

CHILD CARE CENTRAL-TUSCALOOSA  
3716 12<sup>TH</sup> AVENUE EAST  
TUSCALOOSA CO. DEPARTMENT OF HUMAN RESOURCES  
TUSCALOOSA, AL 35405  
TELEPHONE# (205) 562-6022 OR (205) 562-6043



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 18 years old & under
- Copy of Driver's License and/or Picture ID
- Proof of Residence in the Applicant's name (Example: Current Lease/Mortgage Statement/Current Utility Bill/Bank Statement/State or Federal Assistance Statement)
- Current Official School Schedule (HS/GED/College/University/Trade School)
- 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 denial of services. \*\*\***

Email: [ccctus@dhr.alabama.gov](mailto:ccctus@dhr.alabama.gov)

**\*\*Please do not submit pictures/screenshots/snapshots; must be submitted as an attachment.**

CHILD CARE CENTRAL-  
TUSCALOOSA  
3716 12<sup>TH</sup> AVENUE EAST  
TUSCALOOSA CO. DHR  
TUSCALOOSA, AL 35405

Agency Telephone Number Agency (205) 562-6022 OR (205) 562-6043

## 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 assemble research data. Your SSN may also be used in program reviews. 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. This application must include:

- Copy of state issued ID
- Birth certificates for all children under the age of 18 in your household
- Proof of residency (lease, current utility bill, current bank statement, etc.)
- Verification of employment (check stubs/payment receipts for 4 weeks, 1099 form, etc.)
- Verification of unearned income (if applicable – SSI/SSA award letter, check stubs, etc.)
- Current school schedule (if applicable)

CHILD CARE CENTRAL CHILD CARE ASSISTANCE APPLICATION  
 A WAITING LIST

A RE-CERTIFICATION

PARENT INFORMATION:

Applicant's Name \_\_\_\_\_ SSN (Optional) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
 Single \_\_\_\_\_ Divorced \_\_\_\_\_  
 Married \_\_\_\_\_ Separated \_\_\_\_\_ Spouse Name \_\_\_\_\_ Spouse SSN (Optional) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Residential Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Hm/Cell \_\_\_\_\_ Wk \_\_\_\_\_ Currently receiving Family Assistance (FA) benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ Date last FA check received \_\_\_\_\_  
 Applicant's Language \_\_\_\_\_ Currently in school/training? Yes \_\_\_\_\_ No \_\_\_\_\_ High School Student? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of School \_\_\_\_\_

Circle current classification: Freshman Sophomore Junior Senior Highest grade completed: GED \_\_\_\_\_ High School \_\_\_\_\_ Vocational/Trade \_\_\_\_\_ Junior College \_\_\_\_\_ 4-Year \_\_\_\_\_

Applicant's Employer's Name \_\_\_\_\_ Other Employer's Name \_\_\_\_\_ Circle one: 2<sup>nd</sup> Job \_\_\_\_\_ Other Household Member \_\_\_\_\_  
 Spouse's Employer's Name \_\_\_\_\_ Email: \_\_\_\_\_

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 (Source, Gross Amount & How Often) SSI, Social Security, Unemployment Comp., Family Assistance, Child Support, etc.
1.							
2.							
3.							
4.							
5.							

Do you or any household member have assets valued at more than one million dollars? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list your assets and their value: \_\_\_\_\_

NAME OF CHILD(REN) WHO NEED CHILD CARE	DAYS CARE IS NEEDED							Where Will Child Receive Care If Application Is Approved	NAME OF SCHOOL CHILD ATTENDS (if applicable)
	M	T	W	T	F	S	S		
1.									
2.									
3.									
4.									
5.									

