|  |  |
| --- | --- |
|  | **Tennessee Department of Human Services****APPLICATION FOR CHILD CARE PAYMENT ASSISTANCE/SMART STEPS** |

# Please review the following information prior to applying for child care through the Department of Human Services. Child Care through the State of Tennessee is a family need, eligibility based program. The appropriate Child Care Specialist will discuss the eligibility requirements for the specific type of child care for which you are applying. You may also apply and submit verifications online at: [Child Care Payment Assistance Online Application (tn.gov)](https://cconlineapp.dhs.tn.gov/Home/Login) or submit this completed application at your local TDHS County office (<https://www.tn.gov/content/tn/humanservices/for-families/child-care-services/child-care-assistance-office-locator.html>). Interpreter services [are](http://tfli.org/) available through the Tennessee Language Center at <https://tfli.org/>.

**Applications are not Complete until all required verifications are provided**.

1. **In order to determine Child Care Payment Assistance Eligibility, the following verifications are required:**

 Valid ID - At least one (1) of the following for each parent/guardian residing in the home:

* Driver’s License
* State issued ID
* Voter’s Registration Card (Tennessee)
* I-94 card
* Passport

Verification of Current Resident-At least (1) of the following must be in the parent/guardian’s name:

* Rent/ lease agreement
* Mortgage receipt
* Utility bill

Verification of Citizenship-At least one (1) of the following for each child needing care:

* + A U.S. Passport
	+ A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561)
	+ A birth certificate
	+ Hospital, clinic or doctor records
	+ A report or Certification of Birth Abroad of a U.S. citizen
	+ A U.S. Citizen ID card, or adoption papers, or a military record

Verification of relationship of the following: (Birth Certificate, Marriage Certificate, Court Orders, etc.)

* + spouse/partner/other parent;
	+ sibling;
	+ other children who may receive assistance due to custody or birth

Income Verification - At least one of the following for each parent/guardian

* + Check stubs for the most recent 8 weeks for each parent/guardian/spouse employed.
	+ Employer statement on company letterhead (if within eight weeks of employment or if hours or wage have changed less than 8 weeks ago)
	+ Federal 1040 (most recent year only to be used for self-employment verification)
	+ Award Letters
	+ Self-Employment Reporting and Verification Form HS-3177

Child Support verification (Court Order, Payment Records)

Verification of school/college attendance/enrollment - parent(s), guardian(s), minor parent(s)

* + Current class schedule per semester/quarter – registration and attendance must be verified

 Any other verification(s) needed per request to determine eligibility.

# Social Security numbers are not required to submit an application for child care payment assistance. However, this information may be requested when determining eligibility.

1. **Child with Disability as defined by Office of Child Care Administration**

“Child with a disability” includes:

* 1. A child with a disability, as defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401);
	2. A child who is eligible for early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.);
	3. Child who is less than 13 years of age and who is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); and
	4. A child with a disability, as defined by the State.
1. **Homeless- as defined by Office of Child Care Administration** “homeless children and youths”—
	1. Means individuals who lack a fixed, regular, and adequate nighttime residence; and
	2. Includes —
		1. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
		2. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
		3. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
		4. migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

# Military- as defined by Office of Child Care Administration

 The Administration has taken a number of actions to increase services and supports for members of the military and their families. We are proposing to add a new data element to the ACF-801 to determine the family’s status related to military service. This element will identify if the parent is currently active duty (i.e. serving full-time) in the U.S. Military or a member of either a National Guard unit or a Military Reserve unit. This data will allow States and Office of Child Care (OCC) to determine the extent to which military families are accessing the Child Care and Development Fund (CCDF) program.

|  |  |
| --- | --- |
|  | **Tennessee Department of Human Services****APPLICATION FOR CHILD CARE PAYMENT ASSISTANCE/SMART STEPS** |

**Applications are not Complete until all required verifications listed on the previous page are provided.**

 **Check here ONLY if you need assistance providing verifications.** **[ ]**

**Primary Language (Check One)**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  01 English | [ ]  02 Spanish | [ ]  03 Native, Central, South American and Mexican | [ ]  04 Caribbean Language |
| [ ]  05 Middle Eastern and South Asian Languages | [ ]  06 East Asian Languages | [ ]  07 Native North American/Alaska Native Languages | [ ]  08 Pacific Island Languages |
| [ ]  09 European and Slavic Languages | [ ]  10 African Languages | [ ]  11 Other        | [ ]  12 Unspecified |

|  |  |
| --- | --- |
| **Hours of care needed:** | [ ]  Traditional hours from       [ ]  am [ ]  pm to       [ ]  am [ ]  pm |
|  | [ ]  Non-Traditional Hours from       [ ]  am [ ]  pm to       [ ]  am [ ]  pm |

Applicant’s Name: Last:      First:       Middle Initial:

