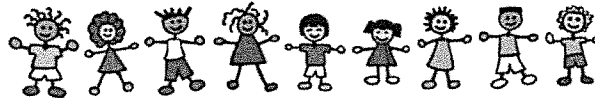


CHILD CARE SOUTH
1501 GOVERNMENT STREET
MOBILE, AL 36604
TELEPHONE# (251) 433-2878 FAX# (251) 433-2894



Subsidy Application must be submitted with required copies of the following verification:

- Most recent/ consecutive check stubs (30 days of income)
- Most recent/consecutive check stubs (30 days of income) for spouse, if applicable
- Copy of Unearned Income received (SSI, SSA/Social Security Benefits, Pensions or Alimony)
- Birth Certificates for all household members
- Copy of Current Driver's License and/or Picture ID
- Proof of Residency in the Applicant's name (Example: Lease/Mortgage Statement/Utility Bill/and/or State or Federal Assistant Statement)
- Current Official School Schedule (GED/College/University)
- Legal Custody Documents/Proof of Child's Residency, if applicable
- Marriage Certificate, if applicable
- Legal Separation or Divorce documents, if applicable
- Signed Child Care Parent Agreement
- Signed Statement of Parental Choice
- Completed Subsidy Application
- Please state on Provider Enrollment Form if a replacement TAS Card is needed if lost or stolen
- Completed Provider Enrollment Form

***** You are responsible for making your own copies of documents/verification before submitting your subsidy packet to Child Care Central office.*****

***** An incomplete application/verification may result in delaying your application process and/or will result to termination of services.*****

CHILD CARE FACT SHEET

For Persons Applying For or Receiving Child Care Services

WHO IS ELIGIBLE FOR SERVICES?

You may be eligible for services if you are making your home in Alabama and are employed and/or enrolled in school/training and making no more income than is allowable (see Initial Eligibility Monthly Income Scale).

WHAT IS THE ALLOWABLE INCOME AND HOW MUCH IS THE WEEKLY FEE?

Income is gross income before taxes, social security or any other deductions are made. Regulations allow for no deductions to gross income. Family income includes wages from employment, SSI, SSA, etc. Weekly gross income is multiplied by 4.333 to compute monthly income.

WHO IS INCLUDED IN A FAMILY?

Family means the basic family unit consisting of an adult and his or her spouse (including common law), children under 18 years of age, and minor parents under 18 years of age and their children, related by blood, marriage, or adoption, who are residing in the same household. A member of this basic family unit temporarily out of the home continues to be considered as part of the family.

Considered as separate families are:

- Related persons 18 years of age or over, other than spouses, who live together.
- Unrelated persons 18 years of age or over who live together.
- Children for whom the Department of Human Resources has custody of and who are in foster care.
- Individuals under 18 years of age who are married.

INITIAL ELIGIBILITY MONTHLY INCOME SCALE AND PARENTAL FEE CHART

		Weekly Fee Per Child:								
		0-100% FPL	101-110% FPL	111-120% FPL	121-130% FPL	131-140% FPL	141-150% FPL	151-160% FPL	161-170% FPL	171-180% FPL
		\$0.00	\$18.00	\$21.00	\$24.00	\$27.00	\$30.00	\$33.00	\$36.00	\$39.00
Family Size:	2	\$0-1452	\$1453-1597	\$1598-1742	\$1743-1887	\$1888-2032	\$2033-2178	\$2179-2323	\$2324-2468	\$2469-2613
	3	\$0-1830	\$1831-2013	\$2014-2196	\$2197-2379	\$2380-2562	\$2563-2745	\$2746-2928	\$2929-3111	\$3112-3294
	4	\$0-2208	\$2209-2429	\$2430-2650	\$2651-2871	\$2872-3092	\$3093-3313	\$3314-3533	\$3534-3754	\$3755-3975
	5	\$0-2587	\$2588-2845	\$2846-3104	\$3105-3363	\$3364-3621	\$3622-3880	\$3881-4139	\$4140-4397	\$4398-4656
	6	\$0-2965	\$2966-3262	\$3263-3558	\$3559-3855	\$3856-4151	\$4152-4448	\$4449-4744	\$4745-5041	\$5042-5337
	7	\$0-3343	\$3344-3678	\$3679-4012	\$4013-4346	\$4347-4681	\$4682-5015	\$5016-5349	\$5350-5684	\$5685-6018
	>=8	\$0-3717	\$3718-4088	\$4089-4460	\$4461-4832	\$4833-5203	\$5204-5575	\$5576-5947	\$5948-6318	\$6319-6690

Note: All new applicants must enter under the Initial Eligibility Monthly Income Scale.

