



**PARENT(S) AND /OR GUARDIAN ACTIVITY INFORMATION**

Your Activity	Spouse/ Other Parent Activity
1. Name of school or employer: _____ Address: _____ Days and hours of your activity: _____ Start and end dates of activity: _____	1. Name of school or employer: _____ Address: _____ Days and hours of your activity: _____ Start and end dates of activity: _____
2. Name of school or employer: _____ Address: _____ Days and hours of your activity: _____ Start and end dates of activity: _____	2. Name of school or employer: _____ Address: _____ Days and hours of your activity: _____ Start and end dates of activity: _____

**REASON FOR CHILD CARE**

WORKING   
  TRAINING   
  DISABLED ADULT   
  CHILD WITH A DISABILITY   
  OTHER \_\_\_\_\_

**HOUSEHOLD INCOME INFORMATION:**

Type of income	Gross Amount per pay period	How often: (Check "✓"one)
Mother's/Guardian's Income		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
Father's/ Guardian's Income		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
Child Support		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
Alimony		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
SSI Benefits		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
Unemployment Benefits		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
Other: _____		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
TANF		<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Food Stamp		<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Social Security		<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No

**Attach proof of all income for: applicant, spouse, parents of minor parent, adult and spouse with physical custody of minor child.**

**CHILD SUPPORT INFORMATION**

1) Are you receiving child support for all children in your household who are eligible for child support?     Yes     No  
 2) Have you applied for child support for all children in your household eligible to receive child support?     Yes     No



**RIGHTS AND RESPONSIBILITIES OF APPLICANT  
FOR SUBSIDIZED CHILD CARE SERVICES**

**RIGHTS:**

I understand that if I am not satisfied with any decision by the Department regarding eligibility, my receipt or termination of services, I may request a Fair Hearing. If I am receiving services and request a Fair Hearing before the effective date of this action, my benefits will continue uninterrupted until a hearing decision is made. If I do not request a Fair Hearing before the effective date of this action, I may request a hearing within 90 days from the date of the notice of the action, but I will not continue to receive benefits while the hearing is pending. I must make my request by phone or in writing to:

**The Office of Administrative Hearings,  
441 4<sup>th</sup> Street, N.W., Suite 540-South,  
Washington, D.C. 20001  
(202) 727-8280**

or I can ask my caseworker to help me make the request. After requesting a Fair Hearing the Department will send me a written notice telling me the time and place of the Administrative Review. The Administrative Review is not the same as a Fair Hearing. This means I may meet with Department staff to try to resolve my issue. If I choose not to attend the Review or if my issue is not resolved at the Review, this in no way impacts my Fair Hearing with the Office of Administrative Hearings. If the Review resolves my issue, I alone may decide to withdraw my request for a Fair Hearing.

If I request a fair hearing, I understand that (1) I have the right to be represented by legal counsel or by a lay person who is not an employee of the District; (2) I may bring witnesses on my behalf; (3) reasonable expenses related to the hearing, such as transportation costs for me or my witnesses, will be paid by the Mayor; and (4) legal services are available to me.

I have been informed that I may choose one of the following types of child care: child care in a child development center, child care in a family child care home, child care in my home by an adult or relative I identify, or child care in the home of my relative. I am aware that to choose child care in my home with an adult other than a relative I must first attempt to locate child care at a minimum of 5 child care centers and/or family child care homes.

I understand that I will be notified in writing within a minimum of 15 days of the effective date of any adverse action by the Agency such as intention to discontinue, withhold, terminate, suspend, reduce assistance or make assistance subject to additional conditions. I understand that I may apply for a Fair Hearing as described above if I disagree with notice of any adverse action.

**RESPONSIBILITIES:**

\_\_\_\_ I understand that I must fully and accurately report circumstances affecting my eligibility, relating to family relationships, employment or training status, income, place of residence, and telephone numbers, and must provide original documentation to substantiate the information. I must report any changes in these circumstances within 3 business days. I must cooperate with all agency efforts to verify the eligibility information.

\_\_\_\_ I have been informed of the absence policy and that I must provide documentation of excused absences to the child care provider. If my child is absent 6 days or more in one month without an adequate excuse I am aware that he/she will be terminated from the subsidy program. I have also been informed that I must report within 3 days when my child no longer attends a facility. I have been informed that I am required to have an eligibility review completed on \_\_\_\_\_(date) and every \_\_\_\_\_ months thereafter, to determine if I am eligible to continue receiving subsidized child care. I understand that a notice will be sent to the address I have provided informing me of the appointment date and time and if I do not appear for the appointment or reschedule the appointment my child care benefits will be terminated. As noted in paragraph one, I have the right to a fair hearing.

\_\_\_\_ I understand that I am responsible for making all co-payments directly to the child care provider for the entire time the child is enrolled even on days the child is absent. Failure to be up to date with co-payment may result in termination of services or prevent me from requesting a placement change.

**WARNING TO APPLICANTS:**

Government officials will rely on the information you provide on this application to determine your eligibility for Subsidized Child Care Services. You are therefore informed that it is a criminal offense under District of Columbia law for you to knowingly make false or misleading statements on this application. Persons convicted of making false or misleading statements shall be fined up to \$1,000 or imprisoned for up to 180 days or both. By signing your name below you are certifying that you are aware of the penalties for making false or misleading statements on this application. Accordingly, if you are not sure of the accuracy of the information requested, it is your responsibility to bring the information to the attention of the appropriate government employee prior to signing the application. See D.C. Code § 22-2514

**INFORMATION ON SOCIAL SECURITY NUMBER:**

In accordance with ACYF-PI-CC-00-04. U.S. Department of Health and Human Services, Administration on Children, Youth and Families. Issuance Date: October 27, 2000, the social security number is not required for determining eligibility for subsidized child care. Eligibility will not be denied should an applicant not provide a Social Security Number. Social Security Numbers will be used solely for searching for records in a database and for identifying individuals with the same name. All applicant files are kept confidential.

***I have read and agree to the following:***

- I have read and understand my rights and responsibilities, and have attached/will provide the required documents. I certify that this is a true and accurate statement of the financial status and composition of my household.
- I authorized the Subsidized Child Care Program to obtain any verification necessary to both determine and review financial eligibility and child care needs. This authorization includes the release of information regarding my employment, salary, work schedule, and /or training/ school schedule and residence

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**AGENCY USE ONLY**

Annual Gross Income: \_\_\_\_\_

Family Size: \_\_\_\_\_ Dependent Children: \_\_\_\_\_

View ACEDS/ TANF verification: \_\_\_\_\_ (Yes /No)

Total Parent Copayment: \$ \_\_\_\_\_ (daily) \$ \_\_\_\_\_ (weekly, if applicable)

Child 1 \_\_\_\_\_ Parent Fee: \$ \_\_\_\_\_ Other Fee: \$ \_\_\_\_\_

Child 2 \_\_\_\_\_ Parent Fee: \$ \_\_\_\_\_ Other Fee: \$ \_\_\_\_\_

**INITIAL ELIGIBILITY DETERMINATION**     **ELIGIBLE**  
 **INELIGIBLE** \_\_\_\_\_

Specify reason if ineligible

I hereby certify that the rights and responsibility have been discussed with the applicant and she/he has signed to verify her/his understanding:

**ELIGIBILITY WORKER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature