127%) of the federal poverty level.

(b) Subject to subsection (d) and section 8(a) of this chapter, an eligible child who resides in a county described in section 7(c) of this chapter may qualify for a grant under this chapter if the following apply:

- (1) The office determines that all eligible children described in subsection (a) residing in the county who:
  - (A) applied for a grant under this chapter; and

(B) meet the requirements to receive a grant under this chapter; have been awarded a grant under this chapter.

(2) The eligible child is a member of a household with an annual income that does not exceed one hundred eighty-five percent (185%) of the federal poverty level.

(3) The eligible child meets the other requirements to receive a grant under this chapter.

(c) At least ten percent (10%) but not more than fifty percent (50%) of the tuition for eligible children described in subsection (b) under the prekindergarten pilot program during the state fiscal year must be paid from donations, gifts, grants, bequests, and other funds received from a private entity or person or person, from the United States government, or from other sources (excluding funds from a grant provided under this chapter and excluding other state funding). The office may receive and administer grants on behalf of the prekindergarten pilot program. The grants shall be distributed by the office to fulfill the requirements of this subsection.

(d) If the office awards grants to eligible children described in subsection (b) in a county described in subsection (b), the total amount of grants awarded to all eligible children in that county under this chapter may not exceed the total of:

(1) the amount awarded to all eligible children in that county in the immediately preceding state fiscal year; plus

(2) twenty percent (20%) of the amount described in subdivision (1).

#### **IC 12-17.2-7.2-7.2 Sec. 7.2.**

(a) For an eligible child to qualify for a grant under this chapter, the eligible child must reside with a parent or guardian who is:

(1) working or attending a job training or an educational program; or

(2) actively seeking employment, subject to the approval by the United States Department of Health and Human Services as provided in 45 CFR 98.21.

#### **IC 12-17.2-7.2-7.1 Sec. 7.1.**

(a) Except as provided in subsection (b), for an eligible child to qualify for a grant under this chapter, the eligible child must be a member of a household with an annual income that does not exceed one hundred twenty-seven percent (127%) of the federal poverty level.

(b) Subject to subsection (d) and section 8(a) of this chapter, an eligible child who resides in a county described in section 7(c) of this chapter may qualify for a grant under this chapter if the following apply:

(1) The office determines that all eligible children described in subsection (a) residing in the county who:

(A) applied for a grant under this chapter; and

(B) meet the requirements to receive a grant under this chapter; have been awarded a grant under this chapter.

(2) The eligible child is a member of a household with an annual income that does not exceed one hundred eighty-five percent (185%) of the federal poverty level.

(3) The eligible child meets the other requirements to receive a grant under this chapter.

(c) At least ten percent (10%) but not more than fifty percent (50%) of the tuition for eligible children described in subsection (b) under the prekindergarten pilot program during the state fiscal year must be paid from donations, gifts, grants, bequests, and other funds received from a private entity or person or person, from the United States government, or from other sources (excluding funds from a grant provided under this chapter and excluding other state funding). The office may receive and administer grants on behalf of the prekindergarten pilot program. The grants shall be distributed by the office to fulfill the requirements of this subsection.

(d) If the office awards grants to eligible children described in subsection (b) in a county described in subsection (b), the total amount of grants awarded to all eligible children in that county under this chapter may not exceed the total of:

(1) the amount awarded to all eligible children in that county in the immediately preceding state fiscal year; plus

(2) twenty percent (20%) of the amount described in subdivision (1).

## **ELIGIBLE CHILD DEFINITION (CON'T)**

The total amount of grants the office awards to eligible children in a county listed in this subsection during a state fiscal year may not be less than the total amount of grants the office awarded to eligible children in that county during the immediately preceding state fiscal year unless the office determines that there is an insufficient number of eligible children or eligible providers in the county to justify the total amount of grants for that county.