CONTINUING ELIGIBILITY MONTHLY INCOME SCALE AND PARENTAL FEE CHART

		Weekly Fee Per Child:	
		181-190% FPL	191-200% FPL
		\$42.00	\$45.00
Family Size:	2	\$2614-2758	\$2759-2903
	3	\$3295-3477	\$3478-3660
	4	\$3976-4196	\$4197-4417
	5	\$4657-4915	\$4916-5173
	6	\$5338-5634	\$5635-5930
	7	\$6019-6352	\$6353-6687
	>=8	\$6691-7062	\$7063-7433

Note: All continuing applicants must have a family income that does not exceed the \$45.00 column in order to be eligible at recertification.

INCOME CUTOFF - ENDS PARTICIPATION PRIOR TO END OF 12 MONTH ELIGIBILITY PERIOD

Family Size:	2	3	4	5	6	7	>=8
	\$3770	\$4657	\$5544	\$6437	\$7318	\$7484	\$7651

All child care programs managed by the Child Management Agency are administered in accordance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other federal and state civil rights laws.

NOTICE OF CLIENT'S RIGHTS

If you are not satisfied with the action of the Child Care Management Agency because your application was denied, your application was not acted on within 30 days, or your child care services were reduced or terminated, you may take the following steps:

- (1) Ask for a conference with the Child Care Management Agency.

Or

- (2) Ask for a formal hearing. The request must be made in writing by you or your legal representative, must clearly state the reason for your complaint, and must be signed and dated by you. You may send your request to the Child Care Management Agency, who will forward it to the Department of Human Resources Administrative Hearing Office.

Who may ask for a hearing?

You or someone legally appointed to represent you may request a hearing.

How much time do you have to request a formal hearing?

Your written request must be made to the Child Care Management Agency within 60 days of the alleged offense(s). Be sure to include your current address.

What are the hearing procedures?

The State Department of Human Resources will send information about hearings to the person requesting the hearing. A representative of the State Department of Human Resources will conduct and preside over the hearing.

How do you withdraw a hearing request?

You may voluntarily withdraw the hearing request at any time prior to the resolution of the complaint by the Administrative Hearing Officer. The withdrawal must be in writing, must be signed and dated by you and must clearly indicate the reason(s) for your decision. You may send your withdrawal to the Child Care Management Agency who will immediately forward it to the Administrative Hearing Officer.

Nondiscrimination...

All child care programs managed by the Child Care Management Agency are administered in accordance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other federal and state civil rights laws.

CHILD CARE ASSISTANCE APPLICATION

WAITING LIST INITIAL APPLICATION RE-CERTIFICATION

PARENT INFORMATION:

Applicant/Parent Name _____ SSN (Optional) _____ Date of Birth _____ Race _____ Sex _____
 Marital Status _____ Spouse Name _____ Spouse SSN (Optional) _____ Date of Birth _____ Race _____ Sex _____
 Residential Address _____ City _____ County _____ State _____ Zip _____
 Mailing Address _____ City _____ County _____ State _____ Zip _____
 Telephone: Home _____ Work _____
 Currently receiving Family Assistance (FA) benefits? Yes ___ No ___ Date last FA check received _____
 Currently in school/training? Yes ___ No ___ Name of School? _____ Circle current classification: FRESHMAN SOPHOMORE JUNIOR SENIOR
 Vocational Goal _____ Highest grade completed _____ Length of Course of Study _____ months. Applicant's Language _____
 Applicant's Employer's Name _____ Other Employer's Name _____ Circle one: Spouse 2nd Job Other Household Member

HOUSEHOLD INFORMATION: List EVERYONE living in the home including applicant, spouse and all children.

NAME	SSN (Optional)	DOB	Sex	RELATIONSHIP TO APPLICANT/PARENT	WAGES (PAY) PER HOUR	HOURS WORKED PER WEEK	UNEARNED INCOME <small>(Source, Gross Amount & How Often) SSI, Social Security, Unemployment Comp., Family Assistance, Child Support, etc</small>

NAME OF CHILD(REN) WHO NEED CHILD CARE	DAYS CARE IS NEEDED							WHERE IS CHILD IN CARE NOW? <small>(If relative, what relationship) Center, Church Related Center, Family Day Care Home, Relative Care</small>	Where Will Child Receive Care If Child Care Application Is Approved	NAME OF SCHOOL CHILD ATTENDS
	M	T	W	T	F	S	S			
1.										
2.										
3.										
4.										
5.										
6.										

I certify that the information given is true and complete to the best of my knowledge. Total Income: _____ Total Number in the Family: _____
 Applicant Signature: _____ Date: _____ CMA Worker Signature: _____ Date: _____

CHILD CARE ASSISTANCE APPLICATION

Instructions:

Please read the application carefully. Complete all sections of the application. Answer each question completely and to the best of your ability. List everyone in your household. Please print clearly.

