

CHILD CARE RESOURCE CENTER  
510 SOUTH 7<sup>TH</sup> STREET  
OPELIKA, AL 36801  
Telephone (334) 749-8400 – Fax (334) 749-9398

**NOTICE OF ELIGIBILITY DETERMINATION**

**\*\*\*\*\*PLEASE BRING COPIES OF ALL ITEMS REQUIRED\*\*\*\*\***

Dear Client:

You have contacted our office for an initial application for childcare services. For us to determine your eligibility, you must complete the enclosed application and return the following required documents.

- \_\_\_ Check stubs for most current 4 weeks of employment (client and spouse)
- \_\_\_ Proof of residence (utility bill, lease, etc.) – must be within 30 days
- \_\_\_ Verification of any other family income received (i.e., family Assistance (FA), SSI, Social Security, Pension, Unemployment, etc. for you or any other household members
- \_\_\_ Current official class schedule (if applicable)
- \_\_\_ Picture ID or Driver's License (client and spouse)
- \_\_\_ Birth Certificate for all household family members under the age of 18
- \_\_\_ Medical documentation for any disabled parent (if not employed) for a two-parent household
- \_\_\_ Complete and return the attached application (Enclosed)
- \_\_\_ Complete and return the Parent Agreement and Parental Choice (Enclosed)
- \_\_\_ The name and address of the daycare you wish to use \_\_\_\_\_

Please remember that we must receive **ALL** of the above information in order to complete the determination process. Failure to submit all required documents will result in a Denial of your application. You may call (334) 749-8400 if you have any questions or concerns.

**Your application and required documents must be mailed to:**

**Child Care Resource Center  
Child Care Subsidy Program  
510 South 7<sup>th</sup> Street  
Opelika, AL 36801**

**CHILD CARE ASSISTANCE APPLICATION**  
**INITIAL APPLICATION**      **A RE-CERTIFICATION**

**A WAITING LIST**

**PARENT INFORMATION:**

Applicant's Name \_\_\_\_\_ SSN (Optional) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
 Single \_\_\_\_\_ Divorced \_\_\_\_\_ Spouse Name \_\_\_\_\_ Spouse SSN (Optional) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
 Married \_\_\_\_\_ Separated \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Residential Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Hm/Cell \_\_\_\_\_ Wk \_\_\_\_\_ Currently receiving Family Assistance (FA) benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ Date last FA check received \_\_\_\_\_  
 Applicant's Language \_\_\_\_\_ Currently in school/training? Yes \_\_\_\_\_ No \_\_\_\_\_ High School Student? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of School \_\_\_\_\_  
 Circle current classification: Freshman    Sophomore    Junior    Senior    Highest grade completed: GED \_\_\_\_\_ High School \_\_\_\_\_ Vocational/Trade \_\_\_\_\_ Junior College \_\_\_\_\_ 4-Year \_\_\_\_\_  
 Applicant's Employer's Name \_\_\_\_\_ Other Employer's Name \_\_\_\_\_ Circle one: 2<sup>nd</sup> Job    Other Household Member  
 Spouse's Employer's Name \_\_\_\_\_ Email: \_\_\_\_\_

**HOUSEHOLD INFORMATION: List EVERYONE living in the home including applicant, spouse and all children.**

NAME	SSN (Optional)	DOB	Sex	RELATIONSHIP TO APPLICANT/PARENT	WAGES (PAY) PER HOUR	HOURS WORKED PER WEEK	UNEARNED INCOME <small>(Source, Gross Amount &amp; How Often) SSI, Social Security, Unemployment Comp., Family Assistance, Child Support, etc.</small>
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							

Do you or any household member have assets valued at more than one million dollars? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list your assets and their value: \_\_\_\_\_

NAME OF CHILD(REN) WHO NEED CHILDCARE	DAYS CARE IS NEEDED							Where Will Child Receive Care If Application Is Approved	NAME OF SCHOOL CHILD ATTENDS (if applicable)
	M	T	W	T	F	S	S		
1. _____									
2. _____									
3. _____									
4. _____									
5. _____									

I certify that the information given is true and complete to the best of my knowledge.  
 Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Total Income: \_\_\_\_\_ Total Number in the Family: \_\_\_\_\_  
 CMA Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Mailing Street Address  
Agency Mailing City State Zip  
Agency Telephone Number Agency 1-800 Number Agency FAX Number

## CHILD CARE ASSISTANCE APPLICATION

### Instructions:

Please read the application carefully. Complete all sections of the application. Answer each question completely and to the best of your ability. List everyone in your household. Please print clearly.