**(Please Print)**

|  |  |
| --- | --- |
| SS#:      -     -      | Marital Status: (Check One) |
|  |  | [ ]  Single | [ ]  Married | [ ]  Separated | [ ]  Widowed |
|  |  | Sex: | [ ]  Male | [ ]  Female |  |
|  |  | Race: |      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| DOB:      /     /      |  |  |  |

Military Service

|  |  |  |
| --- | --- | --- |
| Active: | [ ]  Yes [ ]  No | Date of Service:      /     /       |
|  |  |  |
| Active Reserve: | [ ]  Yes [ ]  No | Location/Duty:        |

Spouse/Other Parent/Partner Name: Last:      First:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial:

(If living in the home) (**Please Print)**

|  |  |
| --- | --- |
| SS#:      -     -      | Marital Status: (Check One) |
|  |  | [ ]  Single | [ ]  Married | [ ]  Separated | [ ]  Widowed |
|  |  | Sex:  | [ ]  Male | [ ]  Female |  |
|  |  | Race: |      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| DOB:      /     /      |  |  |  |

 **If homeless \*(Definition on page 1) Check here** [ ]

Address: [ ]

|  |  |
| --- | --- |
| Street Address:        | Apt#       |
| City:        | State:      \_\_\_\_\_\_\_\_\_\_\_\_ Zip:      \_\_\_\_\_\_\_\_\_ County:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The preferred contact method is Email. Check here ONLY if you need to opt out of Email communication [ ]  | Home Phone:      -     -     [ ]  [ ]  [ ]  | Cell:      -     -      |
| Alternate Contact Name:       Alternate Contact Phone:      -     -      |  |

# Children Needing Child Care:

Were all children needing care born in Tennessee? Yes [ ]  No [ ]

**Name of child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name       | First Name       | Date of Birth | Sex | Relationship |
|      /     /      | [ ]  M [ ]  F |        |
| Race       | SSN (optional)     /     /      | Does child have a disability? (Definition on Page 1)[ ]  Yes [ ]  No |
| Last Name       | First Name       | Date of Birth | Sex | Relationship |
|      /     /      | [ ]  M [ ]  F |        |
| Race       | SSN (optional)     /     /      | Does child have a disability? (Definition on Page 1)[ ]  Yes [ ]  No |
| Last Name       | First Name       | Date of Birth | Sex | Relationship |
|      /     /      | [ ]  M [ ]  F |        |
| Race       | SSN (optional)     /     /      | Does child have a disability? (Definition on Page 1)[ ]  Yes [ ]  No |
| Last Name       | First Name       | Date of Birth | Sex | Relationship |
|      /     /      | [ ]  M [ ]  F |        |
| Race       | SSN (optional)     /     /      | Does child have a disability? (Definition on Page 1)[ ]  Yes [ ]  No |
| Last Name       | First Name       | Date of Birth | Sex | Relationship |
|      /     /      | [ ]  M [ ]  F |        |
| Race       | SSN (optional)     /     /      | Does child have a disability? (Definition on Page 1)[ ]  Yes [ ]  No |

**Other family members including children NOT needing Child Care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name | First Name | MI | Relationship | DOB | SSN |
|       |       |       |       |      /     /      |      -     -      |
|       |       |       |       |      /     /      |      -     -      |
|       |       |       |       |      /     /      |      -     -      |

**Employment:**

|  |
| --- |
| 1. |
| Employer Name:        |
| Address:        | Work Number      -     -      |
| Pay Frequency: (Check One) | [ ]  Weekly | [ ] Every Two Weeks | [ ] Twice Monthly | [ ]  Monthly |
| Hourly Wage: $      Hours per Week:       |
|  |
| 2. |
| Employer Name:        |
| Address:        | Work Number      -     -      |
| Pay Frequency: (Check One) | [ ]  Weekly | [ ] Every Two Weeks | [ ] Twice Monthly | [ ]  Monthly |
| Hourly Wage: $      Hours per Week:       |
|  |

**Education:**

|  |  |
| --- | --- |
| Applicant | Presently Attending? [ ]  Yes [ ]  No |
| (Check One) | If yes, Where Attending: \_\_\_\_       |
| [ ]  High School | Credit Hours:       |
| [ ]  College/University | If not currently attending, Degree/Certification Earned:     \_\_\_\_  |
| [ ]  Technical School |  |
| [ ]  Other |  |
|  |  |
| Spouse/Other Parent/Partner | Presently Attending? [ ]  Yes [ ]  No |
| (Check One) | If yes, Where Attending:       \_\_\_\_  |
| [ ]  High School | Credit Hours:       |
| [ ]  College/University | If not currently attending, Degree/Certification Earned:      \_\_  |
| [ ]  Technical School |  |
| [ ]  Other |  |

**Other Income:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Monthly Amount | Who Receives | Monthly Amount | Who Receives |
| Child Support | $      |       | $      |       |
| Alimony | $      |       | $      |       |
| Social Security/SSI | $      |       | $      |       |
| Veteran Pension | $      |       | $      |       |
| Unemployment Comp | $      |       | $      |       |
| Self Employ-Non Farm | $      |       | $      |       |
| Self Employ-Farm | $      |       | $      |       |
| Military | $      |       | $      |       |
| Other (please specify) | $      |       | $      |       |

