

## FY 2010 CHILD CARE APPLICATION PACKET

This application packet is for child care assistance. Please complete all forms attached; the Race Ethnicity Form (used for reporting purposes only).

Review the Documentation Checklist and attach all applicable documentation to your application prior to submission.

**The original completed packet must be returned to:**

NEMPDD  
Child Care Department  
P.O. Box 600  
Booneville, MS 38829

Eligibility requirements for the program are as follows:

- You must be working a minimum of 25 hours per week or be a full time student. If there are two parents in the home, both must meet eligibility.
- Your income must fall within 85% of the State Median Income.
- Parents of teen parents must meet the work requirement; however, eligibility for teen parent is not based on this income.
- All parents or guardians must be in compliance with MDHS Child Support unless receiving court-ordered child support. Child support cases must be documented against all absent parents.

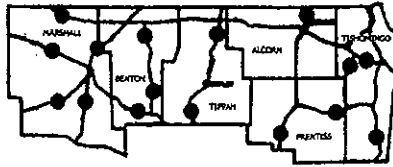
Parents are served based on priority grouping and the availability of funding.

Parents in lower income categories receive priority over parents in higher income categories. Employed parents receive priority over students.

You will receive written notification of your status once your application has been reviewed.

You may choose a licensed day care center or an in-home provider.

If the Provider charges more than the State allows, you **must** pay the difference, **plus** your co-payment to the Provider.



**NORTHEAST MISSISSIPPI PLANNING & DEVELOPMENT DISTRICT  
POST OFFICE BOX 600  
BOONEVILLE, MS 38829**

**SHARON GARDNER**  
EXECUTIVE DIRECTOR

**TELEPHONE**  
662.728.6248  
Fax: 662.728.2417  
**AREA AGENCY ON AGING**  
662.728.7038  
1.800.745.6961

**MEMORANDUM**

Dear Parent:

Enclosed is an application for parents applying for child care services. You will need to submit proof of all income received in your immediate household, including check stubs received in the last 30 days, alimony, child support, SSI benefits, Social Security benefits, etc. **All income received in your household must be reported and verified.** Applications will be processed on a first-come first-serve basis according to priority population and if funding is available.

*Only applications that have all the required documentation will be processed.  
Incomplete applications will be returned.*

**Teen parents must have a parent sign the application along with the teen. Two current check stubs for each parent must be included with the application.**

A copy of the Social Security card is voluntary, and benefits will not be denied or withheld for failure to furnish a Social Security number. If provided, the Social Security number will be used to identify individuals with the same name.

Any person applying for or receiving public assistance by using false statements, and any person assisting that person to receive such public assistance, with knowledge of those false statements, may be subject to criminal prosecution. This prosecution may be considered a misdemeanor when the amount received or requested is below \$500, or a felony if the amount received or requested is above \$500.

If you have any questions, please call our office at **(662) 728-6248** or **1-800-939-3489** and ask for

**E. Ann Carr** - - - - - **Alcorn, Prentiss, and Tishomingo Counties**

**CELITA MILLER** - - - - - **Benton, Marshall, and Tippah Counties**

Mail the completed application to the following address:

**Northeast Mississippi Planning & Development District  
Child Care Department  
P. O. Box 600  
Booneville, MS 38829**

## PARENT(S) RIGHTS

As a recipient of Child Care services, you have rights which you should know about. These are:

The information you share with your provider is confidential. This means that what you tell your service provider cannot be shared with anyone other than the Office for Children and Youth (OCY), Mississippi Department of Human Services (MDHS), the OCY Designated Agent, and the child care provider of your choice, without your permission, except State or federal program review or fiscal agents.

You have a right to see your case file, unless this is prohibited by federal or State law or regulation.

You have the right not be discriminated against because of your political affiliation, religion, race, color, sex, handicap, national origin, or age. If you think you have been discriminated against, you should discuss this with the OCY Designated Agent. If you are not satisfied, you may call OCY at 1-800-877-7882 (this is a toll-free call).