I certify that the information given is true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Total Income: \_\_\_\_\_ Total Number in the Family: \_\_\_\_\_  
 CMA Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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 the submission of a social security number (SSN) is voluntary. I will not be denied services, nor will services be withheld if I choose not to provide the SSN for myself or other family members. Should I choose to submit the SSN for myself or other family member, I understand the SSN will only be used in the administration of the Child Care Subsidy program to help verify my income, make changes to my case, and 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 I am not obligated to report changes. However, I may report changes that are beneficial to my family. 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 size or composition (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.
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 and must be paid for the entire week. Parent fees will not be refunded for any partial week of service.
  - Failure to pay parent fees may result in termination from services.
  - I agree to notify this agency if my child(ren) is absent from childcare for more than 5 days.

7. I understand I may be required to repay the Department for any assistance received due to providing incorrect or false information or failing to provide information concerning changes in my circumstances within 10 days of the date of the change(s). A repayment agreement will be completed to recoup any overpayment.
8. I understand that should I knowingly give any false information or withhold any information regarding my situation, I may be liable for criminal prosecution for fraud.
9. 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.
10. I certify that all my children in need of child care are citizens or legal immigrants of the United States.
11. I certify that I am currently residing in Alabama.
12. 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.
13. 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.

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).

I understand that I may change my chosen child care provider anytime by providing the Child Care Management Agency with written or verbal notice.

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 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

\_\_\_\_\_  
Case ID

\_\_\_\_\_  
CMA Worker Signature

\_\_\_\_\_  
Date





## PROVIDER ENROLLMENT FORM

**\*\*PLEASE COMPLETE FORM and RETURN TO CHILD CARE CENTRAL FOR THE REQUIRED ACTION:**

- *SHOPPING CARD*
- *PROVIDER RELEASE AND TRANSFER STATEMENT PACKET*

❖ PARENT NAME: \_\_\_\_\_  
❖ CASE ID NUMBER: \_\_\_\_\_  
❖ PROVIDER NAME: \_\_\_\_\_  
❖ PROVIDER ADDRESS: \_\_\_\_\_  
❖ ENROLLMENT DATE: \_\_\_\_\_  
❖ CHILD(REN) NAME: \_\_\_\_\_

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

\_\_\_\_\_ (EX: BIBB, CHOCTAW, FAYETTE, GREENE, HALE, LAMAR, MARENGO, PERRY, PICKENS, SUMTER, AND/OR TUSCALOOSA)

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

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**ALTERNATE CARDHOLDER AUTHORIZATION**

Parent Name \_\_\_\_\_

Parent ID \_\_\_\_\_

**GENERAL INFORMATION**

The Alabama Electronic Payment System (EPS) is used to track attendance for a child participating in Alabama's Child Care Subsidy Program (Subsidy Program) for 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 documents 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 attendance at the child care facility.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



# 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	\$0-1643	\$1644-1808	\$1809-1972	\$1973-2136	\$2137-2301	\$2302-2465	\$2466-2629	\$2630-2794	\$2795-2958
	3	\$0-2072	\$2073-2279	\$2280-2486	\$2487-2693	\$2694-2900	\$2901-3108	\$3109-3315	\$3316-3522	\$3523-3729
	4	\$0-2500	\$2501-2750	\$2751-3000	\$3001-3250	\$3251-3500	\$3501-3750	\$3751-4000	\$4001-4250	\$4251-4500
	5	\$0-2928	\$2929-3221	\$3222-3514	\$3515-3807	\$3808-4100	\$4101-4393	\$4394-4685	\$4686-4978	\$4979-5271
	6	\$0-3357	\$3358-3692	\$3693-4028	\$4029-4364	\$4365-4699	\$4700-5035	\$5036-5371	\$5372-5706	\$5707-6042
	7	\$0-3785	\$3786-4164	\$4165-4542	\$4543-4921	\$4922-5299	\$5300-5678	\$5679-6056	\$6057-6435	\$6436-6813
	>=8	\$0-4213	\$4214-4635	\$4636-5056	\$5057-5477	\$5478-5899	\$5900-6320	\$6321-6741	\$6742-7163	\$7164-7584

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	\$2959-3122	\$3123-3287
	3	\$3730-3936	\$3937-4143
	4	\$4501-4750	\$4751-5000
	5	\$5272-5564	\$5565-5857
	6	\$6043-6378	\$6379-6713
	7	\$6814-7192	\$7193-7570
	>=8	\$7585-8005	\$8006-8427

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
	\$4258	\$5260	\$6262	\$7264	\$8266	\$8454	\$8642

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 an administrative review 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.



