



APPLICANT WORKSHEET FOR CHILD CARE SERVICES

State Form 56907 (R4 / 7-25)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

CHILD CARE AND DEVELOPMENT FUND (CCDF) / ON MY WAY PRE-K PROGRAM

Name of applicant	Case number	Date of birth of applicant (<i>month, day, year</i>)	Cell phone number ()	Other contact phone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)			County	Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing address (<i>if different from above</i>) (<i>number and street, city, state, and ZIP code</i>)			Primary language spoken	E-mail address

ADULTS LIVING IN HOUSEHOLD

	First Name, Last Name	Date of Birth (<i>month, day, year</i>)	Relationship to Applicant	Working?	School?	Highest Grade Completed	Hours Working or in School per Week	Days per Week Care is Needed (<i>S, M, Tu, W, Th, F, S</i>)
APPLICANT			SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
CO-APPLICANT				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

CHILDREN LIVING IN HOUSEHOLD

Child's First Name, Last Name	Date of Birth (<i>month, day, year</i>)	Relationship to Applicant	Child Needs Child Care?	Child Lives in Household With	Earliest Drop-Off	Latest Pick-Up
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

INCOME DISCLOSURE – Include all income received

Income Source	Monthly Amount	For Whom	Verification That Must Be Attached	Income Source	Monthly Amount	For Whom	Verification That Must Be Attached
Child Support			Amount must be listed, even if zero (0).	Wages / Salary			Pay stub or cancelled check (front and back) and wage detail form (<i>if applicable</i>)
Social Security			Award letter, check stub, or verification from agency	Housing Assistance			None
Supplemental Social Security			Award letter, check stub, or verification from agency	SNAP			None
TANF			Amount must be listed, even if zero (0).	Work Study			None
Unemployment			Amount must be listed, even if zero (0).	Other			Attach appropriate documentation

ANSWER THE FOLLOWING QUESTIONS.

1. What school district does your child attend?	2. Are you living in a homeless shelter or domestic violence shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are you living in your car, a park, or other public place? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you living in a residence with family and/or friends? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do any of the children on this application have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or your co-applicant active in the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or your co-applicant active in the National Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have assets which exceed one (1) million dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S RIGHTS AND OBLIGATIONS

I understand the following pertaining to my obligations of verifying my eligibility for child care benefits:

- I understand it is my responsibility to furnish the Eligibility Office with complete and accurate information including, but not limited to, income and family composition. I understand I will be required to submit proof of information provided.
- I understand that I may be requested to verify these statements and give my consent to the agency, from where I am requesting services, to make any necessary contacts and verify statements.
- I understand subsidized child care will not begin until all forms are completed and I have received written notice from the Eligibility Office or their representative.
- I understand I must report to the Eligibility Office when my service need ends, my TANF status changes, my family composition changes, I move to another state, I obtain a new phone number, I have total assets which exceed one (1) million dollars, or I have a change in income which exceeds 85% of the State median income (SMI), within ten (10) calendar days of the change and provide supporting documentation, if necessary.
- I understand I may be asked to cooperate with state and/or federal personnel in any investigation. I further understand my failure to cooperate may result in termination from the program.

I understand the following pertaining to my child care provider:

- I understand I must request a provider change by submitting a complete and current Provider Information Page to the Eligibility Office no later than noon the day before the last business day of the week. I understand that I cannot change providers until the vouchers are updated.
- I understand the choice of caregiver is not only my choice, it is my responsibility.
- I understand it is my responsibility to report any suspected child abuse and neglect to the proper authority and others have the same responsibility concerning my child/children.
- I understand reimbursement for my child/children's care will be made directly to the provider, unless the care is provided in my home by a non-resident, in which case the payment will be made directly to me. It is my responsibility to reimburse the provider for services rendered as well as any co-payments. I also understand it is my responsibility to withhold and make all applicable Internal Revenue Service (IRS) payments for my child care provider and for the end of the year reporting to the IRS.
- I understand my provider must provide care at the address listed on the voucher.
- I understand parents, step-parents or custodians will not be paid as caregivers for their own children.
- I understand that failure to pay any child care co-payment could result in my family being terminated from this funding assistance.
- I understand that my child is expected to attend child care full-time and my child receives forty (40) occasional absence days per enrollment year to be used if they are sick, on vacation, or have an emergency and cannot attend. I understand that my child care provider will still be paid for these days.
- I understand I will receive notices about my child's absences and that if there are discrepancies, I must contact the eligibility office. Absence discrepancies older than 60 days will not be reviewed.
- I understand if my children will not be attending the child care program for a period of two weeks or more AND my program does NOT expect to be paid, I must request a gap voucher with the Eligibility Office in advance to avoid absences.

I understand my rights in receiving child care benefits through the CCDF/On My Way Pre-K program:

- I understand information concerning my family regarding the CCDF/On My Way Pre-K voucher program, and the services I receive, will be treated as confidential and will be used solely for the administration of the CCDF/On My Way Pre-K voucher program.
- I understand my right to file a written complaint.
- I understand I can submit a written appeal if I disagree with an action taken regarding my eligibility for CCDF/On My Way Pre-K.

I understand my child care benefits may be terminated for any of the following reasons:

- Failure to respond to requests for additional information related to eligibility determination from the Office of Early Childhood and Out of School Learning or its agents within the required time frame.
- Failure to pay weekly copayment owed, if reported within thirty (30) days from first missed payment.
- Failure to fully reimburse CCDF/On My Way Pre-K eligible in-home (nanny) provider.
- Failure to remain current on any existing repayment agreements determined by the Office of Early Childhood and Out of School Learning.
- Failure to select a CCDF/On My Way Pre-K eligible provider.

