



CHILD CARE APPLICATION

COMPLETE ALL SECTIONS IN BLUE OR BLACK INK

1. Tell us who you are and where you live.

Last Name:	First Name:	Mid. Initial:
Social Security Number: (Optional)	Birthdate	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Residence Address:	City:	State: NC Zip:
Mailing Address: (If different than residential address)	City:	State: NC Zip:
E-Mail:	County: (You live in)	
Home:	Work:	Cell:

Has the family been homeless for one or more days during the month of this application? Yes No
 NOTE: Homeless is defined as individuals who lack a fixed, regular, and adequate nighttime residence.

U.S. Citizenship Status	Check All that apply	Is your current address a temporary living arrangement? <input type="checkbox"/> Y <input type="checkbox"/> N	Program Disqualification
Applicant is a U.S. Citizen		If yes, please check all that apply. <input type="checkbox"/> Living with an Adult Relative <input type="checkbox"/> Homeless or Emergency Homeless Shelter <input type="checkbox"/> Hotel or Motel <input type="checkbox"/> Living with a Non-Relative <input type="checkbox"/> Place not designated for sleeping. <input type="checkbox"/> Shelter for Battered Women and Children <input type="checkbox"/> Supervised Shelter <input type="checkbox"/> Hospital for 30 days or under <input type="checkbox"/> Psychiatric Hospital for 30 days or under <input type="checkbox"/> Unknown.	Have you ever been disqualified from the Subsidized Child Care Assistance Program in another county? <input type="checkbox"/> Y <input type="checkbox"/> N
Child (ren) is a U.S. Citizen			If yes, child care coordinator: see instructions
Child (ren) is not a U.S. Citizen			Language What is the primary language spoken in the home?
Applicant or child (ren) is a legal U.S. Non-Citizen (residing in the U.S. legally)			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Native Central, South American Languages <input type="checkbox"/> Mexican Languages <input type="checkbox"/> Caribbean Languages <input type="checkbox"/> Middle Eastern or South Asian Languages <input type="checkbox"/> East Asian Languages <input type="checkbox"/> Native North American/Alaska Native Languages <input type="checkbox"/> Pacific Island Languages <input type="checkbox"/> European or Slavic Languages <input type="checkbox"/> African Languages <input type="checkbox"/> Other (e.g., American Sign Language)
Child (ren) is not a U.S. Citizen, but needs care to support child protective services, foster care and/or developmental needs.			
Family Composition Check One:		Tribal Families	
<input type="checkbox"/> Single Parent / Guardian Family	Do you reside on a Federal Land Trust? <input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Two Parent / Guardian Family			
<input type="checkbox"/> Foster Child of a Single Parent Family			
<input type="checkbox"/> Foster Child of a Two Parent Family			
<input type="checkbox"/> Foster Child with a Child			
Reason for Child Care Services are Needed Check One:			
<input type="checkbox"/> Employment	If yes, are you a Tribal Member <input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Education/Training			
<input type="checkbox"/> Developmental Needs			
<input type="checkbox"/> CPS			
<input type="checkbox"/> CWS			

2. Tell us about your family.

Does the family have assets that exceed \$1,000,000? Yes No

Sources of Income (You must check Yes or No for each source. Any option left unchecked will be recorded as a No.)

Source	Check Yes or No	Gross Amount	How Often Received?	Who Gets the Money?	Source	Check Yes or No	Gross Amount	How Often Received?	Who Gets the Money?
Employment	<input type="checkbox"/> Y <input type="checkbox"/> N				Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N			
Housing Voucher or Cash Assistance	<input type="checkbox"/> Y <input type="checkbox"/> N				Social Security	<input type="checkbox"/> Y <input type="checkbox"/> N			
TANF (Family Independence)	<input type="checkbox"/> Y <input type="checkbox"/> N				Unemployment	<input type="checkbox"/> Y <input type="checkbox"/> N			
Food Stamps	<input type="checkbox"/> Y <input type="checkbox"/> N				Disability Income	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI or Other Federal Cash Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N				Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N			
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N				Veteran's Pension	<input type="checkbox"/> Y <input type="checkbox"/> N			
Other: (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				Other: (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			

3. Tell us who lives in your home. (List your name on the first line.)

Last Name	First Name	Middle Initial	Gender	Birthdate	Age	How is this person related to you?	Is there a custody order?
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N

4. Tell us where you work or attend school or training.

For employment, include copies of all check stubs for the month prior to the date you submit this application.