- (d) After June 30, 2017, in addition to the counties listed under subsection (c), the prekindergarten pilot program includes the following:
  - (1) Eligible providers in fifteen (15) additional counties.
  - (2) Eligible providers described in subsection (h) regardless of whether the eligible providers are located in a county described in subsection (c) or subdivision (1). In determining which counties are designated as pilot counties under subdivision (1), the office shall give preference to counties that are primarily rural.
- (e) Subject to the requirements of this chapter, the office shall determine:
  - (1) the eligibility requirements, application process, and selection process for awarding grants under the prekindergarten pilot program;
  - (2) the administration and reporting requirements for:
    - (A) eligible providers; and
    - (B) potential eligible providers or existing eligible providers; participating in the prekindergarten pilot program; and
  - (3) with the assistance of the early learning advisory committee, an appropriate outcomes based accountability system for:
    - (A) eligible providers; and
    - (B) potential eligible providers or existing eligible providers.
- (f) Before implementing the prekindergarten pilot program, the office shall submit the provisions of the prekindergarten pilot program to the state board of education for the state board of education's review and comment.
- (g) The office shall, subject to the availability of funding, determine the number of eligible children who will participate in the prekindergarten pilot program.
- (h) An eligible provider that:
  - (1) received a matching grant under IC 12-17.2-3.6 (before its repeal) in the state fiscal year beginning after June 30, 2016, and ending before July 1, 2017;
  - (2) meets the requirements as an eligible provider under this chapter; and
  - (3) participates in the prekindergarten pilot program each year continuously, beginning with the year the eligible provider is eligible to participate in the prekindergarten pilot program under this subsection; is eligible to participate in the prekindergarten pilot program regardless of whether the eligible provider is located in a county described in subsection (c) or (d)(1). If an eligible provider does not participate in the program each year continuously as described in subdivision (3), the eligible provider is not eligible under this subsection to participate in the prekindergarten pilot program. However, this subsection does not affect the eligibility of an eligible provider

*\*To potential of expansion within the 5 pilot counties please contact the pre-K manager within the Office of Early Childhood and Out of School Learning.*

## **IC 12-17.2-7.2-2 Sec. 2. As used in this chapter, "eligible provider" refers to a provider that satisfies the following conditions:**

- (1) The provider is:
  - (A) a:
    - (i) public school, including a charter school;
    - (ii) child care center licensed under IC 12-17.2-4;
    - (iii) child care home licensed under IC 12-17.2-5; or
    - (iv) child care ministry registered under IC 12-17.2-6; that meets the standards of quality recognized by a Level 3 or Level 4 Paths to QUALITY™ program rating;
  - (B) a school that is accredited by the state board of education or a national or regional accreditation agency that is recognized by the state board of education; or

(C) a school that is accredited to provide qualified early education services by an accrediting agency approved by the office of the secretary.

(2) The provider:

(A) provides qualified early education services to eligible children; and

(B) complies with the agreement with the office concerning the delivery of qualified education services and the use of a grant provided under this chapter.

(3) The provider:

(A) is located in a county in which the prekindergarten pilot program is implemented; or

(B) meets the requirements of section 7(h) of this chapter.

#### **IC 12-17.2-7.2-7 Sec. 7.**

(a) The office may establish a prekindergarten pilot program to provide grants for:

(1) qualified early education services in a manner consistent with how funds are

distributed under the Child Care and Development Fund (CCDF) grant program; and

(2) expansion plans as described in section 7.4(a)(2) of this chapter.

(b) The office shall administer the prekindergarten pilot program. The prekindergarten pilot program may include:

(1) eligible providers in the counties described in subsections (c) and (d); and

(2) potential eligible providers or existing eligible providers as described in section 7.4 of this chapter. The office shall ensure that the counties selected include a population of eligible children sufficient to conduct the longitudinal study under section 12 of this chapter.

(c) Before July 1, 2017, the prekindergarten pilot program includes eligible providers in the following pilot counties:

(1) Allen.

(2) Jackson.

(3) Lake.

(4) Marion.

(5) Vanderburgh.

#### **IC 12-17.2-7.2-7.3 Sec. 7.3.**

The office shall require, for an eligible provider to enroll in the prekindergarten pilot program, that the eligible provider agree to the following:

(1) Comply on a continuing basis with the requirements under this chapter and rules for participation established by the office.

(2) Maintain eligibility under this chapter throughout the prekindergarten program year.

(3) Report immediately any changes in eligibility status to the office, including the eligible provider's loss of national or regional accreditation.

(4) Participate in any training and mandatory meetings required by the office.

(5) Participate in all onsite visits conducted by the office, including fiscal auditing activities with regard to the prekindergarten pilot program and prekindergarten program activity monitoring.

(6) Allow families of eligible children enrolled in the prekindergarten program of the eligible provider to visit at any time the prekindergarten program is in operation.

(7) Maintain accurate online attendance records through the attendance portal for eligible children enrolled in the prekindergarten pilot program and submit attendance records as required by the office.

(8) Offer parental engagement and involvement activities in the prekindergarten program of the eligible provider in alignment with the family engagement framework adopted by the early learning advisory committee established by IC 12-17.2-3.8-5.

(9) Complete, within the period established by the office, the Indiana early childhood family engagement toolkit, including the family engagement self-assessment, adopted by the early learning advisory committee.

(10) Share information on the family engagement self-assessment described in subdivision (9) as required by the office.