You may enroll your child with the child care provider of your choice.

Any dispute concerning a question of fact under this application/agreement which is not disposed of by agreement of the parties hereto shall be decided by the Director of the Office for Children and Youth. In the review by the OCY Director the parent/provider shall be afforded an opportunity to be heard and offer evidence in support of the questioned decision under review. This decision shall be reduced to writing and a copy thereof mailed or furnished to the parent/provider and shall be final and conclusive, unless, within thirty (30) days from the date of the decision, the parent/provider mails or furnishes the Executive Director of the Mississippi Department of Human Services a written request for review. Pending final decision of the Executive Director or his designee, the OCY Designated Agent will proceed in accordance with the decision of the Director of the Office for Children and Youth.

## PARENT(S) RESPONSIBILITIES

PLEASE READ THIS SECTION CAREFULLY. PLEASE ASK THE OCY DESIGNATED AGENT TO EXPLAIN TO YOU ANY OF THESE STATEMENTS THAT YOU DO NOT UNDERSTAND.

- I certify that this form 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 accurate and truthful information to the OCY Designated Agent, and when requested to the representatives of MDHS, or the Office for Children and Youth for the purpose of determining eligibility for assistance.
- I agree to provide the OCY Designated Agent information to verify any statements given in this application and hereby give the OCY Designated Agent, MDHS, or its agents permission to obtain such verification. I will cooperate fully with State and federal personnel in any review.
- I will notify the OCY Designated Agent within ten (10) days of any change in the following circumstances: marital status, household size, household income, address, employment, education or training status for any household member.
- I agree to notify the OCY Designated Agent when child care services are no longer needed.
- I will notify the provider if my child(ren) will not attend child care for three (3) or more days at any one time.
- I am the parent or legal guardian of the children as specified and they are living in my home. These children are in need of child care in order that I may continue employment and/or education/training.
- If I am the legal guardian of the children as specified, I declare that they are deprived of parental support or care by reason of death, incapacity, or continued absence from home of a parent.
- I understand that Mississippi law requires MDHS to take necessary action to establish paternity and /or collect child support from the responsible parent(s) whose child(ren) are receiving public assistance. The Office for Children and Youth, MDHS provided consumer information to parents in need of assistance in obtaining child support. I agree to cooperate and to provide assistance in the collection of child support and /or the establishment of paternity for children whom I am requesting assistance. I understand that if I do not cooperate as required, I may lose my eligibility for child care services according to the requirements of the program.
- I understand that the provider of the child care services is NOT an agent of OCY Designated Agent, and that the foregoing entities in no way warrant the services rendered, and I understand that the child care provider acts solely as an independent contractor in its capacity as a child care provider.
- Under Mississippi law, any person who knowingly commits fraud or aids or abets another person to commit fraud, in connection with State or federally-funded assistance programs, maybe punished as for either a misdemeanor or a felony. Fraudulent acts are set forth in the applicable statutes, but they include failure to disclose a material fact in making a determination for a person to receive aid or benefits or services under any State or federally-funded assistance program; failure to disclose a change of circumstances; and knowingly filing a false claim for aid, benefits, or services.

I UNDERSTAND ALL OF THE STATEMENTS LISTED ABOVE.  YES  NO I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE POLICIES CAN RESULT IN THE TERMINATION OF CHILD CARE SERVICES.  YES  NO

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
OCY Designated Agent (Please Print)

\_\_\_\_\_  
Client's Signature (Sign your name; do not print)

\_\_\_\_\_  
OCY Designated Agent's Signature

\_\_\_\_\_  
Date

## CHILD CARE DEVELOPMENT FUND (CCDF) RACE-ETHNICITY INFORMATION

We are required by the federal government to gather the following information for statistical purposes. It is for reporting purposes only and will not in any way affect your eligibility for this program.