The child care application asks you to give us the social security number for everyone in your household. Social security numbers will help us to process your case more quickly. We will only use your social security number in the administration of the Child Care Subsidy Program to help us verify your income, make changes in your case and help us assemble research data. If you do not want to give us the social security number for a member of your household your application for child care will not be denied and services will not be withheld because you do not give us a social security number.

If you should choose not to give the social security number for some members of your household you must still answer questions about his or her income and answer the other questions on this form.

Take or mail this application to your local Child Care Management Agency.

Child Care Parent Agreement

Parent Name _____ Case ID _____

1. I understand information given to the Child Care Management Agency is needed to determine my eligibility or continued eligibility for child care assistance. I understand all information given is confidential and any other use or disclosure will be made only for certain limited purposes allowed under State and Federal laws and regulation. Such purposes include but are not limited to, establishing eligibility, determining amount of assistance and providing services to applicants and recipients.
2. I understand that the submission of a social security number (SSN) is voluntary and I will not be denied services nor will services be withheld if I choose not to provide the Social Security Number for myself or other family members. Should I choose to submit the Social Security Number for myself or other family members, I understand that the social security number will only be used in the administration of the Child Care Subsidy Program to help verify my income, to help in making changes to my case, and to assemble research data. I understand my SSN may also be used in program reviews.
3. I understand that any information I have given is subject to verification by an authorized representative of the Child Care Management Agency and/or the Department of Human Resources and I hereby give my permission to obtain such verification. This may involve the agency contacting child care providers, an employer, bank, school/training facility, Internal Revenue Service, Social Security Administration, Veterans Administration, Unemployment Compensation Agency or other parties.
4. I understand it is my responsibility to report changes. I agree to notify the Child Care Management Agency (either verbally or in writing) **within 10 calendar days** of any change that occurs in:
 - Family income (including wages, Family Assistance, child support, SSI, SSA, unemployment, etc.)
 - Employment for myself or other family members (including job changes, increase/decrease in number of hours worked, increase/decrease in hourly wage, lay-off, maternity/medical leave, terminations, or resignations)
 - Education or training status for myself or other family members
 - Family size or composition (marriage, divorce, birth, death, child leaving or entering home)
 - My address and/or home phone number
 - My childcare needs, including hours, level (infant/toddler, preschool, before/after school) and amount (full-time, part-time) of care needed.
 - Child in home turns 13
5. I agree to pay my childcare provider the weekly fee assessed by the Child Care Management Agency. The amount of this fee will be shown on my current Certificate of Child Care Award or Amendment to Certificate of Child Care/Notice of Action.
6. I understand and agree to the following policies regarding parent fee payment:
 - The full weekly parent fee is due for my child(ren) even when (s)he is absent due to sickness, vacation, or the provider is closed (approved closings only).
 - Parent fees are due on Monday for the current week. Parent fees paid must be for full weeks, not partial weeks. Parent fees will not be refunded for any partial week of service.
 - Failure to pay parent fees may result in termination from services.

- If I am terminated from childcare for not paying parent fees, I will not be eligible for childcare assistance until all parent fees are paid. I understand that after all parent fees are paid, I will be placed at the bottom of the waiting list to receive childcare assistance.
 - I agree to notify this agency if my child(ren) is absent from childcare for more than 5 days.
7. I understand that I may be required to repay the Department for any assistance I receive to which I am not entitled due to giving incorrect or false information or failing to provide information concerning changes in my circumstances within 10 days of the date of the change(s). Repayments may be deducted from current or future assistance. I also understand that should I receive benefits to which I am not entitled, I am subject to civil action to recover those benefits and that should I knowingly give any false information or withhold any information regarding my situation, I am liable for criminal prosecution for fraud.
 8. I have been given a copy of the Civil Rights Pamphlet (at initial interview), and a statement of my rights and procedures for appeal. I understand that I may request a review and/or hearing within 60 days if I am not satisfied with any decision of the Child Care Management Agency.
 9. I certify that all my children in need of child care are citizens or legal immigrants of the United States.
 10. I certify that I am currently residing in Alabama.
 11. *I understand that my child care services are subject to termination if I give my Time and Attendance System (TAS) swipe card to my child care provider or an individual employed by the child care provider, or allow my child care provider or an individual employed by the child provider to swipe my TAS card for purposes of recording attendance.*
 12. *I understand that my child care services are subject to termination if I do not use my Time and Attendance System (TAS) swipe card to record my child(ren) attendance at the child care provider.*
 13. *I understand that if my child is authorized for full-time (FT) care and attends part-time (PT) during the week, the applicable PT rate will be reimbursed to the provider.*

I certify that I have read and/or had read to me all the statements on this form and I understand that I must comply with the agreements and/or certifications.

