

**Georgia Department of Human Resources
APPLICATION FOR CHILD CARE SERVICES**

Client's SUCCESS I.D.	Case Number	Case Worker's Name/Caseload No.	Date Received in County Dept.
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A. (Please Print) PLEASE FILL IN THE FOLLOWING INFORMATION

Your Name:	First Name	Middle Initial	Last Name	Social Security No.	Telephone Numbers
					Home Work

Residential Address:	Street	Apt.	City	County	Zip Code
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Mailing Address:	Street	Apt.	City	County	Zip Code
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Why do you need child care? Working Training School Other:

Do both the Parents of the child(ren) needing care live in this same home? Yes No

Have you received subsidized child care (CAPS) before? Yes No If so, what county were you living in when you received CAPS?

B. PLEASE LIST ALL PERSONS LIVING AT YOUR ADDRESS INCLUDING YOURSELF

Do you receive a Housing Assistance check: <input type="checkbox"/> Yes <input type="checkbox"/> No	Check if this person receives:	Specify if this person is	Does this person receive TANF / SSI	DFCS USE ONLY Family Unit
Check amount: \$ _____			No Yes	No Yes

First Name	M	I	Last Name	SEX M/F	Relationship to you	Date of Birth	Food Stamps	Medi- caid	In School	Working	In Training	No	Yes	No	Yes

C. EDUCATION AND TRAINING

Do you have a college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you working toward a college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name and address of Program/School you are enrolled in:	Are you enrolled at least half time? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Course of Study is:	Course of Study Leads to Employment in:	What is your employment goal?
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Scheduled hours of Education/Training:	Number of Months Needed to Completed Education/Training:	Date you expect to complete Education/Training:
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D. CURRENT EMPLOYMENT INFORMATION

First Name, Middle Initial, Last Name	Employer's Name and Address	Telephone No. of Employer	Days Worked	Weekly Work Schedule	Total No. Hours per Week

E. INCOME INFORMATION (DFCS USE ONLY)							
SOURCE OF INCOME	N	Y	HOUSEHOLD MEMBER'S NAME	INCOME BEFORE DEDUCTIONS	HOW OFTEN PAID	MONTHLY GROSS INCOME	UPDATED INCOME INFORMATION
EMPLOYMENT WORK OR SELF EMPLOYMENT							
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EMPLOYMENT WORK OR SELF EMPLOYMENT							
ALIMONY / CHILD SUPPORT							
VETERAN'S BENEFITS							
UNEMPLOYMENT BENEFITS							
WORKER'S COMPENSATION							
SOCIAL SECURITY BENEFITS							
TANF, SSI, OR ADOPTION SUPPLEMENT							
OTHER (SEE SECTION 304.5 ITEMS 10-20)							

F. YOUR RIGHTS AND RESPONSIBILITIES

- The information you share with your case manager is confidential. This means that what you tell your case manager cannot be shared with anyone other than the Department of Human Resources without your permission except for officially designated program review agents.
- You have a right to see your case file unless this is prohibited by Federal or State law or regulations.
- You have a right not to be discriminated against because of political affiliation, religion, race, color, sex, handicap, national origin or age. Should a problem arise about your application, placement or change in service, the County Department will address it promptly. If you are still not satisfied, you may call 1-800-869-1150 (this is a free call) or file for an Administrative Hearing.
- You have a right to file an appeal if your fee increases or your assistance is stopped and you do not agree with this decision. Your case manager will help you file an appeal if you wish to do so.
- I understand that I may receive child care service as long as funds are available and I remain eligible and have complied with all CAPS program requirements.
- I certify that the Application For Child Care Services has been examined by me and that the information given is true and correct to the best of my knowledge and belief.
- I agree to provide such information as I can to the County Department of Family and Children Services and, when requested, to the Representatives of the State Department of Human Resources for the purpose of determining eligibility for assistance.
- I agree to provide the County Department with information to verify any statements given in this application and hereby give permission to obtain such verification. I will cooperate fully with State and Federal personnel in a quality control review.
- I understand that I am receiving child care because I low income, am working, in school, or training and need child care. It is my responsibility to report any changes in my circumstances to the case manager within 10 days of becoming aware of the change.
- I understand that child care in support of education and training requires me to be enrolled in an approved program, attend and to make satisfactory progress.
- I agree to pay my child care fees to the provider, if applicable.

