Application/Redetermination & Supporting Documents Checklist

Thank you for completing the Care 4 Kids (C4K) Application/Redetermination. In order to complete your application please be sure to submit the following required documents:

☐ **Parent Provider Agreement Form (4 pages)**

- Required with all applications and redeterminations.
- To be completed by you and the child care provider.
- If your child care provider is new to Care 4 Kids, the provider's W-9 is required.
- Licensed Family Child Care and Unlicensed Relative providers must complete the Provider Orientation Program in order to be eligible for payment. (Register at https://www.ctcare4kids.com/provider-information/unlicensedrelativeproviders/provider-orientation-registration/).
- If you need help finding a provider, call 2-1-1 Child Care at 2-1-1 or 1-800-505-1000.

If **currently employed**, the following are required for you and the other legal parent in your home (if applicable):

☐ **Existing Employment Income Verification (e.g. pay stubs, employer letter)**

- If paid weekly, submit the last 4 pay stubs
- If paid bi-weekly or semi-monthly, submit the last 2 pay stubs
- If paid monthly or annually, submit the last 1 pay stub

If **beginning new employment**, the following are required for you and the other legal parent in your home (if applicable):

☐ **New Employment Verification (Letter from Employer)**

- Letters must be completed by the employer and contain the following:
  - Current date
  - Employment start date
  - Average weekly hours
  - Gross earnings
  - Title and contact phone number of the individual preparing the letter

If **self-employed**, the following are required for you and the other legal parent in your home:

☐ **Self-Employment Verification**

- Most recent signed and dated IRS forms (1040, Schedule 1 and Schedule C); or
- Self-Employment Business Form (can be found at https://www.ctcare4kids.com/wp-content/uploads/2019/01/Self-Employment-Form-English.pdf); and
- Documentation of expenses

If **disabled,** the following are required for you and the other legal parent in your home:

☐ Disability Form (can be found at https://www.ctcare4kids.com/wp-content/uploads/2021/03/Disability-Verification-Form.pdf)

If **participating in a higher education, general educational diploma (GED)/high school equivalency, or workforce development/training program, the following are required for you and the other legal parent in your home (if applicable):

☐ **Higher Education** ☐ **GED** ☐ **Workforce Development/Training program**

- Written verification of enrollment from the educational institution/training program including current class schedule. This written verification must include, at a minimum:
  - Parent's name and enrollment date.
  - Name of the institution, contact person, and contact information (phone number).
  - If not included on the class schedule, the written statement must also include either the number of credit hours or the number of in-class or online hours per week.

If any or all apply, the following are required for anyone who lives in your home:

☐ **Social Security Income** – current award notice, copy of current check or statement from Social Security Administration.

☐ **Child Support Paid** – cancelled check, money order, or wage stub showing deduction for child support paid to an adult not living in your home.

☐ **Foster Care Payment** – foster care stipend check stub or award letter from the Department of Children and Families.

☐ **Rental Income You Receive From Someone Else** – business records or income tax records.

** Through the federal American Rescue Plan Act of 2021 (ARPA), Connecticut received child care relief funding to provide expanded education and training activities for parents participating in the Care 4 Kids child care assistance program. This expansion is time limited due to funding.

Missing and/or incomplete forms will not be accepted and WILL DELAY PROCESSING.

Care 4 Kids Application

Care 4 Kids ▪ 1344 Silas Deane Highway ▪ Rocky Hill, CT 06067
Phone: 1-888-214-5437
Fax: 1-877-868-0871

SECTION 1: APPLICANT INFORMATION/HEAD OF HOUSEHOLD

The applicant is the parent or adult legally responsible for the child(ren). If the parent is under the age of **18** and living with an adult, the adult is considered the applicant and must fill out and sign this Application.

