

HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION APPLICANT AND CO-APPLICANT CARD HOLDERS

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 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