

## CHILD CARE ACTION NOTICE

*This notice is to inform you as the parent or responsible adult (RA) of a change which is about to take place in your child care service. Please read this action notice carefully, front and back, because it is very important to you.*

To Parent/RA: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

Payment by:  Parent  Agency County: \_\_\_\_\_

<b>Parent must pay the following fee beginning:</b> _____			<b>County Case No.:</b> _____			
<b>Type of Care</b>	<b>Monthly Parent Fee</b>	<b>Daily Parent Fee</b>	<b>DCS ID No.:</b> _____			
Full Time	\$ _____	\$ _____	<b>EIS ID No.:</b> _____			
3/4 Time	\$ _____	\$ _____	<b>Cat. Code</b> _____ <b>Need Code:</b> _____			
1/2 Time	\$ _____	\$ _____	<b>Child eligible for:</b> <input type="checkbox"/> SCC <input type="checkbox"/> Smart Start			
			<b>Number of responsible adults:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2			
<b>Transportation payments</b> begin on _____ and end on _____						
<b>Days/Hours Child Care is Needed:</b>			From _____ a.m./p.m. Until _____ a.m./p.m.			
(Circle days and enter times.)			M T W Th F S S From _____ a.m./p.m. Until _____ a.m./p.m.			
			M T W Th F S S From _____ a.m./p.m. Until _____ a.m./p.m.			
<b>Dates School Age Care is Needed:</b>			From _____ Through _____ Before/After School/Summer			
1) Enter dates: month/day/year.			From _____ Through _____ Before/After School/Summer			
2) Circle type of care needed.			From _____ Through _____ Before/After School/Summer			
<b>Comments:</b> _____						
<b>Description of Action (√):</b>			<b>Effective Date:</b>			
<input type="checkbox"/> Eligibility from _____ through _____.			<b>Type of Change:</b> <input type="checkbox"/> Parent Fee			
<input type="checkbox"/> Family's eligibility period will end on _____.			<input type="checkbox"/> Hours of Care			
<input type="checkbox"/> Payment to current provider will end on _____.			<input type="checkbox"/> Shift			
<input type="checkbox"/> Provider chosen is not approved. Comments: _____			<input type="checkbox"/> Other:			
<input type="checkbox"/> Transportation payments begin on _____ and end on _____.						

Check (√) if attachments are included for additional children.

**Attention Parent:** *If your child care payments stop or are changed, you have 60 days or until \_\_\_\_\_ to ask for a hearing. If you do not ask for a hearing by then, you cannot have a hearing. If the hearing decision is in your favor, you will receive retroactive benefits to cover the benefits that you missed. How to ask for a hearing is explained on the back of this form. Please read your rights and responsibilities on the back of this form.*

To Provider: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

From LPA Child Care Social Worker (Name): \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Address: \_\_\_\_\_

White Original: Local Purchasing Agency    Pink Copy: Child Care Provider    Yellow Copy: Parent    Blue Copy: Local Purchasing Agency

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Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

Payment by:  Parent  Agency County: \_\_\_\_\_

<b>Parent must pay the following fee beginning:</b> _____			<b>County Case No.:</b> _____			
<b>Type of Care</b>	<b>Monthly Parent Fee</b>	<b>Daily Parent Fee</b>	<b>DCS ID No.:</b> _____			
Full Time	\$ _____	\$ _____	<b>EIS ID No.:</b> _____			
3/4 Time	\$ _____	\$ _____	<b>Cat. Code</b> _____ <b>Need Code:</b> _____			
1/2 Time	\$ _____	\$ _____	<b>Child eligible for:</b> <input type="checkbox"/> SCC <input type="checkbox"/> Smart Start			
			<b>Number of responsible adults:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2			
<b>Transportation payments</b> begin on _____ and end on _____						
<b>Days/Hours Child Care is Needed:</b>			From _____ a.m./p.m. Until _____ a.m./p.m.			
(Circle days and enter times.)			M T W Th F S S From _____ a.m./p.m. Until _____ a.m./p.m.			
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<b>Dates School Age Care is Needed:</b>			From _____ Through _____ Before/After School/Summer			
1) Enter dates: month/day/year.			From _____ Through _____ Before/After School/Summer			
2) Circle type of care needed.			From _____ Through _____ Before/After School/Summer			
<b>Comments:</b> _____						
<b>Description of Action (√):</b>			<b>Effective Date:</b>			
<input type="checkbox"/> Eligibility from _____ through _____.			<b>Type of Change:</b> <input type="checkbox"/> Parent Fee			
<input type="checkbox"/> Family's eligibility period will end on _____.			<input type="checkbox"/> Hours of Care			
<input type="checkbox"/> Payment to current provider will end on _____.			<input type="checkbox"/> Shift			
<input type="checkbox"/> Provider chosen is not approved. Comments: _____			<input type="checkbox"/> Other:			
<input type="checkbox"/> Transportation payments begin on _____ and end on _____.						