The child care application asks you to give us the social security number for everyone in your household. Social security numbers will help us to process your case more quickly. We will only use your social security number in the administration of the Child Care Subsidy Program to help us verify your income, make changes in your case, and assemble research data. Your SSN may also be used in program reviews. If you do not want to give us the social security number for a member of your household, your application for child care will not be denied and services will not be withheld because you do not give us a social security number.

If you should choose not to give the social security number for some members of your household, you must still answer questions about his or her income and answer the other questions on this form.

## Child Care Parent Agreement

Parent Name \_\_\_\_\_ Case ID \_\_\_\_\_

1. I understand information given to the Child Care Management Agency is needed to determine my eligibility or continued eligibility for child care assistance. I understand all information given is confidential and any other use or disclosure will be made only for certain limited purposes allowed under State and Federal laws and regulation. Such purposes include but are not limited to, establishing eligibility, determining amount of assistance, and providing services to applicants and recipients.
2. I understand the submission of a social security number (SSN) is voluntary. I will not be denied services, nor will services be withheld if I choose not to provide the SSN for myself or other family members. Should I choose to submit the SSN for myself or other family member, I understand the SSN will only be used in the administration of the Child Care Subsidy program to help verify my income, make changes to my case, and assemble research data. I understand my SSN may also be used in program reviews.
3. I understand that any information I have given is subject to verification by an authorized representative of the Child Care Management Agency and/or the Department of Human Resources and I hereby give my permission to obtain such verification. This may involve the agency contacting child care providers, an employer, bank, school/training facility, Internal Revenue Service, Social Security Administration, Veterans Administration, Unemployment Compensation Agency, or other parties.
4. I understand I am not obligated to report changes. However, I may report changes that are beneficial to my family. I agree to notify the Child Care Management Agency (either verbally or in writing) within 10 calendar days of any change that occurs in:
  - Family size or composition (birth, death, child leaving or entering home)
  - My address and/or home phone number
  - My childcare needs, including hours, level (infant/toddler, preschool, before/after school) and amount (full-time, part-time) of care needed.
5. I agree to pay my childcare provider the weekly fee assessed by the Child Care Management Agency. The amount of this fee will be shown on my current Certificate of Child Care Award or Amendment to Certificate of Child Care/Notice of Action.
6. I understand and agree to the following policies regarding parent fee payment:
  - The full weekly parent fee is due for my child(ren) even when (s)he is absent due to sickness, vacation, or the provider is closed (approved closings only).
  - Parent fees are due on Monday for the current week and must be paid for the entire week. Parent fees will not be refunded for any partial week of service.
  - Failure to pay parent fees may result in termination from services.
  - I agree to notify this agency if my child(ren) is absent from childcare for more than 5 days.

7. I understand I may be required to repay the Department for any assistance received due to providing incorrect or false information or failing to provide information concerning changes in my circumstances within 10 days of the date of the change(s). A repayment agreement will be completed to recoup any overpayment.
8. I understand that should I knowingly give any false information or withhold any information regarding my situation, I may be liable for criminal prosecution for fraud.
9. I have been given a copy of the Civil Rights Pamphlet (at initial interview), and a statement of my rights and procedures for appeal. I understand that I may request a review and/or hearing within 60 days if I am not satisfied with any decision of the Child Care Management Agency.
10. I certify that all my children in need of child care are citizens or legal immigrants of the United States.
11. I certify that I am currently residing in Alabama.
12. I understand that my child care services are subject to termination if I give my Time and Attendance System (TAS) swipe card to my child care provider or an individual employed by the child care provider, or allow my child care provider or an individual employed by the child provider to swipe my TAS card for purposes of recording attendance.
13. I understand that my child care services are subject to termination if I do not use my Time and Attendance System (TAS) swipe card to record my child(ren) attendance at the child care provider.

I certify that I have read and/or had read to me all the statements on this form and I understand that I must comply with the agreements and/or certifications.

\_\_\_\_\_  
**Parent Signature**

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

\_\_\_\_\_  
**CMA Worker Signature**

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

## STATEMENT OF PARENTAL CHOICE

I, \_\_\_\_\_, hereby certify that I have made the choice of provider(s) to provide child care services for my child(ren).

