

****IT'S TIME TO REAUTHORIZE****

**DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT YOUR PAPERWORK!!
TO PROVIDE TIME FOR REVIEW AND PROCESSING,
IT IS IMPORTANT TO SUBMIT ALL REQUIRED PAPERWORK BY THE DUE DATE.**

(PLEASE NOTE: Paperwork can be accepted until 12:00 pm the Thursday before you subsidy end date, however, it will not be processed if it is incomplete and no attempt will be made to contact you for missing information)

It is very important that you review your information before submitting your reauthorization packet. If all documents are not received filled out correctly, you will not receive any additional time beyond your subsidy end date. Once your vouchers end, you will have to reapply for the program.

**PLEASE REVIEW EACH FORM FRONT AND BACK TO ENSURE ALL REQUIRED FORMS
ARE FULLY COMPLETED.**

Drop off at your local office during business hours

Hamilton Cty– 15530 Herriman Blvd, Noblesville, IN (Wednesday only – 8 - 5pm)

Hendricks Cty – 1925 Crown Plaza Blvd, Plainfield, IN (Wednesday only – 8 - 5pm)

Madison Cty – 3047 Broadway Street, Anderson, IN (Tuesday only – 8 - 5 pm)

Marion County

Drop Box Available at Each Locations Below:

3801 N. Temple Avenue, Indpls, IN (Mon. 8:00 – 7pm, Tues - Friday 8 – 5pm)

652 N. Girls School Road, #230, Indpls, IN (Mon. Wed – Thurs 8 – 5pm; Tues 8 – 7pm)

1575 Dr. Martin Luther King Jr. Street, Indpls, IN - (Mon, Tues, Thurs 8 – 5pm; Wed. 8 – 7 pm;

2nd Saturday of the Month 8 – 4:30 pm)

MAILING ADDRESS

Children's Bureau, Inc.

3801 N. Temple Avenue

Indianapolis, IN 46205

Please make sure proper postage amount is on the envelope. Our office will not accept postage due.

FAX NUMBER:

317-545-1069

You must call ½ hour after sending your fax to assure it has been received.

EMAIL ADDRESS

ccdfscheduling@childrensbureau.org

To schedule a face to face appointment or if you have any questions,
call 317-545-5281 or 1-866-287-2420 ext 196

CCDF ELIGIBILITY DOCUMENTATION LETTER

In order to be considered for the Child Care Voucher Program you must be currently working and/or attending school or participating in an eligible IMPACT activity or have a referral from your DCS worker. To determine eligibility the following items are needed from you and your spouse and/or child's father, if applicable. If you have questions or need to reschedule your appointment, please call our live hot line: 317-545-5281 ext 196. You may also call our toll-free number at 1-866-287-2420 ext 196. **Without all of the proper documentation you will not be able to complete your appointment and process your application.**

Proof of Identity (must be valid)

- ✓ Parent(s) Driver's License or State ID or Passport or Military ID or School ID or Work ID
- ✓ For all children in household MUST have date of birth listed: Birth Certificates; Hospital Issued certificate of birth; Birth confirmation letter; ICES Screen; Court record of adoption, paternity, or foster placement; passport; permanent residency card; Medicaid card; Immunization Records or School Records or State ID
- ✓ ***Foster Parents: All of the above plus: Valid Foster Parent License which matches the foster parent's residency verification and Verification the child is ward of the State from the DCS caseworker or current per diem documentation with child(ren)'s name on it or Court placement order or State Form 3319.**

Proof of a service need (working and/or attending school and/or participating in TANF/IMPACT Program)

- ✓ **If working:** Check stubs (last 2 if you are paid bi-weekly; last 4 if you are paid weekly) showing 30 days income prior to your appointment. Check stubs must include your name, work hours or hourly rate OR Cancelled checks (front and back) showing 30 days income prior to your appointment. Cancelled checks must include – employers name imprinted in the upper left corner of check, Applicants/Co-Applicants name on pay to the order of line; current date on date line; amount paid; check has been fully negotiated (cash) as evidenced on the back of the cancelled check by the financial institution; AND Wage Detail Form completed by employer. A computer generated wage history summary from your employer or State Form 54092 may also be accepted.
- ✓ **If starting new job:** A signed statement from employer showing date hired and anticipated work hours per week on company letterhead OR including the employer's Employee Identification Number (EIN) OR includes the business card of the individual signing the statement.
- ✓ **If attending an education program through a certified or accredited education/training organization or institution:** Current School documentation must include Student Name, School Name, Credit hours taken and/or hours of participation, and Semester dates or begin and end date, if applicable. **Please Note: Those with two associates, one four (4) year degree, or masters program do not qualify for CCDF services**
- ✓ If TANF/IMPACT: referral form (for new TANF/IMPACT clients: this was sent by your worker to Children's Bureau)
- ✓ If DCS (Department of Child Services): a written statement from CPS caseworker indicating the child(ren) are living in their own home, the child(ren) need care outside their own home, duration of need not to exceed 53 weeks, amount of care needed per week, CPS caseworker's contact information (This is for biological parents only)