**\*Books from Birth (Imagination Library): I understand by applying for child care payment assistance I am authorizing the Tennessee Department of Human Services to enroll my age eligible child(ren) (birth to age 5) in the Books from Birth program. I further understand upon enrollment my child(ren) will receive an age appropriate free book each month via mail until my child reaches age 5. I consent to share my information with Books from Birth Foundation staff and their partners for the purpose of enrolling my child in the Books from Birth program.**

**\*\*CLIENT DECLARATION: I certify that the above information is true and correct. I also understand my obligation to report and provide verification of any changes in household address within ten (10) calendar days and advise DHS immediately if child is removed from an agency’s care or transferred to another agency. My right to appeal the decision concerning services and Rights and Responsibilities sections below have been reviewed. . I further understand that if I willfully withhold any information or willfully give false information or misrepresent the circumstances of anyone for whom services are requested and thereby receive services to which I am not entitled that I will be subject to criminal prosecution under the issue of the State of Tennessee.**

I declare that I do not have assets in excess of $1,000,000.00**RELEASE OF INFORMATION: I further understand and agree to cooperate if a representative from the Department of Human Services requests verification of income and family size.**

**PERMISSION TO CONTACT ME:**

**I agree that TDHS may contact me by U.S. Mail, Email, and by phone at the address and numbers indicated on my application, and leave messages when I am unavailable, as necessary to provide information about my application for assistance/services or the assistance/ services that I am already receiving.**

**Signature of Client or Representative: Date:**

**Relationship of Representative to Client:**

Rights and Responsibilities

Please review the following important rules, policies and/or conditions that will apply to Tennessee Department of Human Services (TDHS) Child Care Certificate Program Child Care Payment Assistance customers.

1. You are responsible for any notice that is sent to the wrong address due to failure to report an address change to the Child Care Certificate Program.
2. All Child care providers have policies in place for all families who enroll children with their program. You are responsible for following those policies.
3. A TDHS Child Care Specialist will assist you with understanding your options, choices, and information for selecting a child care provider but will not influence your choice. You may choose any child care provider approved and enrolled in the TDHS Child Care Certificate Program. If you choose a child care provider that is not enrolled with the TDHS Child Care Certificate Program, that potential child care provider must enroll with the TDHS Child Care Certificate Program and meet all the requirements prior to the Child care provider receiving payment. Making this this choice may cause a delay in receiving child care for your child/ren and you may be responsible for any fees charged by the child care provider prior to the date of the TDHS approval.
4. You may access child care provider information on the Child Care Services website at:

**http/tn.gov/human services/topic/child-care-services,** which includesinformation on the child care locator, Quality Rating & Improvement System (QRIS), Safe Sleep, choosing quality care, developmental screenings, Kidcentral and other helpful consumer education resources.

1. You are allowed one (1) unquestioned child care provider transfer per year. It is important to have continuity of care for the growth and the development of your child/ren. It is important for your child/ren to be in a positive, stable, safe, healthy and developmentally rich environment. Therefore, after one (1) transfer, subsequent transfer requests will be reviewed on a case by case basis prior to denial or approval.
2. TDHS will pay your child care provider reasonable registration fees for each eligible child including an initial enrollment and annual thereafter, if applicable. You are allowed one transfer during the eligibility period if necessary and the registration fee will be paid for that transfer only. You are responsible for any other registration fees resulting for a transfer even when good cause exists. You should pay any assigned parent co-pay fees in full before you transfer child care providers as failure to pay any outstanding fees owed may result in collection efforts by the child care provider.
3. You must notify your child care provider when your child will absent. You remain responsible to pay any parent co-pay and cost difference, if applicable, during your child’s absence.
4. You must notify your Child Care Specialist before, but no later than, the day you plan to stop sending your child to your current child care provider.
5. Your child’s enrollment may be terminated with the chosen child care provider after twenty (20) consecutive absence. If your child has a serious illness that requires the absence to exceed twenty (20) consecutive days, you must contact your Child Care Specialist.
6. You may have another child care provider care for your child(ren) if your regular child care provider is closed; including the days your child care provider is closed for state holidays. You must contact your Child Care Specialist at least three (3) calendar days prior to the need of the alternate child care to make the necessary arrangements.
7. You are financially responsible for payment of the full cost of child care charged by the child care provider for any days you are not eligible for child care payment assistance.
8. Should you have any concerns specific to health and safety practices of your child care provider, you may report those concerns to the Child Care Hotline by calling

1-800-462-8261.

**Confidential Information**

All of the personal information we have collected regarding you and your family will remain confidential **except as may be required by law.**Your Child Care Specialist will only discuss your case file with other authorized agencies. No personal information will be given to any other agency or individual without written permission from you, **except as may be required by law.**

**Fair Hearing Appeal Policy**

**You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice**

**If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for payment assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.**

**You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.**