I certify that parental choice has been explained to me and I understand I am free to choose any legally operating child care provider, including a licensed child care center, a licensed family or group day care home, a relative who resides outside of my home, or any other excepted from licensure child care setting, such as a YMCA.

I understand that I may change my chosen child care provider anytime by providing the Child Care Management Agency with written or verbal notice.

I understand that I have the right to have access to my child(ren) anytime upon my request to my child care provider, and if the provider fails to provide such access I should report this refusal to the Child Care Management Agency immediately.

I have discussed my child's care with this provider, and I understand that if my chosen provider charges additional rates and fees that I am solely responsible to the provider for the full amount of the additional charges, including, but not limited to, the following:

- Registration fees;
- Late pick-up fees;
- Any amount greater than the maximum amount of subsidy and my assigned parental fee; and,
- Any other mandatory or optional rates and fees.

I understand that these additional rates and fees are in addition to the parental fee I am required to pay as a condition of my child's eligibility for subsidy. I further understand that I am not required to select a provider that charges additional rates and fees and that I have made this choice of my own free will.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case ID

\_\_\_\_\_  
CMA Worker Signature

\_\_\_\_\_  
Date

Child Care Resource Center  
510 S. 7<sup>th</sup> Street  
Opelika, Alabama 36801  
Phone: (334) 749-8400 FAX: (334) 749-9398

**ALTERNATE CARDHOLDER AUTHORIZATION**

Parent Name \_\_\_\_\_

Parent ID \_\_\_\_\_

**GENERAL INFORMATION**

The Alabama Electronic Payment System (EPS) is used to track attendance for a child participating in Alabama's Child Care Subsidy Program (Subsidy Program) for child care providers registered with the Subsidy Program. The system involves the use of a swipe card, by the parent. The parent or their designated alternate cardholder-document attendance by swiping their card through a point-of-service (POS) device at the child care facility.

Parents actively participating in the Subsidy Program can be issued two (2) swipe cards; one card for the parent and one for an alternate person. The alternate person (cardholder) can be a spouse or someone else who assists the parent in taking the child to and from the child care facility. **The alternate cardholder cannot be the child care provider or anyone who is employed by or acts on behalf of the child care provider.**

**I. AUTHORIZATION OF ALTERNATE CARDHOLDER** \_\_\_\_\_ New \_\_\_\_\_ Change

Complete the information below to authorize issuance of a second card for an alternate person (cardholder) to assist in recording attendance for your child.

I wish to authorize the following person as an alternate cardholder.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Parent: \_\_\_\_\_

**I understand that the alternate cardholder is responsible for assisting in recording attendance for my child. I understand that I am responsible for all actions/swipes made by the alternate cardholder on my behalf. I certify that the alternate cardholder is not the child care provider, or anyone employed by, or acting on behalf, of the child care provider.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**II. NO ALTERNATE CARDHOLDER**

I **choose not to have an alternate** card issued for my Subsidy Program case. I understand **no** alternate swipe card will be issued and **no** alternate cardholder will be designated for my case.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**III. WITHDRAWAL OF ALTERNATE CARDHOLDER**

I wish to **remove all prior designated alternate cardholder information** from my case. I understand that by signing this form the alternate cardholder's swipe card will be **inactivated**. Furthermore, I understand that I am **solely** responsible for tracking my child's attendance at the child care facility.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

# CHILD CARE FACT SHEET

## For Persons Applying For or Receiving Child Care Services

### WHO IS ELIGIBLE FOR SERVICES?

You may be eligible for services if you are making your home in Alabama and are employed and/or enrolled in school/training and making no more income than is allowable (see Initial Eligibility Monthly Income Scale).

### WHAT IS THE ALLOWABLE INCOME AND HOW MUCH IS THE WEEKLY FEE?

Income is gross income before taxes, social security or any other deductions are made. Regulations allow for no deductions to gross income. Family income includes wages from employment, SSI, SSA, etc. Weekly gross income is multiplied by 4.333 to compute monthly income.

### WHO IS INCLUDED IN A FAMILY?

Family means the basic family unit consisting of an adult and his or her spouse (including common law), children under 18 years of age, and minor parents under 18 years of age and their children, related by blood, marriage, or adoption, who are residing in the same household. A member of this basic family unit temporarily out of the home continues to be considered as part of the family.

Considered as separate families are:

- Related persons 18 years of age or over, other than spouses, who live together.
- Unrelated persons 18 years of age or over who live together.
- Children for whom the Department of Human Resources has custody of and who are in foster care.
- Individuals under 18 years of age who are married.