Applicant / Responsible Adult #1 Work/School/Training Information		Applicant / Responsible Adult #2 (Spouse or Child's Other Parent, if in same household) Relationship to Applicant/RA #1 Work/School/Training Information	
Name of Applicant / Responsible Adult #1:		Name of Applicant / Responsible Adult #2:	
Employment/School/Training Status: (Check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Employed/Attending School/Training <input type="checkbox"/> Attending School/ Training <input type="checkbox"/> Disabled		Employment/School/Training Status: (Check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Employed/Attending School/Training <input type="checkbox"/> Attending School/Training <input type="checkbox"/> Disabled	
Employer:	School/Training Program Attending:	Employer:	School/Training Program Attending:
Employer Address: (Including city, state, zip)	School/Training Address:	Employer Address: (Including city, state, zip)	School/Training Address:
Contact Person at Work:	Contact Person at School/Training:	Contact Person at Work:	Contact Person at School/Training:
Contact Person's Phone No.:	Contact Person's Phone No.:	Contact Person's Phone No.:	Contact Person's Phone No.:
How many hours do you work each week?	How many hours do you attend school/training each week?	How many hours do you work each week?	How many hours do you attend school/training each week?

Space to enter additional children is provided on the next page.

5. Tell us about the children who need child care services.

Child's First Name:		Child's Last Name:		SSN:(Optional)	Birthdate:	Age:
Race	Check All that Apply			Additional Information		Check Yes or No
American Indian or Alaskan Native				Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American				If yes, School Name:		
Native Hawaiian or Pacific Islander		Other Programs	Check Yes or No	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian		NC Pre-k?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White		Head Start?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
Ethnicity	Answer Yes or No	Does the child have a special need?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Child's First Name:		Child's Last Name:		SSN:(Optional)	Birthdate:	Age:
Race	Check All that Apply			Additional Information		Check Yes or No
American Indian or Alaskan Native				Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American				If yes, School Name:		
Native Hawaiian or Pacific Islander		Other Programs	Check Yes or No	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian		NC Pre-k?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White		Head Start?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
Ethnicity	Answer Yes or No	Does the child have a special need?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Child's First Name:		Child's Last Name:		SSN:(Optional)	Birthdate:	Age:
Race	Check All that Apply			Additional Information		Check Yes or No
American Indian or Alaskan Native				Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American				If yes, School Name:		
Native Hawaiian or Pacific Islander		Other Programs	Check Yes or No	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian		NC Pre-k?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White		Head Start?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
Ethnicity	Check Yes or No	Does the child have a special need?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N

5. Tell us about the children who need child care services, continued...

Child's First Name:		Child's Last Name:		SSN:(Optional)	Birthdate:	Age:
Race	Check All that Apply			Additional Information		Check Yes or No
American Indian or Alaskan Native				Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American				If yes, School Name:		
Native Hawaiian or Pacific Islander		Other Programs	Check Yes or No	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian		NC Pre-k?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White		Head Start?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
Ethnicity	Check Yes or No	Does the child have a special need?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Child's First Name:		Child's Last Name:		SSN:(Optional)	Birthdate:	Age:
Race	Check All that Apply			Additional Information		Check Yes or No
American Indian or Alaskan Native				Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American				If yes, School Name:		
Native Hawaiian or Pacific Islander		Other Programs	Check Yes or No	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian		NC Pre-k?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White		Head Start?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
Ethnicity	Check Yes or No	Does the child have a special need?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Child's First Name:		Child's Last Name:		SSN:(Optional)	Birthdate:	Age:
Race	Check All that Apply			Additional Information		Check Yes or No
American Indian or Alaskan Native				Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American				If yes, School Name:		
Native Hawaiian or Pacific Islander		Other Programs	Check Yes or No	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian		NC Pre-k?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White		Head Start?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
Ethnicity	Check Yes or No	Does the child have a special need?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N

6. Please read the following Applicant Rights and Responsibilities. KEEP THIS FOR YOUR RECORDS

Applicant Rights

Public assistance applicants have the right to:

1. Apply for and, if eligible, receive assistance. If your application is denied or withdrawn, reapply at any time.
2. If the SCCA Program in your county does not have funding available, you may be given an option to be placed on the waiting list.
3. Receive a redetermination notice at least 30 days prior to the end of your current Subsidized Child Care Assistance certification period.
4. Have all information you provide to the agency kept in confidence and remain private unless required by law. Be advised that information provided to this agency may be stored in a computer database.
5. Have an interpreter or translator services at no cost to you when communicating with the agency.
6. Get help in completing an application and/or help getting the information needed to determine eligibility.
7. Apply for assistance for new or additional household members at any time.
8. Withdraw an application or request termination of ongoing benefits at any time.
9. Receive notice of any information needed to determine your eligibility and the outcome of your application or any changes in your benefits.
10. Receive your assistance until notice of termination has expired or until it is withheld by appropriate action.
11. Be advised that racial and ethnic data is obtained on participating household members. This information is voluntary. Neither your eligibility nor benefit/assistance amount will be affected if you choose not to provide it.
12. Be protected by law against discrimination based on race, color, national origin, sex, religion, age, disability or political affiliation. DHHS follows the standards set by Title VI of the Civil Rights Act.
13. Ask questions regarding program rules and requirements.
14. Ask for a hearing from the county department of social services and the state Division of Social Services. Hearing requirements may be different for each program. Refer to **Section 9** for Applicant Hearing Rights.

Applicant Responsibilities

1. Report changes to your child care worker within ten (10) business days of when changes occur including:
 - Change of contact information including address and telephone number.
 - Increase in income that exceeds 85% SMI (this should NOT include irregular income fluctuations) based on the SMI chart posted on the DCDEE website.
 - Recipient is no longer employed, no longer in an education setting, or has any other temporary change in their need for child care. o Change in recipient's choice of provider is needed or wanted.
 - Recipient needs or wants to end child care services
2. Report absences to your child care worker when your child(ren) is/are absent from the child care arrangement more than ten (10) days during a month **or** if your child will no longer be enrolled at the center or home.
3. Pay the parental fees determined by your child care worker to your child's provider. Failure to pay these fees regularly and on time can result in termination of child care services. You will not be eligible for child care services until the parental fees are paid. Also, you should request a receipt from the provider each time you pay child care fees.
4. Respond to all contact from the county department of social services (DSS) or local purchasing agency (LPA) regarding your continued eligibility within the requested time frame. Failure to respond may result in the termination of services. If your child care services are terminated and you continue to need help paying for child care, you must request that your name be added to the child care waiting list if one exists.
5. Provide the required information so that eligibility for Subsidized Child Care Assistance can be determined. If written information is not available, signing this form gives permission to the worker to verify the information, such as income, by telephone or through other documents on file in the DSS or other agencies.

FRAUDULENT MISREPRESENTATION

If you make a false statement or representation regarding a material fact with the intent to deceive, or fail to disclose a material fact, and as a result obtain, attempt to obtain, or continue to receive child care subsidy, then you may be found guilty of the offense of fraudulent misrepresentation per North Carolina General Statute 110-107. Subsidy fraud is a crime in the State of North Carolina. Anyone who intentionally makes a false statement or withholds information in order to receive child care subsidy money can be criminally prosecuted and even receive jail time under North Carolina Law.

If you have a first instance of fraudulent misrepresentation, you must repay the amount of child care subsidy for which you were ineligible to receive, and you shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program. You have the right to appeal the decision made.

If you are convicted of fraudulent misrepresentation by a court of competent jurisdiction, you will also be permanently ineligible to participate in the Subsidized Child Care Assistance Program and the sanction imposed cannot be appealed.

7. By my signature below:

Certification of Applicant/Authorized Representative: I certify that I have read or had read to me the Applicant's Statement on the back of this form, that my child care worker has explained the information on the back of this form, and that the information provided, as reflected on this form, is accurate and complete to the best of my knowledge.

Printed Name: _____

Signature of Applicant/Authorized Rep : _____ Date: ___/___/___

Signature of Child Care Worker : _____ Date: ___/___/___

Name of Child Care Provider Selected _____

Address of Child Care Provider Selected: _____

NOTE: The SCCA Program WILL NOT pay for any children who are served prior to receiving written authorization.

8. Voter Registration

Are you registered to vote at the address where you live? __Yes __No If not, would you like to register today? __Yes __No

If you do not check either, you will be considered to have decided not to register to vote at this time. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote or your right to choose your own political party or other political preference, you may file a complaint with the North Carolina Bipartisan State Board of Elections and Ethics Enforcement. If you require assistance with voter registration, you can call the North Carolina Bipartisan State Board of Elections and Ethics Enforcement at 1-866-522-4723.