Check (√) if attachments are included for additional children.

**Attention Parent:** *If your child care payments stop or are changed, you have 60 days or until \_\_\_\_\_ to ask for a hearing. If you do not ask for a hearing by then, you cannot have a hearing. If the hearing decision is in your favor, you will receive retroactive benefits to cover the benefits that you missed. How to ask for a hearing is explained on the back of this form. Please read your rights and responsibilities on the back of this form.*

To Provider: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

From LPA Child Care Social Worker (Name): \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Address: \_\_\_\_\_

White Original: Local Purchasing Agency    Pink Copy: Child Care Provider    Yellow Copy: Parent    Blue Copy: Local Purchasing Agency

## CHILD CARE ACTION NOTICE

*This notice is to inform you as the parent or responsible adult (RA) of a change which is about to take place in your child care service. Please read this action notice carefully, front and back, because it is very important to you.*

To Parent/RA: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Payment by:  Parent  Agency County: \_\_\_\_\_

<b>Parent must pay the following fee beginning:</b> _____			<b>County Case No.:</b> _____			
<b>Type of Care</b>	<b>Monthly Parent Fee</b>	<b>Daily Parent Fee</b>	<b>DCS ID No.:</b> _____			
Full Time	\$ _____	\$ _____	<b>EIS ID No.:</b> _____			
3/4 Time	\$ _____	\$ _____	<b>Cat. Code</b> _____ <b>Need Code:</b> _____			
1/2 Time	\$ _____	\$ _____	<b>Child eligible for:</b> <input type="checkbox"/> SCC <input type="checkbox"/> Smart Start			
			<b>Number of responsible adults:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2			
<b>Transportation payments</b> begin on _____ and end on _____						
<b>Days/Hours Child Care is Needed:</b>			From _____ a.m./p.m. Until _____ a.m./p.m.			
(Circle days and enter times.)			From _____ a.m./p.m. Until _____ a.m./p.m.			
			From _____ a.m./p.m. Until _____ a.m./p.m.			
<b>Dates School Age Care is Needed:</b>			From _____ Through _____ Before/After School/Summer			
1) Enter dates: month/day/year.			From _____ Through _____ Before/After School/Summer			
2) Circle type of care needed.			From _____ Through _____ Before/After School/Summer			
<b>Comments:</b> _____						
<b>Description of Action (√):</b>			<b>Effective Date:</b>			
<input type="checkbox"/> Eligibility from _____ through _____.			<b>Type of Change:</b> <input type="checkbox"/> Parent Fee			
<input type="checkbox"/> Family's eligibility period will end on _____.			<input type="checkbox"/> Hours of Care			
<input type="checkbox"/> Payment to current provider will end on _____.			<input type="checkbox"/> Shift			
<input type="checkbox"/> Provider chosen is not approved. Comments: _____			<input type="checkbox"/> Other:			
<input type="checkbox"/> Transportation payments begin on _____ and end on _____.						

Check (√) if attachments are included for additional children.

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To Provider: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

From LPA Child Care Social Worker (Name): \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Address: \_\_\_\_\_

White Original: Local Purchasing Agency    Pink Copy: Child Care Provider    Yellow Copy: Parent    Blue Copy: Local Purchasing Agency

## **TO PARENT:**

This information serves to notify you of action taken regarding the child care assistance being provided for the child or children listed on the reverse side of this **Child Care Action Notice (DCD-0450)**. Please keep this form for your records.

### **RELEASE OF INFORMATION**

The information on this form is necessary to provide eligibility and payment information for child care services. Your signature on the **Child Care Voucher (Form DCD-0446)** gives your consent for information to be released to the child care provider which you select. This also applies to any future changes which affect your child care plan or the payment for your child care assistance. The child care provider has signed an agreement to keep all information confidential. The pink copy of this form is given to your child care provider.