### INITIAL ELIGIBILITY MONTHLY INCOME SCALE AND PARENTAL FEE CHART

		Weekly Fee Per Child:								
		0-100% FPL	101-110% FPL	111-120% FPL	121-130% FPL	131-140% FPL	141-150% FPL	151-160% FPL	161-170% FPL	171-180% FPL
		\$0.00	\$18.00	\$21.00	\$24.00	\$27.00	\$30.00	\$33.00	\$36.00	\$39.00
Family Size:	2	\$0-1643	\$1644-1808	\$1809-1972	\$1973-2136	\$2137-2301	\$2302-2465	\$2466-2629	\$2630-2794	\$2795-2958
	3	\$0-2072	\$2073-2279	\$2280-2486	\$2487-2693	\$2694-2900	\$2901-3108	\$3109-3315	\$3316-3522	\$3523-3729
	4	\$0-2500	\$2501-2750	\$2751-3000	\$3001-3250	\$3251-3500	\$3501-3750	\$3751-4000	\$4001-4250	\$4251-4500
	5	\$0-2928	\$2929-3221	\$3222-3514	\$3515-3807	\$3808-4100	\$4101-4393	\$4394-4685	\$4686-4978	\$4979-5271
	6	\$0-3357	\$3358-3692	\$3693-4028	\$4029-4364	\$4365-4699	\$4700-5035	\$5036-5371	\$5372-5706	\$5707-6042
	7	\$0-3785	\$3786-4164	\$4165-4542	\$4543-4921	\$4922-5299	\$5300-5678	\$5679-6056	\$6057-6435	\$6436-6813
	>=8	\$0-4213	\$4214-4635	\$4636-5056	\$5057-5477	\$5478-5899	\$5900-6320	\$6321-6741	\$6742-7163	\$7164-7584

Note: All new applicants must enter under the Initial Eligibility Monthly Income Scale.

### CONTINUING ELIGIBILITY MONTHLY INCOME SCALE AND PARENTAL FEE CHART

		Weekly Fee Per Child:	
		181-190% FPL	191-200% FPL
		\$42.00	\$45.00
Family Size:	2	\$2959-3122	\$3123-3287
	3	\$3730-3936	\$3937-4143
	4	\$4501-4750	\$4751-5000
	5	\$5272-5564	\$5565-5857
	6	\$6043-6378	\$6379-6713
	7	\$6814-7192	\$7193-7570
	>=8	\$7585-8005	\$8006-8427

Note: All continuing applicants must have a family income that does not exceed the \$45.00 column in order to be eligible at recertification.

### INCOME CUTOFF - ENDS PARTICIPATION PRIOR TO END OF 12 MONTH ELIGIBILITY PERIOD

Family Size:	2	3	4	5	6	7	>=8
	\$4258	\$5260	\$6262	\$7264	\$8266	\$8454	\$8642

All child care programs managed by the Child Management Agency are administered in accordance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other federal and state civil rights laws.



## NOTICE OF CLIENT'S RIGHTS

*If you are not satisfied with the action of the Child Care Management Agency because your application was denied, your application was not acted on within 30 days, or your child care services were reduced or terminated, you may take the following steps:*

(1) Ask for an administrative review with the Child Care Management Agency.

*Or*

(2) Ask for a formal hearing. The request must be made in writing by you or your legal representative, must clearly state the reason for your complaint, and must be signed and dated by you. You may send your request to the Child Care Management Agency, who will forward it to the Department of Human Resources Administrative Hearing Office.

### *Who may ask for a hearing?*

You or someone legally appointed to represent you may request a hearing.

### *How much time do you have to request a formal hearing?*

Your written request must be made to the Child Care Management Agency within 60 days of the alleged offense(s). Be sure to include your current address.

### *What are the hearing procedures?*

The State Department of Human Resources will send information about hearings to the person requesting the hearing. A representative of the State Department of Human Resources will conduct and preside over the hearing.

### *How do you withdraw a hearing request?*

You may voluntarily withdraw the hearing request at any time prior to the resolution of the complaint by the Administrative Hearing Officer. The withdrawal must be in writing, must be signed and dated by you and must clearly indicate the reason(s) for your decision. You may send your withdrawal to the Child Care Management Agency, who will immediately forward it to the Administrative Hearing Officer.

### *Nondiscrimination...*

All child care programs managed by the Child Care Management Agency are administered in accordance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other federal and state civil rights laws.