# Alabama ECC

## Point of Service (POS) Quick Reference Guide for the Time and Attendance System (TAS)

This Quick Reference Guide provides instructions for PARENTS and their authorized representatives on how to use the TAS Point of Service device (POS).

### Cardholder Functions

POS Screen Display	Provider Action
SWIPE CARD IS BEGIN	Swipe Card
PLEASE ENTER PIN	Enter PIN on POS
Attendance Type?	Press Enter
Enter CHID#	Press "Y" for Check In
Press Enter (See *NOTE)	Press Enter
Wait for Authorization	

POS Screen Display	Provider Action
SWIPE CARD IS BEGIN	Swipe Card
PLEASE ENTER PIN	Enter PIN on POS
Attendance Type?	Press Enter
Enter CHID#	Press "Y" for Check Out
Press Enter (See *NOTE)	Press Enter
Wait for Authorization	

POS Screen Display	Provider Action
SWIPE CARD IS BEGIN	Swipe Card
PLEASE ENTER PIN	Enter PIN on POS
Attendance Type?	Press Enter
Enter CHID#	Press "Y" for Absence
Press Enter (See *NOTE)	Press Enter
Wait for Authorization	

POS Screen Display	Provider Action
SWIPE CARD IS BEGIN	Swipe Card
PLEASE ENTER PIN	Enter PIN on POS
Attendance Type?	Press "Y" for Check In
Enter CHID#	Press Enter
Press Enter (See *NOTE)	Press Enter
Wait for Authorization	

POS Screen Display	Provider Action
SWIPE CARD IS BEGIN	Swipe Card
PLEASE ENTER PIN	Enter PIN on POS
Attendance Type?	Press Enter
Enter CHID#	Press "Y" for Check Out
Press Enter (See *NOTE)	Press Enter
Wait for Authorization	

POS Screen Display	Provider Action
SWIPE CARD IS BEGIN	Swipe Card
PLEASE ENTER PIN	Enter PIN on POS
Attendance Type?	Press Enter
Enter CHID#	Press "Y" for Absence
Press Enter (See *NOTE)	Press Enter
Wait for Authorization	



Cardholder Call Center:  
1.866.960.6629



**IMPORTANT REMINDERS:**  
- Do not use your TAS for any other purpose than time and attendance tracking.  
- Do not use your TAS for any other purpose than time and attendance tracking.  
- Do not use your TAS for any other purpose than time and attendance tracking.



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09/10/17

ALCCASQ6319



Alabama



## Alabama Time and Attendance System (TAS)

### Parent/Cardholder Frequently Asked Questions (FAQ)

#### What is the Alabama TAS system?

Alabama's TAS system is a new way of reporting child care attendance. You are in charge of reporting your child's attendance by using a swipe card (looks like a debit card) and your child care provider's card reading machine called a Point of Service (POS) device.

#### Who is the cardholder?

The cardholder is the parent or individual responsible for the child. Cardholders are identified in the child care case at the time eligibility is determined. The parent may designate another individual to receive a card. They are called the alternate cardholder.

#### Do I have to use the Alabama TAS system?

Yes. The Alabama Department of Human Resources (DHR) will pay providers only for care that is recorded through the Alabama TAS system. If you refuse to swipe the card your eligibility for child care benefits may terminate and you will be responsible for payment of any care provided.