*Please complete this for yourself and for each child you are applying for.*

<p><b><u>PARENT</u></b></p> <p>Name _____</p> <p><i>Do you consider yourself wholly or in part . . .</i> (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White or Caucasian</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Hispanic or Latino <b><i>If yes, also check one of the above.</i></b></p>	<p><b><u>CHILD #1</u></b></p> <p>Child's Name _____</p> <p><i>Do you consider your child wholly or in part . . .</i> (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White or Caucasian</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Hispanic or Latino <b><i>If yes, also check one of the above.</i></b></p>
<p><b><u>CHILD #2</u></b></p> <p>Child's Name _____</p> <p><i>Do you consider your child wholly or in part . . .</i> (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White or Caucasian</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Hispanic or Latino <b><i>If yes, also check one of the above.</i></b></p>	<p><b><u>CHILD #3</u></b></p> <p>Child's Name _____</p> <p><i>Do you consider your child wholly or in part . . .</i> (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White or Caucasian</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Hispanic or Latino <b><i>If yes, also check one of the above.</i></b></p>
<p><b><u>CHILD #4</u></b></p> <p>Child's Name _____</p> <p><i>Do you consider your child wholly or in part . . .</i> (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White or Caucasian</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Hispanic or Latino <b><i>If yes, also check one of the above.</i></b></p>	<p><b><u>CHILD #5</u></b></p> <p>Child's Name _____</p> <p><i>Do you consider your child wholly or in part . . .</i> (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White or Caucasian</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Hispanic or Latino <b><i>If yes, also check one of the above.</i></b></p>



# Parent's Statement of Agreement

I agree to report to the Child Care Department any changes in:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>● income</li> <li>● address or phone number</li> <li>● child support</li> </ul> | <ul style="list-style-type: none"> <li>● work hours or school enrollment</li> <li>● family size</li> <li>● day care provider</li> </ul> |
|--|---|

**If any of these changes occur, I will contact the Child Care Department within ten (10) days.**

I understand that:

1. any change in my employment status (layoff, new job, change in income, maternity leave, change in number of work hours) or change in my family size (new baby, marriage, divorce) could affect my copay or my eligibility.
2. I must pay a monthly co-payment fee to the child care provider, and that failure to keep my co-payment fee current could result in termination from the child care program.
3. if the provider charges more than the maximum amount the certificate program can pay, I will be responsible for paying that difference, in addition to my co-payment.
4. if I change providers, I am to report this change in advance to the Child Care Department, I understand that it is my responsibility, and NOT the responsibility of the day care center or individual provider, to ensure that the Child Care Department is notified and that a replacement certificate is written to the new provider. I understand I can request a change in provider only **two times** during the year and that changes will not be processed between **August 1 and September 30 (during rollover)** unless circumstances are such that it absolutely necessary.
5. if my child misses attendance at the day care center, I am to contact the center and let them know the reason, and if my child misses **3 consecutive days** with no contact from me to the center, the center is to contact the Child Care Department and my need for child care services will be reviewed.
6. if my child misses attendance at the day care center for more than **two weeks**, I will be responsible for payment to the center. If more than two weeks for a medical reason, I will submit a doctor's statement to the center.
7. if I withdraw my child from a center without giving notice as required by the center, I will be responsible for paying the center or working out an arrangement with the center. I understand the certificate program cannot double-pay for my child.
8. I or my authorized representative must sign my child(ren) in and out on the day care center's sign-in sheets every day (**SIGNING FULL NAME**) and if I do not, the program will not be responsible for paying for my child care,

9. that payments cannot be made to another person living in the same household as my child.
10. if I use an unlicensed individual child care provider, she/he must be **18 or older** and she/he is prohibited by law from keeping more than **5 children** who are not related to the provider.
11. failure to comply with **Child Support** will result in termination of my certificate(s).
12. that my eligibility must be re-established after I have been receiving child care services for six (6) months.
13. if I provide false information during the application or redetermination process, my child care certificate(s) will be terminated and I will not be eligible to reapply for services until one year from the date of termination. If I provide false information again after being re-approved for services, I will be disqualified from the certificate program permanently.