Verification of Residency (must be valid/received in the previous 30 days of your appointment)

- ✓ Proof of residency: Current Lease or lease amendment; current rent receipt or signed & dated landlord statement; current mortgage statement based on statement date/print date; current signed & dated statement from declared legal resident with whom applicant & co-applicant reside; Utility Bill or Envelope from current mail received at address including postmark (NO WINDOW ENVELOPES); Mail from DFR, DWD, Impact Service Provider, Federal Agencies such as SSI with current date; valid Driver's License/State ID; Pay Check Stub; valid INS Green Card; ICES Screen; Documentation from a Homeless Shelter or Domestic Violence Shelter; Current letter from school documenting the student's registered address (must be dated and signed by official); Online documentation from US Postal Service showing updated or change of address including a confirmation code, valid Indiana Vehicle Registration; dated reauthorization letter from Intake Agent which is not more than 60 days old.

Verification of All other sources of income (if applicable)

(Received in the previous 30 days of your appointment)

- ✓ Social Security (SSI) benefit letter
- ✓ Current Unemployment print out
- ✓ Current TANF benefit letter (any TANF/IMPACT clients must have referral and all ICES screens)

Information from CCDF qualified childcare provider:

- ✓ Provider Information Page completed by a licensed or certified CCDF provider only

A Provider Information Page must be completed by your CCDF childcare provider before your interview. To determine if your child care provider is CCDF eligible contact Child Care Resource and Referral Line (CCRR) at 1-800-299-1627 (If you work for the child care provider where your children attend you must provide the agency parent provider form)

CCVS PACKET INSTRUCTIONS

Refer to CCDF Eligibility Documentation Letter listing acceptable documents to send.

All forms must be signed and dated the same date. All documentation submitted must be within the prior 30 days of your packet signature date. This includes the Provider Information Page.

REQUIRED DOCUMENTATION AND FORMS TO COMPLETE YOUR REAUTHORIZATION

- Parent/Applicant Worksheet: Must be **fully completed, signed and dated**. Questions on reverse side must be fully answered. For questions that don't apply to you please write "NA". Please do not forget to sign the Parent/Applicant Worksheet. Signature Line is on Page 3.
- Residency: Must include your full name, full address and be dated within the current 30 day period of your Parent/Applicant Worksheet.
- Service Need for Adults: If working, submit most recent 2 pay stubs if paid bi-weekly; if paid weekly submit most recent 4 pay stubs based on Parent/Applicant Worksheet signature date. If attending school must submit current school schedule. If you receive Unemployment go to the following website: <https://uplink.in.gov/CSS/CSSClaimHomePage.htm> . Unemployment documentation must be dated the same date you date your packet and print all unemployment amounts received. **IF YOU HAVE CHANGED EMPLOYMENT WITHIN THE LAST 30 DAYS, YOU MUST PROVIDE ANY CHECK STUBS FROM PREVIOUS EMPLOYER WITHIN THE LAST 30 DAYS OR LAST CHECK.**
- Child Support Declaration: List all children's first and last names, enter amount of child support received per child – enter "0" if no child support is received per child.
- Provider Information Page: This form must be fully completed by your provider. Provider must include all rates in each column per child. This form cannot be dated after your packet signature date.
- Authorization for Release of Information: **YOU ARE THE CLIENT.** Enter your first/last name on the first line. Enter your first/last name, your full date of birth and your address. Read the statements, sign and date.
- Acknowledgement of Policy: Please sign and date form. An updated packet will be mailed with reauthorization prevouchers.

SPECIAL CIRCUMSTANCES FOR REAUTHORIZATION

Complete all forms that apply to your reauthorization packet

- Wage Detail Form: To be completed if you are paid by business/personal check and requires copies of cancelled checks, front and back, for each pay date listed. Also, use if your pay stubs do not include your name, pay date, hours worked and gross wages. The period dates you enter are the date you sign your packet and the date 30 days back.
- Verification of New Job: Must be completed if you have a new job and no pay stubs to submit.
- Tipped Employee Worksheet: If you receive tips on your pay stubs you are required to complete this form.
- Name Attestation: If any document submitted for adults on application have a different or misspelled first and last name this form must be completed. Form is available in office or on our website at www.childrensbureau.org

- Statement of Profit/Loss: If you or the other adult are self employed this form must be fully completed. Requires an IRS Tax Transcript that includes a Schedule C for the previous tax year. Partnerships require Form 1065 & Schedule K for previous tax year. If you are self employed go to www.childrens-bureau.org to print the profit and loss statement and submit with packet.
- Provider – Parent Statement: Must be completed if you are employed with a Daycare Provider. Your provider and you must complete the form. Parent-Provider Statement form is available in office or on our website at www.childrens-bureau.org.
- Secondary School Enrollment Verification: To be completed if you are in middle school or high school . This form is not for students in college. Form is available in office or on our website at www.childrens-bureau.org.
- Hoosier Works for Child Care Card Authorization: To be completed if your current swipe card is not working or you have lost your card. Form is available in office or on our website at www.childrens-bureau.org.

RETURNING YOUR REAUTHORIZATION PACKET

- 1) Review all forms to assure you have signed and dated them. Some forms are front and back. Review carefully.
- 2) Make sure documents you send are legible. If documents are not legible they will not be accepted and your reauthorization will not be processed.
- 3) If you have any questions, please call 317-545-5281 or 1-866-287-2420 Ext 196
- 4) Return your reauthorization packet and documents by the due date stated on your notice letter
- 5) If mailing your packet it must be weighed by the Post Office to assure correct postage. We do not accept postage due packets.
- 6) If faxing your packet all documents and forms must be legible or they will not be accepted. Remember, fax machines do not send both sides of two sided documents.

MAILING ADDRESS:

**Children’s Bureau, Inc.
3801 N. Temple Avenue
Indianapolis, IN 46205**

FAX NUMBER:

**317-545-1069
You must call ½ hour after sending your fax to assure it has been received.**

EMAIL ADDRESS:

ccdfscheduling@childrens-bureau.org

*****THIS FORM MUST BE COMPLETED IN FULL.*****
 Parent/ Applicant Worksheet (Child Care and Development Fund Voucher Program) (12-16)

Parent Name	AIS Case Number		Parent Date of Birth	Home Phone, including area code		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 in the Home			

List adults in household: First Name, Last Name	Birth Date:	Specify Relationship to Parent:	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 your 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 Indicate AM or PM	Latest Pick-up Indicate AM or PM	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
Child Support	Verification must be attached Completed Child Support Declaration form provided
Social Security Supplemental Social Security	Award letter, check stub, or verification from agency
TANF	Award letter, check stub, or verification from agency
Unemployment	Award letter, check stub, or verification from agency
Wages, Salary	Uplink Claimant Homepage or verification from agency 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, National Guard or Reserve?
 YES NO
- Do you have assets which exceed one (1) million dollars?
 YES NO
- Would you like to receive any additional information about other types of assistance programs in your area? YES NO If yes, please indicate program(s) of interest below.

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.)

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 of 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 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 a new address or I obtain a new phone number 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 on Friday.
- 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:

- Allowing another person to use my Hoosier Works for Child Care card to document attendance;
- Failing to electronically document my child/children's attendance; and/or
- Failing to pay my co-pay.

I understand my child care will be terminated for any of the following reasons:

- My child is not a U.S. citizen, qualified alien, and/or resident of the county and/or state;
- I fail to complete required CCDF enrollment paperwork;
- I am no longer employed, in a training or education program, a TANF IMPACT approved activity, or other CCDF approved activity;
- I have been convicted of welfare fraud;
- My child turns thirteen (13) or eighteen (18) for a child with documented special needs;
- I deliberately fail to report loss of service need or change in family composition;
- I falsify any required documentation;
- My locally determined subsidy period expires;
- I have been convicted of CCDF fraud;
- I fail to honor a CCDF repayment agreement; and or
- My child or children's voucher(s) have been inactive for sixty (60) day.



PLEASE ANSWER OR CIRCLE EACH QUESTION AND RETURN WITH COMPLETED PACKET

How Many Children are in the Home 17 years of age or under? _____

Do any of your children receive the On My Way Pre K Grant? YES NO If Yes, Name of child: _____

Total Family Size in the home (including yourself and spouse/father of children) _____

Are you (the parent/guardian): Please circle: A) MOTHER or FATHER B) SINGLE or MARRIED

Is the other Adult (Father/Mother of the Children) in the Home? YES NO

Do you (the parent) receive Medicaid? YES NO Do your children receive Medicaid? YES NO

Are you a Citizen of the United States? YES NO Are the Children Citizens of the United States? YES NO

Do you receive child Support? YES OR NO COMPLETE ENCLOSED FORM

Do you receive TANF? YES OR NO MUST INCLUDE BENEFIT LETTER

Do you or your children receive Social Security YES OR NO MUST INCLUDE BENEFIT LETTER

Do you receive Food Stamps? YES OR NO HOW MUCH? _____ per month

Do you receive Housing Assistance? YES OR NO HOW MUCH? _____ per month

What other kind of income do you receive (unemployment, etc) MUST INCLUDE BENEFIT LETTER

Table with 8 columns: SUN, MON, TUE, WED, THUR, FRI, SAT. Rows: Please circle each day you Work per week; You MUST list times worked per day: (indicate am or pm for each time)

How long does it take for you to leave work and pick up children at daycare? _____

If you are going to school, how much study time would you need? _____

What degree will you receive when completed with school? _____

What is the highest grade completed? _____ DEGREE _____

What school district do your children attend? _____

At anytime will you NOT be working during the year due to work closure (school teacher, bus driver, plant closure, etc). If so please list dates: _____ A WRITTEN STATEMENT BY YOU – SIGNED AND DATED – MUST BE SUPPLIED WITH DATES OF LEAVE.

FOSTER PARENTS: Are you a licensed foster parent? YES OR NO Must Include Copy of License
FOSTER PARENTS: Are the children related to each other? YES OR NO

Are you in need of a new swipe card? (If yes, please read special Circumstances on the CCVS Packet Instructions) YES OR NO

CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
CHILD SUPPORT AND MAINTENANCE DECLARATION (v10-14r)

*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.	\$	
SPOUSAL/ABSENT PARENT HOUSEHOLD PAYMENT	\$	

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 _____

- List all your children under age 18
- Enter amount of child support physically received, or 0, for the past 30 days
- Sign and Date

CHILD CARE and DEVELOPMENT FUND PROVIDER INFORMATION PAGE (V10-14)

Parent (Guardian) Name _____ Date Completed _____ Effective Date: _____

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 () _____

- Type of Provider**
- Licensed Home
 - Licensed Center
 - Registered Ministry
 - License Exempt Home
 - License Exempt Facility
 - Providing care in child's home
- License # _____
 License # _____
 Registration # _____

Hours of Operation _____ Days (Please circle) S M Tu W Th F S

Child's Name (first & last)	Child's Age Years / Months	Kindergarten <i>Indicate</i> HD = 1/2 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 TM Level

FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE

School Year Begins _____ Ends _____

Does school-age child need break care vouchers? _____ No _____ Yes
If yes, a school schedule must be provided.

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. 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, _____

Are you related to the children listed above? If yes, explain _____

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. 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. Your provider MUST be CCDF eligible. All provider changes must be received in our office by noon on Thursday each week prior to change taking effect. Please note that vouchers can not be backdated. No provider change will be made without an effective date listed above.

PROVIDER: Please complete all information and sign the form in the box to the left. To check voucher status visit your provider website at www.hoosierchildcare.com.

Contact the Child Care Resource and Referral Line (CCRR) at 1-800-299-1627 to locate and determine childcare in your area.



ACKNOWLEDGEMENT OF RECEIPT OF POLICIES

Please read, sign and date. Policies provided in Parent Packet

1. CCDF Parent Rights and Obligations

I have read, received a copy of, and my intake worker has explained my rights and obligations to include report of status change within 10 days, my family composition change to include maternity leave, address, phone number, and change in TANF status. I had the opportunity to ask questions about the Child Care and Development Fund Parent Rights and Obligations.

2. CCDF/Children's Bureau Parent Appeal Procedure

I have read, received a copy of, and had the opportunity to ask questions about the Child Care and Development Fund Parent Appeal Procedure.

3. Children's Bureau Client Rights and Grievance Procedure

I have read, received a copy of, understand, and had the opportunity to ask questions regarding the Children's Bureau, Inc. Client Rights & Grievance Procedures.

4. Additional Resource Information

I have received a copy of additional resources for assistance programs and services in my area.

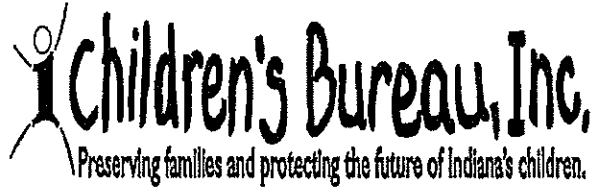
My signature below indicates that I received items 1-4.

