

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- 00- - 2 (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, may be 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><u>PARENT</u></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> <p><input type="checkbox"/> Hispanic or Latino <i>If yes, also check one of the above.</i></p>	<p><u>CHILD 1</u></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> <p><input type="checkbox"/> Hispanic or Latino <i>If yes, also check one of the above.</i></p>
<p><u>CHILD 2</u></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> <p><input type="checkbox"/> Hispanic or Latino <i>If yes, also check one of the above.</i></p>	<p><u>CHILD 3</u></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> <p><input type="checkbox"/> Hispanic or Latino <i>If yes, also check one of the above.</i></p>
<p><u>CHILD 4</u></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> <p><input type="checkbox"/> Hispanic or Latino <i>If yes, also check one of the above.</i></p>	<p><u>CHILD _____</u></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> <p><input type="checkbox"/> Hispanic or Latino <i>If yes, also check one of the above.</i></p>

Child Care Documentation Checklist

100.03

- PARENT WORKING - Please send one of the following:

- (1) Check stubs - If you are paid every week, every 2 weeks or twice a month, send us your two most recent check stubs. If you are paid monthly, send us your most recent check stub. Must be working at least 25 hours per week.
- (2) If you are self-employed, send a copy of your Estimated Quarterly Tax Report or other method approved by Designated Agent
- (3) If you have just started a job and do not have check stubs yet, send a letter from your employer on company letterhead (or a notarized statement from employer) stating when you began the job, your rate of pay, and number of hours per week scheduled to work. The letter will be good for 30 days, and must be followed up with 2 check stubs.
- (4) If you are paid by personal check, you must submit copies of the front and back of two checks that have cleared the bank.

TEEN PARENTS IN HIGH SCHOOL

- (1) If you are a teen parent and living at home with your parent(s), your parent(s) must be working the required 25 hours per week. Send two (2) of your parent(s)' check stubs.
- (2) If you are a teen parent and living at home with your parent(s), your parent(s) cannot be paid for keeping your child.

- If you receive SSI, Social Security, or alimony, send a copy of the check or award letter.

- PARENT IN SCHOOL

- | | |
|----------------------------|---|
| High School | Enrolled full time. Current verification of enrollment from the Principal or counselor of the high school. Copy of 2 check stubs if student is working. Copy of 2 of parent's check stubs. No work requirement for the student. |
| College, working part time | Priority 5. Enrolled full time, working less than 25 hours per week. Copy of school enrollment. If classes have not started, send copy of schedule, followed by enrollment letter within a week after classes begin. Copy of 2 check stubs. Clinical hours can count as work hours. |
| College, not working | Priority 6. Enrolled full time. Copy of school enrollment. If classes have not started, send copy of schedule, followed by enrollment letter within a week after classes begin. |

- LONG FORM BIRTH CERTIFICATE for each child who needs child care. If your child is already on the program and currently receiving childcare, you will not need to send this again. If you are not currently on the program, or if you are adding another child, you WILL need to send it. If you don't have the long form birth certificate (with the parent's names on it) we can accept a copy of the birth certificate application and money order until you receive the birth certificate. You will have 30 days to get the birth certificate to us. (90 days for a newborn.)

- SOCIAL SECURITY NUMBERS Copies of social security cards are not required to determine eligibility but can be used to identify individuals with the same name.

- CHILD SUPPORT

See instructions on the Verification of Child Support Services form.

Verification for Child Support Services

Office for Children and Youth

This completed form is to be attached to parents' child care application.

(Custodial Parent)

(Social Security Number)

I am applying for Child Care assistance. I understand that cooperation with Child Support enforcement is required in order for me to be eligible for the program.

PLEASE LIST CHILDREN NEEDING CHILD CARE AND PROVIDE CHILD SUPPORT INFORMATION
(Use reverse side if necessary)

CHILD'S NAME	Child Support case is through MDHS Child Support	Child Support court ordered, through Bank Plan. Copy of court order & payment print-out attached	Child Support court ordered, not through Bank Plan. Copy of court order attached.	I do not currently have an open Child Support case	No Child Support case - other biological parent is living in the home
1.	yes _____	yes _____	yes _____	yes _____	yes _____
2.	yes _____	yes _____	yes _____	yes _____	yes _____
3.	yes _____	yes _____	yes _____	yes _____	yes _____
4.	yes _____	yes _____	yes _____	yes _____	yes _____
5.	yes _____	yes _____	yes _____	yes _____	yes _____

Through MDHS: No need to contact MDHS if you already have an open case. Parent should complete the Child Verification for Child Support Services form and attach it to the Child Care application.

Not through MDHS, is court ordered, through Bank Plan: Send us a copy of (1) court order, showing children and amounts to be paid, and (2) a printout of payments from a Bank Plan payment schedule.

Not through MDHS, is court ordered, but not through Bank Plan: Send a copy of court order. Entire monthly amount will be used to determine income.

Have not yet applied for Child Support and have no court order (whether or not you are receiving any payments): If you do not have an open case, you should contact MDHS Local Child Support Office and open a case for each child for whom you are needing child care assistance.

If you are excused from cooperating with Child Support for one or more children: Please attach a statement from the Child Support officer that you are excused from cooperating with Child Support. The statement should name the child or children and should be dated and signed by the Child Support officer and should bear the official stamp of the county office.

APPLICATION FOR CHILD SUPPORT SERVICES
CHILD CARE CERTIFICATE APPLICANT/RECIPIENT

NOTE: If you do not currently have an open child support case, you must complete the Child Support application.

Currently, there is no application fee.

Child support staff is available to provide assistance in completing the child support application upon request. Child support staff will complete the form on the reverse side of this page. Please attach this form, along with a printout of payments received, to your child care application.