**FRAUD:** Any person applying for or receiving public assistance by using **false statements**, and any person assisting that person to receive such public assistance, with knowledge of those false statements, will be subject to criminal prosecution. This prosecution will be for a misdemeanor when the amount received or requested is below \$500, or a felony if the amount received is above \$500.

**GRIEVANCE PROCEDURE:** Any dispute concerning a question of fact under this application/agreement which is not disposed of by agreement of the parties hereto shall be decided by the Director of the Office for Children and Youth. In the review by the OCY Director the parent/provider shall be afforded an opportunity to be heard and offer evidence in support of the questioned decision under review. This decision shall be reduced to writing and a copy thereof mailed or furnished to the parent/provider and shall be final and conclusive, unless, within thirty (30) days from the date of the decision, the parent/provider mails or furnishes the Executive Director of the Mississippi Department of Human Services a written request for review. Pending final decision of the Executive Director or his designee, the OCY Designated Agent will proceed in accordance with the decision of the Director of the Office for Children and Youth.

Work or School Schedule, Please list below the hours that you work and/or attend school each day. Write in your usual daily schedule in the blanks below. Example. 8am-5pm, 7am-3pm, etc. Below that, please write in the hours child care is needed.

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Child Care Services are needed from _____ (am or pm) to _____ (am or pm)						

\_\_\_\_\_  
(Parent's signature) **Full Name**

\_\_\_\_\_  
(Date)

# Parent's Statement of Agreement

I agree to report to the Child Care Department any changes in:

- income
- address or phone number
- child support
- work hours or school enrollment
- family size
- day care provider

If any of these changes occur, I will contact the Child Care Department within ten (10) days.

I understand that:

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10. if I use an unlicensed individual child care provider, she/he must be 18 or older and she/he is prohibited by law from keeping more than 5 children who are not related to the provider.

11. failure to comply with Child Support will result in termination of my certificate(s).

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Work or School Schedule, Please list below the hours that you work and/or attend school each day. Write in your usual daily schedule in the blanks below. Example. 8am-5pm, 7am-3pm, etc. Below that, please write in the hours child care is needed.

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Child Care Services are needed from _____ (am or pm) to _____ (am or pm)						

**COPY**

(Parent's signature) Full Name

(Date)

## DOCUMENTATION CHECKLIST

### Employment:

A **copy** of your 2 most current check stubs (within the last 30 days). (Teen parents must submit check stubs for themselves and any parent/guardians in their household.) Do not submit original check stubs - they cannot be returned to you. If paid by personal check, submit copies of two checks (front and back) that have cleared the bank.

If you have just started a new job and you do not have two check stubs that reflect full pay periods, you can submit an **original, signed** letter from your employer written on company letterhead stating your beginning date of employment, the average number of hours worked per week, the rate of pay and the pay schedule (weekly, biweekly, bimonthly, monthly). If the letter is written on plain paper (not letterhead), the employer's signature must be **notarized**. **If you submit a letter rather than check stubs, you will be required to submit check stubs within 30 days.**

If **self employed**, you must submit a copy of your Estimated Quarterly tax report or a copy of your **2009** income tax return with 1099 and a Schedule C; or some other form of employment documentation showing **current** hours and wages.

### High School/GED/College Students Education /Enrollment Verification:

An **original, signed** letter from your school written on letterhead stating your enrollment status as full-time for the current semester. Post secondary students can obtain verification from the Registrar's Office - online printouts are not acceptable. (Part time students must meet the work requirement.)

### Child Support:

All parents receiving child care assistance must document child support assistance.

- Complete the attached Verification for Child Support Services Form and return it with your application.
- If you receive court ordered child support, attach supporting documentation.
- If you do not receive court ordered child support or have an open case with MDHS Child Support, you must contact MDHS Child Support to open a case.