CHECKLIST

- Have you completed all sections of the Application?
- Have you signed and dated this Application?
- Have you attached copies of your paystubs? Include copies of all check stubs for the month prior to the date you submit this application.
- If you attend school or a training program, have you attached a copy of the schedule?
- If you are self-employed, did you attach your most recent income tax forms?
- Have you signed and received the rights and responsibilities?
- Have you selected a child care provider?
- Have you received information regarding Developmental Screenings and other programs I may be eligible for?
- I have received information regarding voter registration.

If you are not sure what to send, or need assistance in completing this application, contact your local LPA/DSS.

9. SCCA Program Information- KEEP THIS FOR YOUR RECORDS

This form also serves as your record of the information provided by you and is used in determining eligibility for child care services. Your signature in **Section 7** of the form certifies that you have been made aware of and agree to the rights and responsibilities contained in the following statement. **Do not return this portion of the application, keep it for your records.**

APPLICANT'S STATEMENT

I understand that I am responsible for providing my child care worker of the local purchasing agency with certain information necessary to determine eligibility for the services requested. Also, I understand that if I am disqualified from the Subsidy program due to fraudulent acts (see Child Care Fraud in next section) that I will not be eligible for child care subsidy in any county. The information provided by me is reflected in this form and represents a true and complete statement of facts according to my best knowledge. I also understand that the information provided by me may be subject to verification and that I may be asked, at this time or at a later date, to provide documentation which supports the information I provide to my child care worker. I agree to notify my child care worker of the Local Purchasing Agency/County Department of Social Services (LPA/DSS) within ten (10) business days of any change in address, employment, income, school/employment training schedule (if applicable), living arrangements, or family size of those for whom the services are requested.

I understand that the information I provide to my child care worker will be held in strict confidence and will not be revealed to anyone without my written consent, except for information necessary to establish eligibility and information that may be revealed in the course of agency audits and monitoring. I hereby authorize the release of any information, reports, and any information by the Social Security Administration to my child care worker that is needed to determine my eligibility for subsidized child care assistance.

FRAUDULENT MISREPRESENTATION

Fraud is a criminal offense. I understand that it is against the law for me to make false statements or to withhold If you make a false statement or representation regarding a material fact with the intent to deceive, or fail to disclose a material fact, and as a result obtain, attempt to obtain, or continue to receive child care subsidy, then you may be found guilty of the offense of fraudulent misrepresentation per North Carolina General Statute 110-107. Subsidy fraud is a crime in the State of North Carolina. Anyone who intentionally makes a false statement or withholds information in order to receive child care subsidy money can be criminally prosecuted and even receive jail time under North Carolina Law.

If you have a first instance of fraudulent misrepresentation, you must repay the amount of child care subsidy for which you were ineligible to receive, and you shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program. You have the right to appeal the decision made.

If you are convicted of fraudulent misrepresentation by a court of competent jurisdiction, you will also be permanently ineligible to participate in the Subsidized Child Care Assistance Program and the sanction imposed cannot be appealed.

HOW TO GET A FAIR HEARING

I understand that I have a right to request and obtain a fair hearing if the Local Purchasing Agency does not act upon my request with reasonable promptness (i.e., within thirty (30) calendar days of the date application is received and/or if I disagree with the LPA's action in response to my request. I understand that the agency's decision in no way affects Medicaid, WFFA, Food Stamps or any other service assistance or income. If eligible, I understand that services will be provided or arranged within thirty (30) calendar days of notification if such service is available.

If your request for child care services was denied and you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency within sixty (60) days from the date of the action.

A hearing will be scheduled for you with an official of the county department of social services. If you are dissatisfied with the decision made at that hearing, you may have a hearing with an official from the NC Department of Health and Human Services.

At either of these hearings, you may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense. Free legal services may be available in your community. Contact your nearest Legal Aid or Legal Services office or call 1-866-219-5262 toll free.

If you have any questions or want further information, please contact your child care worker as soon as possible.

TYPES OF INCOME TO REPORT

Wages or salary; adjusted gross income from self-employment; social security; dividends, interest, income from estates, trusts, or royalties; adjusted gross rental income; public assistance or welfare payments; pensions; annuities; retirement benefits; unemployment compensation or strike benefits; workmen's compensation; alimony; child support; veterans' benefits; on the job training benefits; Armed Forces pay; Work Supplemental programs; child care subsidies.