(11) Participate in research studies as required by the office.

(12) Enforce minimum attendance requirements of at least eighty-five percent (85%) of the days that the prekindergarten program of the eligible provider is offered to an eligible child.

- (13) Inform the office that an eligible child has withdrawn from the prekindergarten program of the eligible provider not later than five (5) days after the eligible child is withdrawn.
- (14) That retroactive repayment to the state may be required or future payments may be adjusted as a result of the withdrawal of an eligible child or changes in the law.
- (15) Maintain records of participation by a family of an eligible child in family engagement activities and submit records as required by the office.
- (16) Promote an eligible child's social, emotional, and behavioral health and eliminate or severely limit the use of expulsion, suspension, and other exclusionary discipline practices.

#### **ELIGIBLE PROVIDER REQUIREMENTS (CON'T)**

- (17) Use the exclusionary discipline practices described in subdivision (16) only as a last resort in extraordinary circumstances when there is a determination of a serious safety threat that cannot otherwise be reduced or eliminated by the provision of reasonable modifications.
- (18) Inform and receive approval from the office before the eligible provider expels, suspends, or uses other exclusionary discipline practices.
- (19) Assist a parent or guardian, upon request by the parent or guardian, in obtaining information from, referral to, or both information from and referral to, the public school that serves the attendance area in which the parent or guardian resides for an educational evaluation and determination of eligibility for special education services if developmental delays or reasons to suspect a disability are observed by the parent, guardian, or teacher of an eligible child during the prekindergarten program year.

#### **IC 12-17.2-7.2-7.4 Sec. 7.4.**

- (a) To qualify as a potential eligible provider or existing eligible provider, an applicant must:
  - (1) provide an expansion plan to the office that details the potential eligible provider's or existing eligible provider's plan to:
    - (A) increase the capacity of providers of qualified early education services to serve a greater number of eligible children;
    - (B) increase the number of providers of qualified early education services; or
    - (C) increase the capacity as described in clause (A) and increase the number as described in clause (B);
  - (2) comply with the agreement with the office concerning the plan under subdivision (1) and the use of a grant awarded under this chapter;
  - (3) agree:
    - (A) to operate as an eligible provider; or
    - (B) that the applicant intends to operate as an eligible provider;
  - (4) agree that the applicant will not use any grant funds awarded under this section for capital expenditures; and
  - (5) comply with any other standards and procedures established under this chapter.
- (b) Subject to subsections (c) and (d), the office may award a grant to an applicant that meets the requirements of subsection (a).
- (c) The office may not use more than a total of twenty percent (20%) of the money in the pilot fund each state fiscal year for grants awarded under this chapter to potential eligible providers and existing eligible providers for expansion plans.
- (d) The office may not award grant funds under this section to an applicant for any of the following:
  - (1) The purchase of land or a building.
  - (2) The construction or expansion of a building.
- (e) If a potential eligible provider or existing eligible provider fails to:
  - (1) use the grant funds in accordance with the expansion plan described in subsection (a); or
  - (2) comply with the agreement entered into with the office under subsection (a); the potential eligible provider or existing eligible provider shall repay to the office the total amount of the grant awarded to the potential eligible provider or existing eligible provider under this chapter.



**IC 12-17.2-3.5-14.5 Sec. 14.5.**

Not later than July 1, 2017, the division shall develop a provider rate reimbursement schedule that uses money appropriated by the general assembly as an incentive for providers that are eligible to receive voucher payments under this chapter to meet the standards of quality recognized by a Level 3 or Level 4 Paths to QUALITY™ program rating.

**IC 12-17.2-7.2-8 Sec. 8.**

- (a) The office shall determine:
  - (1) which applicants shall be awarded a grant; and
  - (2) subject to subsection (b) and to the availability of funding, the amount of each grant.
- (b) Except as provided in section 7.1 of this chapter, at least five percent (5%) but not more than fifty percent (50%) of the:
  - (1) tuition for eligible children under the prekindergarten pilot program; or
  - (2) expansion plan described in section 7.4(a) of this chapter; during the state fiscal year must be paid from donations, gifts, grants, bequests, and other funds received from a private entity or person, from the United States government, or from other sources (excluding funds from a grant provided under this chapter and excluding other state funding). The office may receive and administer grants on behalf of the prekindergarten pilot program. The grants shall be distributed by the office to fulfill the requirements of this subsection.
- (c) The amount of a grant made under the pilot program to an eligible child:
  - (1) must equal at least two thousand five hundred dollars (\$2,500) during the state fiscal year; and
  - (2) may not exceed six thousand eight hundred dollars (\$6,800)