#### Can I still choose any provider to care for my child?

Yes. The provider must be registered with the Child Care Management Agency (CMA), to be paid for services provided on behalf of families receiving Child Care Subsidy Program funding. If your provider is not registered with the CMA and does not participate in the Subsidy Program, you could be held responsible for payment of any care provided.

#### Can I use more than one provider?

Yes. However, each provider must be registered with the Child Care Management Agency (CMA).

#### How will my provider know that I am eligible to receive child care?

Once you choose a provider, the provider will receive copies of the approval and change notices. The notices will include the number of hours a week for which you have been approved, the maximum amount of reimbursement for care, and your co-payment amount. If you have a co-payment, you must pay your co-payment directly to your provider.

#### How does my swipe card work?

You will report the times your children receive care by using a swipe card and your provider's card reading device. When you swipe your card, the date and time of your child's arrival or departure is recorded.

#### How do I activate my swipe card?

Once you receive the card, contact the Cardholder Helpline at 1-866-960-6829 and follow the prompts to choose your 4-digit Personal Identification Number (PIN).

#### What happens if I am not able to report my child's attendance?

You can catch up on missing days by using the "Previous Check In", "Previous Check Out" and "Absence" process on the swipe-card device. It is important to remember you only have 10 calendar days to do this "backswipe".

#### Can other people drop off or pick up my child?

Yes. You may also designate someone to receive a card to use to record attendance on your behalf. However, you are responsible for ensuring accurate reporting of your child's attendance.

#### Can I give my card to my provider to do this reporting for me?

No. You may not give the card to your



childcare provider or anyone acting on the provider's behalf. Giving your card to a provider violates Alabama DHR policies and rules. It can result in termination of your child care benefits and your provider may be terminated from participation in the Child Care Subsidy Program.

#### If I have children at different providers, do I need more than one card?

No. The card will work at any provider location where your children are authorized to attend.

#### If I have more than one child do I need more than one card?

No. You can record the attendance for all your children with one card.

#### What if I forget my PIN, lost or damage my card?

To resolve issues with your swipe card or PIN, call the Cardholder Helpline at 1-866-960-6829. This telephone number is also printed on the back of your card.

#### What if I receive an error message on the card reading device?

Your Provider will be given a list of error messages and their meanings. If the card reading device indicates your child is not eligible, call your child care caseworker at your CMA.

FOR MORE INFORMATION  
PLEASE GO TO:  
[WWW.DHR.ALABAMA.GOV](http://WWW.DHR.ALABAMA.GOV)

Get Help. Give Help.

One Call  
Makes Sense.

GET CONNECTED



Dial 2-1-1 or  
Call toll free  
1-888-421-1266



The 2-1-1 Connects Alabama  
Mobile App is available for  
Apple and Android platforms



Visit us on the web and search  
our online database at  
[www.211connectsalabama.org](http://www.211connectsalabama.org)

Alabama

211



Get Connected. Get Answers.

### FIND HELP LOCALLY...

2-1-1 links the caller to:

- Basic Human Needs: food, clothing, shelter, rent assistance and utility assistance
- Physical & Mental Health: health insurance programs, Medicaid & Medicare, intervention services, support groups, counseling, drug & alcohol intervention, victims services, and rehabilitation
- Employment Support: Earned Income Tax Credit (EITC), financial assistance, job training, transportation assistance, education programs, and foreclosure prevention services
- Support for Senior Citizens: adult day care, respite care, home health care, transportation, specialized services for both young and old with disabilities, employment assistance
- Support for Children, Youth, & Families: child care, after-school programs, family resource centers, mentoring, tutoring, and protective services

### GET HELP DURING A CRISIS...

During a disaster such as a hurricane or tornado, a 2-1-1 Call Specialist links the caller to:

- Emergency Shelters
- Food Distribution Centers
- State and Federal Assistance
- Volunteer Opportunities
- Grief Counseling
- Clean-up Crews
- Potable water, ice, food
- Emergency Financial Assistance

### GIVE HELP...

Get linked with a local non-profit that could benefit from your time and talents.