

## **RECIPIENT RESPONSIBILITIES FOR SUBSIDIZED CHILD CARE ASSISTANCE**

As a recipient of Subsidized Child Care Assistance, I understand that I am responsible for taking the following actions:

### **1. Report Changes**

I am required to report the following to my child care worker **within five (5) workdays** of when changes occur:

- Change of address and telephone number.
- Change in members of my household.
- Child receiving child care services moves out of the home.
- Increase or decrease in income from job, child support, or other sources.
- Loss of current employment.
- Change in the number of hours child care is needed.
- Household assets or resources exceed \$1 million dollars.

### **2. Attendance**

I must call my child care worker when my child(ren) is/are absent from the child care arrangement more than five (5) days during a month or if my child will no longer be enrolled at the center or home.

I will be required to validate my child's attendance on a monthly basis with my provider. Failure to validate my child's attendance may result in termination of my Subsidized Child Care Assistance.

### **3. Pay Fees**

I must pay the parental fees determined by my child care worker to my child's provider. Failure to pay these fees regularly and on time can result in termination of child care services. I understand that I will not be eligible for child care services until the parental fees are paid. Also, I should request a receipt from the provider each time I pay my child care fees.

### **4. Maintain Contact**

I must respond to all contact from the county DSS or local purchasing agency (LPA) regarding my continued eligibility within the requested time frame. I understand that failure to respond may result in the termination of services. If my child care assistance is terminated and I continue to need help paying for child care, I must reapply or request that my name be added to the child care waiting list if one exists.

### **5. Provide Permission to Verify Information**

I must provide the required information to my child care worker so that eligibility for subsidy assistance can be determined. If written information is not available, signing this form gives permission to the worker to verify income by telephone or through other documents on file in the county department of social services (DSS) or other agencies.

## **Fraudulent Misrepresentation**

**Fraudulent misrepresentation constitutes an intentional program violation of the Subsidized Child Care Assistance Program (SCCAP) and can result in a criminal conviction and loss of services or payments as described in this section.**

The recipient is defined as the parent(s) or responsible adult(s) approved for SCC Assistance. When a sanction is imposed on the recipient, it applies to the person who applied for services. In two-parent households, it applies to both parents. The person who applied for services is accountable for any fraudulent act and/or payback for overpayment.

- 1) If I make a false statement of 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 assistance, then I may be found guilty of fraudulent misrepresentation per North Carolina General Statute 110-107.
- 2) At any time that an incident of fraudulent misrepresentation that has an amount of \$10,000 or more, I will be permanently ineligible for Subsidized Child Care Services statewide.

- a) If I have a first incidence of fraudulent misrepresentation, I will be ineligible to receive Subsidized Child Care Assistance in any county until I either repay the overpayment in full, or make a request for and enter into a repayment agreement with the LPA.
- b) If I have a second incident of fraudulent misrepresentation, I will be ineligible to receive Subsidized Child Care Assistance for three (3) months in any county. I will be required to repay the overpayment in full, or make a request for and enter into a repayment agreement with the LPA.
- c) If I have a third incident of fraudulent misrepresentation, I will be ineligible to receive Subsidized Child Care Assistance permanently in any county and be required to repay the overpayment in full or make a request and enter into a repayment plan with the LPA.

**I understand that my children are authorized for a specific level of care based on the documented hours of need that I gave to my child care worker. The level of care defines a maximum number of hours my child is authorized for subsidized child care assistance. It is my responsibility to arrange the specific schedule with my child care provider and to be sure my child(ren) do not use more hours of care than I am allowed. I understand I will be responsible for any payments for extra hours of care or any other child care assistance that I am not eligible to receive.**

**I declare that my child care worker has fully explained my responsibilities as a recipient of the Subsidized Child Care Assistance Program. Also, that I understand and agree to the requirements on this document and have been given a copy**

\_\_\_\_\_  
**Parent/Responsible Adult**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Representative of Local Purchasing Agency (LPA)**

\_\_\_\_\_  
**Date**