Client Signature

Date

Children's Bureau Staff/Witness

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

I (Client/Legal Guardian) _____, the undersigned, hereby authorize Children's Bureau, Inc. to use or disclose Child Care and Development Fund information of the client identified below in the manner described in this authorization:

Client/Legal Guardian Name: _____ (the "Client/Legal Guardian")

Client/Legal Guardian Date of Birth: _____

Client/Legal Guardian Address: _____ **City** _____ **State** _____ **Zip** _____

The Children's Bureau, Inc. has permission to exchange with any and all parties associated in conjunction with the above stated client.

The specific information about the Client that is requested is: Verbal and written information regarding eligibility of child care subsidy

For the purpose of: To determine Child Care and Development Fund (CCDF) program eligibility

I, the undersigned, have read or been informed of the following:

- (1) I understand that I may refuse to sign this authorization and that my refusal to sign will not affect the client's ability to obtain CCDF subsidy.
- (2) I understand that the information used or disclosed may be subject to redisclosure by the person(s) or class of person(s) receiving it and no longer protected by the federal privacy regulations.
- (3) I understand that this authorization will expire in fifty-three weeks (53) from the date the authorization is executed, unless revoked by me prior to that date.
- (4) I understand that I may revoke this authorization by notifying Children's Bureau, Inc. in writing of my desire to revoke it. However, I understand that if I revoke this authorization, it will not have any affect on actions taken by Children's Bureau, Inc. in reliance on this authorization.

Client/Legal Guardian Signature _____

Date _____

Children's Bureau Staff receiving information *** _____

Date _____

* A copy of this fully executed form will be given to the Client (and/or parent/legal guardian).
** All sections must be completed prior to obtaining client signature.

FUND (CCDF) VOUCHER PROGRAM
WAGE DETAIL FORM (v5-01--13)

NOTE: Check stubs or employer's cancelled checks (front and back) must be included with this form for the pay dated listed.

APPLICANT / CO-APPLICANT SECTION – To be completed by the employee.

I hereby authorize and request you provide the Child Care Development Fund information as specified below. This information is necessary to establish my eligibility for childcare 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 are provided</i>

Is this individual still employed? Yes No If NO, please provide last day worked _____

Employer's Name _____ Business Phone Number _____

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
 Children's Bureau, Inc.
 3801 N. Temple Avenue
 Indianapolis, IN 46204
 317-545-5281
 1-866-287-2420



Verification of New Job (Verificacion de Nuevo empleo)

_____(employee name) has secured employed with:
Nombre del empleado

Nombre del patrono

Direccion del empleado

Employer Phone Number

His/Her date of hire is: _____ and he/she will work an average of
Fecha en que comenzo a trabajar

_____ hours each week. His/her wages will be \$ _____ per hour.
de horas salario por hora

*Employer EIN #: _____ Phone Number: _____

****If the EIN number is not available, also acceptable would be a company business card or statement on company letterhead in place of the EIN number.** Si el numero de EIN no esta disponible tambien puede usar la tarjeta de negocios o una nota que este escrita de la compania en sitio de el numero de EIN.

Signature/Title of Person Completing Form
Firma/titulo de la persona que completo la hoja

Date
Fecha

IF YOU HAVE CHANGED EMPLOYMENT WITHIN THE LAST 30 DAYS, YOU MUST PROVIDE ANY CHECK STUBS FROM PREVIOUS EMPLOYMENT THAT ARE WITHIN THE LAST 30 DAYS.

**CHILD CARE DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
TIPPED EMPLOYEE WORKSHEET (v7-16-12)**

Check Date: _____ Client 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	\$
Additional Self Declared Tips		YES	\$
TOTALS		(Internal Use Only) Total Marked YES	\$
To determine gross wages, record the greater of Amount Marked as Gross or Total Hours x Minimum Wage			(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	\$
Additional Self Declared Tips		YES	\$
TOTALS		(Internal Use Only) Total Marked YES	\$
To determine gross wages, record the greater of Amount Marked as Gross or Total Hours x Minimum Wage			(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 DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
TIPPED EMPLOYEE WORKSHEET (07-16-12)**

Check Date: _____ Client 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	\$
Additional Self Declared Tips		YES	\$
TOTALS		<i>(Internal Use Only)</i> Total Marked YES	\$
To determine gross wages, record the greater of Amount Marked as Gross or Total Hours x Minimum Wage		<i>(Internal Use ONLY) Minimum Wage Calculation</i> Total Hours X Minimum Wage = \$	

Check Date: _____

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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	\$
Additional Self Declared Tips		YES	\$
TOTALS		<i>(Internal Use Only)</i> Total Marked YES	\$
To determine gross wages, record the greater of Amount Marked as Gross or Total Hours x Minimum Wage		<i>(Internal Use ONLY) Minimum Wage Calculation</i> 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.