### **HOW TO GET A FAIR HEARING**

You are reminded that you have a right to request and obtain a fair hearing if you disagree with the decisions about your child care assistance as stated on this form. The hearing will establish whether this action was correct and will give you benefits if it was wrong. If you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency (LPA) within **sixty (60) calendar days** after the effective date of the action taken. The effective date is stated on the reverse side of this form. You may ask for the hearing either orally or in writing.

A hearing will be scheduled for you with an official of the local purchasing agency. The hearing will be held within five (**5**) calendar days of your request unless you postpone it for good reasons. If you have good cause, the hearing may be delayed up to ten (**10**) additional calendar days. If you are dissatisfied with the decision made at that hearing, you might have a second hearing with an impartial official from the **NC Department of Health and Human Services**.

### **YOUR RIGHT TO BE REPRESENTED**

At either of these hearings, you may have someone such as a relative or friend represent you. You may have an attorney represent you, but you must pay for his/her services yourself unless free legal services are available in your community. If you are interested in free legal services, contact your child care social worker or call **Information and Referral at 1-800-662-7030**.

### **CHILD CARE ASSISTANCE MAY CONTINUE**

If your child care payments were stopped or changed for any reason other than lack of public child care funds, **you may** keep receiving child care until the local hearing decision is made, provided you ask for a fair hearing on or before the date shown on the reverse side of this form. However, if your hearing shows that the action stated on this form is correct, then you will have to repay the cost of the child care received while you waited for the hearing. If you do not want to continue to receive services as before, you may ask your child care social worker to change or stop the services.

### **REPORT CHANGES WITHIN 5 WORKDAYS!**

Changes in your situation may affect the amount of benefits you receive. You must report all changes to your child care social worker of your local purchasing agency within **5** workdays. North Carolina state law requires that anyone who gets or tries to get assistance for himself or someone else by intentionally saying something that is untrue, or intentionally misrepresenting something as true, or intentionally not giving all necessary information may be guilty of a misdemeanor or felony. You may also have to repay all child care assistance after the changes occurred if you did not report the change on time to your child care social worker. Be careful! Ask your child care social worker if you are not sure whether a change is important to report.

### **YOUR RIGHT TO SEE YOUR RECORD**

You and/or the person(s) speaking for you have the right to ask to see your child care record and any other information to be used at the hearings. Your child care social worker can provide you with free copies of this information. You may see this information again at your hearings.

### **DO YOU UNDERSTAND YOUR RIGHTS AND YOUR RESPONSIBILITIES?**

Do you understand how to get a hearing? If you have any questions or want more information, please contact your child care social worker as soon as possible.

# CHILD CARE ACTION NOTICE

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To Parent/RA: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Payment by:  Parent  Agency County: \_\_\_\_\_

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Full Time	\$ _____	\$ _____	<b>EIS ID No.:</b> _____			
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DCD-0450

Rev. 09/07

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**DO YOU UNDERSTAND YOUR RIGHTS AND YOUR RESPONSIBILITIES?**

Do you understand how to get a hearing? If you have any questions or want more information, please contact your worker as soon as possible.

<b>Agency Use Only: CHILD CARE SYSTEM CATEGORY CODES:</b>							
<b>SCC</b>		<b>SCC-WORK FIRST</b>			<b>FUND SOURCE</b>		
009 With regard to income		005 Work First Family Assistance without countable income	15 Smart Start	72 TANF Federal			
019 Without regard to income		006 Work First Family Assistance with countable income	20 Foster Care	73 TANF (child only-			
020 Foster Care Recipients		055 Teen Parent - Work First Family Assistance	25 SCC	200% poverty)			
054 Teen Parent		017 Non-WF Family Assistance employed with countable	55 County Funds	85 Emergency Care			
070 Military (income exceeds		income	71 Work First (MOE)				
guidelines)		018 Non-WF Family Assistance non-custodial parent with					
071 Military (within income guidelines)		countable income					
<b>NEED CODES:</b>							
<b>Children without Special Needs</b>							
<b>Child Care</b>	<b>Seek Employment</b>	<b>Employed</b>	<b>CPS</b>	<b>Post-Sec. Educ./Training</b>	<b>Develop. Needs</b>	<b>CWS</b>	<b>HS Educ./GED</b>
Full Time	801	811	821	831	841	851	871
3/4 Time	802	812	822	832	842	852	872
1/2 Time	803	813	823	833	843	853	873
Transportation	809	819	829	839	849	859	879
<b>NEED CODES:</b>							
<b>Children with Special Needs</b>							
<b>Child Care</b>	<b>Seek Employment</b>	<b>Employed</b>	<b>CPS</b>	<b>Post-Sec. Educ./Training</b>	<b>Develop. Needs</b>	<b>CWS</b>	<b>HS Educ./GED</b>
Full Time	401	411	421	431	441	451	471
3/4 Time	402	412	422	432	442	452	472
1/2 Time	403	413	423	433	443	453	473
Transportation	409	419	429	439	449	459	479

