
**CHILD CARE SERVICES FORMS AND INSTRUCTIONS FOR COMPLETION
OF THE CHILD CARE APPLICATION FOR SERVICES** **REVISED 12/02/2013**

**INSTRUCTIONS FOR COMPLETION OF THE APPLICATION
FOR CHILD CARE SERVICES (DCD-0456)**

General:

Check (✓) one of the blocks to indicate “Type of Action,” i.e., new, redetermination, update, and enter the county of residence.

The applicant must specify the name of the county where they maintain their household. When the physical address is located in one county and the mailing address is in another county, the child care worker should verify the physical address through a reliable resource such as the local post office.

The applicant’s name, telephone number, case name (if different), case number, and address should be filled in at the top of the form.

Language Preference: Indicate the family’s preferred language to receive information about the services and information from the agency. The acronym for language codes is as follows: EN = English; SP = Spanish; AR = Arabic; CA = Cambodian; CH = Chinese; FR = French; FC = French Creole; GR = German; GK = Greek; GU = Gujarati; HI = Hindi; HM = Hmong; HU = Hungarian; IT = Italian; JA = Japanese; KO = Korean; LA = Laotian; MI – Miao; MK = Mon-Khmer; PE = Persian; PO = Polish; PG = Portugese; PC = Portugese Creole; RU = Russian; SC = Serbo-Croatian; TA = Tagalog; TH = Thai; UR = Urdu; VI = Vietnamese; or OT = Other (indicate OT and the preferred language).

Part I:

Check (✓) the appropriate block. If the applicant answers yes to this part of the application, then pursue additional information from the applicant and the local purchasing agency that the disqualification took place. Determine the type of sanction that was imposed on the applicant, reason for sanction, time frame of sanction and other information that determines if applicant is ineligible for subsidy. The applicant may apply for subsidy at the end of the time period indicated for the sanction. Please refer to **Chapter 23: Fraudulent Misrepresentation and Overpayments** for more information regarding sanctions.

Part II:

Check (✓) the appropriate block to indicate the reason child care is needed. If the reason is indicated by an asterisk (*), the family must meet income eligibility requirements unless the child needing services is in Foster Care or Child Protective Services.

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Part III:

Check (✓) the appropriate boxes to indicate U.S. Citizenship status for families/child(ren). Please check (✓) the box indicating that child(ren) is not a U.S. Citizen, but needs care to support child protective services, foster care and/or developmental needs. Also, check (✓) the last box, only if the county has elected to use Smart Start funds to serve non-citizen families, regardless of their residency status. **Note: The social security number of the applicant must not be used to determine eligibility for child care subsidy funds.** Please refer to **Chapter 4: Application, Eligibility Determination and Documentation** for information regarding proof of citizenship. **Enter the social security number for “child only cases,” but remember that it is optional.**

Part IV:

Check (✓) the appropriate box(es) for families with child(ren) attending NC Pre-K and/or Head Start Programs. **Part V:**

In the spaces provided, list all members of the income unit. For additional information regarding the income unit, refer to **Chapter 7: Family Definition and Determining Income Eligibility**. Check (✓) the box beside the names to indicate which children in income unit need child care services. For each member listed, indicate the relationship to the applicant, the date of birth, age, race, ethnicity, and whether the child has special needs. Ask the applicant if their child(ren) require any special child care assistance due to developmental needs. An additional column is available to later record any applicable parent fee and fee effective date once eligibility is determined.

Race Codes: The applicant must complete this section, indicating the race for each child. The codes for race are I = American Indian/Alaska Native; A = Asian; B = Black or African American; P = Native Hawaiian/Pacific Islander; and W = White.

Ethnicity Codes: The applicant must complete this section, indicating ethnicity for each child. The codes for ethnicity are N = Not Hispanic/Latino; U = Unreported; C = Hispanic Cuban; H = Hispanic Other; M = Hispanic Mexican American; or P = Hispanic Puerto Rican.

Special Needs: Insert “Y” for yes for each child who has a special need as indicated by the applicant.

Part VI:

List the income unit size. Income information must be entered in Section VII for all members of the income unit unless child care services are being provided to the family

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without regard to income. If services are provided without regard to income, write N/A and continue to Part VI.

Part VII:

Check (✓) the appropriate box to indicate whether the applicant needs child care transportation services.

Part VIII:

Prior to recording income information, review the types of income listed on the back of the form with the applicant to encourage accurate reporting. List **all** types of income reported by the applicant, including WFFA and/or SSI benefits. Include other child care subsidies, such as student loans and employer benefits. Calculate each type of income as a gross monthly amount.

Before entering the total amount of countable gross monthly income, determine if the family is eligible for deductions such as child support or health benefit deduction. Indicate if the family pays child support outside the income unit and record the amount of the child support. Indicate if the family is eligible for the cafeteria or health benefit deductions and record the amount of the deduction. Deduct the amount of child support paid and/or the amount of the health benefit deduction from the total amount of countable gross monthly income.

Part IX:

If answer is yes, write in the amount of the benefit. If the amount is provided on a weekly or a bi-weekly basis, convert this amount to a monthly figure. Emphasize to applicant that the information needed for this section will not count as income. Check (✓) the appropriate box to indicate whether the recipient receives an employer benefit for child care.

Part X:

The applicant or authorized representative must sign the form. If services are needed for a child in the custody of the county department of social services (DSS), the form may be signed by a designated worker in the DSS, e.g., a foster care worker, protective services worker, etc. The applicant's signature must be dated and if the applicant executes his signature by mark (X), the signature of a witness must be included.

Prior to obtaining the applicant's signature, the applicant must read and explained or have read and explained to him/her the **Applicant Statement** on the back of the **Application for Child Care Services** and the information regarding child care fraud, sanctions and fair hearings.

Part XI:

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1. If the applicant is eligible for services, check (✓) the “Yes” box for approval and enter the dates of the 12-month eligibility period. If eligibility is established within thirty (30) days of the date the application was signed, the individual may be considered eligible on the date the application was signed. **For example, if the applicant signed the application on May 3 and the worker approved the request for services on May 14, the eligibility period would be May 3 through May 2 of the following year.**
2. If the applicant is not eligible, check (✓) the “No” box. If needed, comments regarding the reason for denial may be added.
3. The child care worker responsible for the eligibility decision must sign the form and enter the date of the decision.

Part XII.

This space is provided on the back of the white copy for use in computing income to determine a monthly figure. For example, if the applicant’s wages must be averaged to determine the countable gross income, the method of computation should be identified in this space or in the case narrative.

Distribution of the Form:

The local purchasing agency (LPA) maintains the original signed (white) copy. The yellow signed copy (second page) serves as a notice to the applicant. This copy may be mailed to the applicant or given to the applicant at the time of the application interview if eligibility is determined at that time. The applicant should be reminded to keep their copy of the application in a convenient place for reference.