### Other Monetary Benefits:

If you or your child receives Social Security, SSI, Veteran's Benefits, unemployment compensation, TANF, or any other monetary benefit, submit a **copy** of the award letter or check.

**A copy of a long form birth certificate and Social Security card**, for each child needing assistance.

**A copy of the Social Security card**, for the parent applying for assistance.

**If your child is Special Needs**, you must submit a **copy** of the SSI award letter or SSI check. If the child is not receiving SSI, an **original, signed** letter from the child's physician stating the child's medical condition is required.

**If you are a Foster Parent or Protective Services parent or Prevention Services parent**, you must submit an **original** Referral Form from your DHS Social Worker (in addition to the other items referenced above.)

**If you are the guardian of the child applying for assistance**, you must submit a **copy** of legal guardianship papers or contact our office for a Guardianship Form. Proof of residence for the absent parent(s) is required with the District Guardianship Form and an open child support case must be documented for each absent parent.

**If one parent in a two parent household is disabled**, you must submit an **original, signed** letter from the disabled parent's physician specifically stating the disabled parent's incapacity to care for the children.

Other documentation as requested on a case by case basis.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
OFFICE FOR CHILDREN AND YOUTH  
CHILD CARE SERVICES APPLICATION**

FY 10-11

Day Care  
 Before/After School  
 Summer

We will consider this application without regard to race, color, age, sex, handicap, religion, national origin, or political benefit.

<p><b>1. PARENT/LEGALLY RESPONSIBLE PERSON INFORMATION</b></p> <p>NAME _____</p> <p>MAILING ADDRESS _____</p> <p>CITY _____ ZIP _____</p> <p>PHYSICAL ADDRESS, IF DIFFERENT THAN MAILING ADDRESS: _____</p>	<p>COUNTY OF RESIDENCE _____</p> <p>PHONE: _____ (Home) _____ (Work)</p> <p>SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/></p> <p>PLACE OF EMPLOYMENT _____</p> <p>SPOUSE PLACE OF EMPLOYMENT _____</p> <p>Are you a teen parent? _____ Are you currently deployed (military)? _____</p>
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**2. PLEASE LIST ALL PERSONS LIVING IN THE HOME. (Use reverse side if necessary)**

NAME (LIST YOURSELF FIRST)	SEX	BIRTH DATE	RELATION TO YOU	FATHER IN HOME?	MOTHER IN HOME?	SOCIAL SECURITY NO.
1.			SELF	N/A	N/A	
2.						
3.						
4.						
5.						
6.						

**3. PLEASE LIST CHILDREN NEEDING CHILD CARE AND PROVIDE CHILD CARE PROVIDER INFORMATION (Use reverse side if necessary)**

CHILD'S NAME	SPECIAL NEEDS CHILD?	Will Child be in Headstart or Kindergarten or school?	If so, what is approximate start date?	NAME, ADDRESS, AND PHONE NUMBER OF YOUR CHILD CARE PROVIDER (DAY CARE CENTER OR INDIVIDUAL)
1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		

**4. PLEASE LIST ALL SOURCES OF INCOME FOR YOUR HOUSEHOLD**

SOURCE OF INCOME	PERSON RECEIVING	GROSS AMOUNT	HOW OFTEN PAID (Weekly, Bi-weekly, Semi-Monthly, Monthly)	I AM WORKING:
Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>	SELF	Attach check stubs	<input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Not working <input type="checkbox"/> Clinical or field placement
Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>	SPOUSE	Attach check stubs	
Self-employment	YES <input type="checkbox"/> NO <input type="checkbox"/>		Attach documentation	
SSI	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$		<b>I AM</b> <input type="checkbox"/> In High school <input type="checkbox"/> In college
Social Security or Other	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$		
Child Support/Alimony	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$		
DO YOU RECEIVE: (yes or no) Housing Assistance _____ Food Stamp Assistance _____ Other Assistance _____ (including educational grants, loans, and scholarships)				