\*Refer to Subsidized Child Care Reimbursement Manual for explanation of codes.

Blue Copy: Local Purchasing Agency  
Reverse Side

## INSTRUCTIONS FOR COMPLETION OF THE CHILD CARE ACTION NOTICE

**Child May Begin:** Enter the dates that the LPA will pay for services. This period can be different from the period of eligibility listed on the application. Complete this field only if the dates that the LPA will pay for services have changed.

**Category and Need Codes:** These codes are provided on the back of the Child Care Action Notice. It is helpful to enter these codes prior to issuing the action notice to the parent. **Complete this field only if the category and need codes change.**

**Number of responsible adults:** Indicate the correct number of responsible adults included in the case. This is a requirement for all cases. "0" is checked when a child lives with an adult who is responsible for his care but is not financially obligated for the support of the child. For example, a child living with grandparents who do not have financial responsibility for the child or a child who is in foster care. **Complete this field only if the number of responsible adults changes.**

**Transportation:** Indicate the dates that the LPA will pay for transportation services. This period can be different from the period of eligibility listed on the application and may be different from the "child may begin on" date. **Complete this field only if the need for transportation changes.**

**Nine Block Area:** These are the boxes located to the right of transportation payment information. Enter the family size using the first two fields of the nine blocks located to the right of the transportation payment information, i.e., 01, 02, etc. Without using dollar signs, indicate the amount of the family's monthly income in the next 4 blocks. For example, if the family's monthly income is \$1, 245.68, show this amount as 1246. If the family's monthly income is \$750.00, show this amount as 0750. The last three blocks of the shaded area should be zeroes. These blocks may also be used to indicate the child's Social Security # if he/she is a foster child. These fields are optional and the county may choose to leave this information blank. However, it is required that this information be entered into the State's Reimbursement System. **Complete this field only if the family's income changes.**

**REMINDER:** This area should not be referred to as the social security number area. A child's social security number is confidential information.

**Days/Hours Child Care is Needed:** The days and times child care is needed must be indicated. Circle the day(s) of the week that care is needed and write the time in the "From \_\_\_\_\_ Until \_\_\_\_\_" space. (Remember to circle am or pm). For example, if a child needs before- and after-school care Monday through Friday, and summer care, the entry would be:

<u>M</u> T W Th F S S	From	<u>7:00</u>	<u>am</u> /pm	Until	<u>8:15</u>	<u>am</u> /pm
<u>M</u> T W Th F S S	From	<u>3:15</u>	am/ <u>pm</u>	Until	<u>5:00</u>	am/ <u>pm</u>
<u>M</u> T W Th F S S	From	<u>7:00</u>	<u>am</u> /pm	Until	<u>5:00</u>	am/ <u>pm</u>

**School-age Care:** Enter the month, day, and year in which school-age care is needed. Circle the type of care as before/after-school or summer care. Example:

From	<u>8/12/02</u>	Through	<u>5/23/03</u>	<u>Before /After School</u> /Summer
From	<u>5/26/03</u>	Through	<u>8/15/03</u>	Before /After School/ <u>Summer</u>

**Complete this section only if the days and hours that care is needed changes.**

**Comments:** This area may be used to list additional information such as: dates and time that child care is needed on teacher workdays, holidays or during intercession for youth attending year round schools.

**Description of Action:** Check (✓) the action and type of change that will affect the child care services provided to the family.

**Attention Parent:** This space is completed for all recipients. If the child care payment amount is being changed or terminated, enter the date by which the parent/RA may request a hearing. **NOTE:** Begin counting the sixty (60) calendar days on the day following the date of the Action Notice. If the 60<sup>th</sup> day falls on a non-work day, the parent has until the end of the next workday to request a hearing. Refer to the applicable policy chapter in the Subsidized Child Care Services Manual for more information.