I understand my child care benefits will be terminated for any of the following reasons:

- Excessive unexplained absences.
- A change of residency outside of the State.
- Substantiated fraud or intentional program violations.
- Failure to provide complete information at time of authorization or update.
- CCDF/On My Way Pre-K Household income does not meet financial eligibility.
- CCDF/On My Way Pre-K Household does not meet service need requirements.
- Copayment exceeds total weekly subsidy.
- Failure to select a CCDF/On My Way Pre-K eligible provider.
- I understand that my child/children's vouchers will be terminated once they have accumulated forty (40) occasional absence days or twenty (20) consecutive absence days. If my child/children's vouchers are terminated for excessive absences, I understand that I must wait ninety (90) days to re-apply to the wait list for child care services.

DISCLOSURE STATEMENT**Indiana Code Section 35-43-5-4 Fraud – Defrauding Creditors**

(a) A person who: (1) with the intent to obtain property or data, or an educational, governmental, or employment benefit to which the person is not entitled, knowingly or intentionally: (A) makes a false or misleading statement; or (B) creates a false impression in another person; (2) with the intent to cause another person to obtain property, knowingly or intentionally: (A) makes a false or misleading statement; (B) creates a false impression in a third person; or (C) causes to be presented a claim that (i) contains a false or misleading statement; or (ii) creates a false or misleading impression in a third person; (3) possesses, manufactures, uses, or alters a document, instrument, computer program, or device with the intent to obtain: (A) property; (B) data; or (C) an educational, governmental, or employment benefit; to which the person is not entitled; or (4) knowingly or intentionally engages in a scheme or artifice to commit an offense described in subdivisions (1) through (3); commits fraud, a Class A misdemeanor except as otherwise provided in this section.

(b) The offense described in subsection (a) is a Level 6 felony if one (1) or more of the following apply: (1) The offense is committed not later than seven (7) years from the date the person: (A) was convicted of a prior unrelated conviction for an offense under this article; or (B) was released from a term of incarceration, probation, or parole (whichever occurred last) imposed for a prior unrelated conviction for an offense under this article; whichever occurred last. (2) The pecuniary loss is at least seven hundred fifty dollars (\$750) but less than fifty thousand dollars (\$50,000). (3) The victim is: (A) an endangered adult (as defined in IC 12-10-3-2(a)); or (B) less than eighteen (18) years of age. (4) The person makes a false or misleading statement representing an entity as: (A) a disadvantaged business enterprise (as defined in IC 5-16-6.5-1); or (B) a women-owned business enterprise (as defined in IC 5-16-6.5-3); in order to qualify for certification as such an enterprise under a program conducted by a public agency (as defined in IC 5-16-6.5-2) designed to assist disadvantaged business enterprises or women-owned business enterprises in obtaining contracts with public agencies for the provision of goods and services. (5) The person makes a false or misleading statement representing an entity with which the person will subcontract all or part of a contract with a public agency (as defined in IC 5-16-6.5-2) as: (A) a disadvantaged business enterprise (as defined in IC 5-16-6.5-1); or (B) a women-owned business enterprise (as defined in IC 5-16-6.5-3); in order to qualify for certification as an eligible bidder under a program that is conducted by a public agency designed to assist disadvantaged business enterprises or women-owned business enterprises in obtaining contracts with public agencies for the provision of goods and services. (6) The offense is committed by a person who is confined in: (A) the department of correction; (B) a county jail; or (C) a secure juvenile facility. (7) The document or instrument that the person possesses, manufactures, uses, or alters is a document or instrument: (A) issued by a public servant or a governmental entity; (B) that has been manufactured or altered to appear to have been issued by a public servant or a governmental entity; or (C) that the person tendered to, or intends to tender to a public servant or a governmental entity. (8) Except as provided in subsection (e), the person: (A) made the false or misleading statement; or (B) created the false impression in another person; on or by means of a document or written instrument. (9) The agreement is unconscionable. (10) The offense involves human reproductive material (as defined in IC 34-24-5-1).

(c) The offense described in subsection (a) is a Level 5 felony if one (1) or more of the following apply: (1) The pecuniary loss is at least fifty thousand dollars (\$50,000) and less than one hundred thousand dollars (\$100,000). (2) The pecuniary loss is at least seven hundred fifty dollars (\$750) and less than fifty thousand dollars (\$50,000) and the victim is: (A) an endangered adult (as defined in IC 12-10-3-2(a)); or (B) less than eighteen (18) years of age. (3) The victim was a financial institution. (d) The offense described in subsection (a) is a Level 4 felony if one (1) or more of the following apply: (1) The pecuniary loss is at least one hundred thousand dollars (\$100,000). (2) The pecuniary loss is at least fifty thousand dollars (\$50,000) and the victim is: (A) an endangered adult (as defined in IC 12-10-3-2(a)); or (B) less than eighteen (18) years of age. (e) The offense described in subsection (b)(8) is a Class A misdemeanor if the defendant proves by a preponderance of the evidence that the: (1) value of the property, data, or benefit intended to be obtained; and (2) actual pecuniary loss; is less than seven hundred fifty dollars (\$750).

I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Family and Social Services Administration/Office of Early Childhood and Out of School Learning, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of CCDF benefits, and/or the imposition of fines, civil damages, and/or imprisonment.

Signature of applicant

Printed name

Date (*month, day, year*)**NOTES TO YOUR ELIGIBILITY OFFICE**