Parent Signature

Date

CMA Worker Signature

Date

STATEMENT OF PARENTAL CHOICE

I, _____, hereby certify that I have made the choice of provider(s) to provide child care services for my child (ren).

I certify that parental choice has been explained to me and I understand I am free to choose any legally operating child care provider, including a licensed child care center, an exempt church center, a licensed family or group day care home, a relative who resides outside of my home, an individual (related or unrelated) who comes to my home to care for my child, or any other exempt from licensure child care setting, such as a YMCA.

I understand that if I choose an in-home provider, I am subject to the requirements of the federal Fair Labor Standards Act, and that I am responsible for paying the difference between what the Child Care Management Agency pays and the federal minimum wage. In addition, I understand that I am responsible for the additional requirements of being an employer (paying employment taxes, etc).

I understand that I may change my chosen child care provider anytime by providing the Child Care Management Agency with written or verbal notice and a receipt or statement from my current provider verifying that all my parental fees are paid in full in advance of the change.

I understand that I have the right to have access to my child (ren) anytime upon my request to my child care provider, and if the provider fails to provide such access that I should report this refusal to the Child Care Management Agency immediately.

I have discussed my child's care with this provider, and I understand that if my chosen provider charges additional rates and fees that I am solely responsible to the provider for the full amount of the additional charges, including, but not limited to, the following:

- Registration fees;
- Late pick-up fees;
- Any amount greater than the maximum amount of subsidy and my assigned parental fee; and,
- Any other mandatory or optional rates and fees.

I understand that these additional rates and fees are in addition to the parental fee I am required to pay as a condition of my child's eligibility for subsidy. I further understand that I am not required to select a provider that charges additional rates and fees and that I have made this choice of my own free will.

_____ Parent Signature	_____ Date	_____ Parent Social Security Number
_____ Worker Signature	_____ Date	



PROVIDER ENROLLMENT FORM

****PLEASE COMPLETE FORM WITH PROVIDER CHOICE AND RETURN WITH APPLICATION PACKET****

- ❖ PARENT NAME: _____
- ❖ CASE ID NUMBER: _____
- ❖ PROVIDER NAME: _____
- ❖ PROVIDER ADDRESS: _____
- ❖ ENROLLMENT DATE: _____
- ❖ CHILD(REN) NAME: _____

❖ SCHOOL-AGE CHILD(REN) PLEASE SPECIFY SCHOOL SYSTEM:

_____ (EX: MOBILE CO., SARALAND CITY, SATSUMA CITY, PRICHARD PREP, CHICKASAW CITY, FONDE, ETC.)

***** IF TAS CARD IS NEEDED, PLEASE CIRCLE: YES OR NO**

PARENT SIGNATURE: _____ DATE: _____



CHILD CARE SUBSIDY PROGRAM ALTERNATE CARDHOLDER AUTHORIZATION

Parent Name _____

Parent ID _____

GENERAL INFORMATION

The Alabama Time and Attendance System (TAS) is used to track time and attendance for a child participating in Alabama's Child Care Subsidy Program (Subsidy Program) and to process child care payments sent to child care providers registered with the Subsidy Program. The system involves the use of a swipe card, by the parent. The parent or their designated alternate cardholder-document attendance by swiping their card through a point-of-service (POS) device at the child care facility.

Parents actively participating in the Subsidy Program can be issued two (2) swipe cards; one card for the parent and one for an alternate person. The alternate person (cardholder) can be a spouse or someone else who assists the parent in taking the child to and from the child care facility. **The alternate cardholder cannot be the child care provider or anyone who is employed by, or acts on behalf of the child care provider.**

I. AUTHORIZATION OF ALTERNATE CARDHOLDER _____ New _____ Change

Complete the information below to authorize issuance of a second card for an alternate person (cardholder) to assist in recording attendance for your child.

I wish to authorize the following person as an alternate cardholder.

First Name: _____ Last Name: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Relationship to Parent: _____

I understand that the alternate cardholder is responsible for assisting in recording attendance for my child. I understand that I am responsible for all actions/swipes made by the alternate cardholder on my behalf. I certify that the alternate cardholder is not the child care provider or anyone employed by, or acting on behalf, of the child care provider.

Signature of Parent

Date

II. NO ALTERNATE CARDHOLDER

I **choose not to have an alternate** card issued for my Subsidy Program case. I understand no alternate swipe card will be issued and no alternate cardholder will be designated for my case.

Signature of Parent

Date

III. WITHDRAWAL OF ALTERNATE CARDHOLDER

I wish to **remove all prior** designated alternate cardholder information from my case. I understand that by signing this form the alternate cardholder's swipe card will be **inactivated**. Furthermore, I understand that I am solely responsible for tracking my child's time and attendance at the child care facility.

Signature of Parent

Date