F. (Continued)		YOUR RIGHTS AND RESPONSIBILITIES	
<p><input type="checkbox"/> I understand that my child should attend the child care program regularly. If my child must be absent, I should give the provider as much advance notice as possible. I also understand that some providers may request signed statements of absences.</p> <p><input type="checkbox"/> I agree to report within 10 days if my child(ren) is no longer enrolled in child care or moves out of my home, or if the absent parent(s) of the child(ren) returns to the home.</p> <p><input type="checkbox"/> I understand some child care providers charge for extra services, such as late pick-ups. The County DFCS does not pay for these extra services.</p> <p><input type="checkbox"/> I understand that I will have to pay the provider if I receive child care during a period in which I am ineligible or for any child care that DFCS did not authorize.</p> <p><input type="checkbox"/> I understand that the child care provider is NOT affiliated with or an agent of the Department of Human Resources; that DHR in no way warrant the services rendered and the provider acts solely as an independent contractor in its capacity as a child care provider.</p> <p><input type="checkbox"/> Under Georgia Law, any person who by false statements, withholding information, impersonation or other fraudulent device, obtain or attempts to obtain, or any person who intentionally aids or abets such person in obtaining any public assistance payments, food stamp allotment or medical assistance to which he is not entitled or greater amount than that which he is entitled, shall be punished for a misdemeanor unless the amount obtained exceeds \$500 in which event he may be punished for a felony. (See Georgia Code OCGA 49-4-45 for the full reference.) I understand the meaning of this paragraph.</p>			
_____ Your Signature	_____ Date	_____ Signature of Witness or Person Helping to Complete this form	_____ Date

G.		RACE / ETHNIC AFFILIATION FOR HEAD OF HOUSEHOLD ONLY	
<p>The following information is being collected only to be sure that everyone receives assistance on a fair basis. This information will not affect your eligibility, and is optional. Ethnicity (check one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic</p> <p>Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>			

H.		FOR AGENCY USE ONLY																																							
<p>1. Family Unit Size: _____</p> <p>2. Monthly Family Income \$ _____</p> <p>3. UAS Code _____</p> <p>4. Maximum Allowable income for UAS Code (_____)</p> <p>5. Need for Child Care:</p> <p><input type="checkbox"/> Working <input type="checkbox"/> Training <input type="checkbox"/> In School</p> <p><input type="checkbox"/> Open CPS Case <input type="checkbox"/> Court Ordered Supervision</p> <p><input type="checkbox"/> Child in DFCS custody</p> <p>6. Child(ren) within age limit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Provider is:</p> <p><input type="checkbox"/> Licensed / Commissioned <input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Relative <input type="checkbox"/> Non-Relative</p>	<p>8. Weekly Family Assessed Fee:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">_____</td> <td style="width:10%; text-align: center;">=</td> <td style="width:30%; border-bottom: 1px solid black;">_____</td> <td style="width:10%; text-align: center;">=</td> <td style="width:10%; text-align: right;">\$ _____</td> </tr> <tr> <td>First Child</td> <td></td> <td>Fee for First Child</td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="padding: 5px;">If family fee remains after paying for care for the 1st child, list other child(ren) and fees assigned.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>2nd Child</td> <td></td> <td>Fee for 2nd</td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>3rd Child</td> <td></td> <td>Fee for 3rd</td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right; padding-top: 10px;">Total Family Weekly Fee \$ _____</td> </tr> </table> <p>9. Disposition of Application:</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn</p> <p>10. Official Certification Period:</p> <p>from _____ to _____</p>	_____	=	_____	=	\$ _____	First Child		Fee for First Child			If family fee remains after paying for care for the 1st child, list other child(ren) and fees assigned.					_____	=	_____	=	\$ _____	2 nd Child		Fee for 2 nd			_____	=	_____	=	\$ _____	3 rd Child		Fee for 3 rd			Total Family Weekly Fee \$ _____				
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<p>COMMENTS:</p>	<p>Tracking of Client Eligibility During the Official Certification Period:</p> <p>UAS 516 – Applicant Job Search from _____ to _____</p> <p>UAS 517 – TANF Recipient from _____ to _____</p> <p>UAS 535 – Transitional Child Care from _____ to _____</p> <p>UAS 539 – Food Stamp E & T from _____ to _____</p> <p>UAS 544 – CCDF from _____ to _____</p> <p>UAS 545 – CCDF (Eligible Exceptions) from _____ to _____</p> <p>UAS 555 – Non-TANF Pre-K from _____ to _____</p> <p>UAS 556 – TANF Pre-K from _____ to _____</p>
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_____ Signature of Case Manager	_____ Date
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