



**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*