_____ _____ _____ ____/____/____
FIRST NAME *M.I.* *LAST NAME* *DATE OF BIRTH*

_____ _____
STREET ADDRESS *FLOOR/APARTMENT NUMBER*

_____ _____ _____ (____) _____ (____) _____
CITY *STATE* *ZIP* *PRIMARY PHONE* *WORK PHONE*

___ ___ ____ _____
SOCIAL SECURITY NUMBER (OPTIONAL) *E-MAIL ADDRESS*

Gender: ❑ **F** (Female) ❑ **M** (Male)

Marital Status: ❑ Married ❑ Single ❑ Separated ❑ Divorced

Race: ❑ **A** (Asian) ❑ **B** (Black/African) ❑ **C** (White) ❑ **N** (American Indian/Alaska Native)
❑ **P** (Native Hawaiian/Other Pacific Islander) ❑ I prefer not to answer

Hispanic/Latino: ❑ YES ❑ NO ❑ I prefer not to answer

Does your household have assets that exceed $1 million in value? ❑ YES ❑ NO

Is this Application for child care assistance for a foster child? ❑ YES ❑ NO

Are you living in a temporary housing situation? ❑ YES ❑ NO

Have you moved 3 or more times in the past year? ❑ YES ❑ NO

Are you an active member of the United States Military? ❑ YES ❑ NO (If **YES**, check box below)
❑ Active Duty U.S. Military ❑ National Guard Military Reserve

Do you have an impairment that requires an accommodation or extra help completing this application? ❑ YES ❑ NO

What is the primary language spoken in your home? _____

❑ Marque aquí si desea recibir cartas y formularios en español. *(Check here to receive letters and forms in Spanish)*

SECTION 2: INFORMATION ON THE OTHER PARENT LIVING IN YOUR HOME

You MUST list your spouse, civil union partner or other legal parent of your children that live in your home.

First Name, Middle Initial, Last Name	Date of Birth	Gender	Relationship to Applicant	Social Security Number (*optional*)	Is this person a parent of a child living in the home?
1.	___/___/___	❑ M ❑ F		_____-____-_____	❑ YES ❑ NO Name of Child _____

Is the adult listed above an active member of the United States Military? ❑ YES ❑ NO If **YES,** check box below**:**
❑ Active Duty U.S. Military ❑ National Guard Military Reserve

NAME (First/Last): _____ **o**

SECTION 3: CHILDREN INFORMATION

Please list all children under the age of 18 that live in the home. To be eligible for child care, children must be under age 13. Children with special needs may be eligible under age 19.

KEY: A (Asian) B (Black/African Descent) C (White) N (American Indian/Alaskan Native) P (Native Hawaiian/Other Pacific Islander)

Child's Name *(First Name, Middle Initial, Last Name)*	Child Care Needed?	Date of Birth	Relationship to Applicant	Gender	Race *(circle all that apply)*	Is child Hispanic /Latino?	Social Security Number (*optional*)	Citizenship Status?	Is child up to date with shots? *(immunizations)*
1.	❑ YES ❑ NO	___/___/___		❑ M ❑ F	A B C N P NA	❑ YES ❑ NO ❑ NA	_____-____-_____	❑Citizen ❑Permanent Resident ❑Other	❑ YES ❑ NO
2.	❑ YES ❑ NO	___/___/___		❑ M ❑ F	A B C N P NA	❑ YES ❑ NO ❑ NA	_____-____-_____	❑Citizen ❑Permanent Resident ❑Other	❑ YES ❑ NO
3.	❑ YES ❑ NO	___/___/___		❑ M ❑ F	A B C N P NA	❑ YES ❑ NO ❑ NA	_____-____-_____	❑Citizen ❑Permanent Resident ❑Other	❑ YES ❑ NO
4.	❑ YES ❑ NO	___/___/___		❑ M ❑ F	A B C N P NA	❑ YES ❑ NO ❑ NA	_____-____-_____	❑Citizen ❑Permanent Resident ❑Other	❑ YES ❑ NO
5.	❑ YES ❑ NO	___/___/___		❑ M ❑ F	A B C N P NA	❑ YES ❑ NO ❑ NA	_____-____-_____	❑Citizen ❑Permanent Resident ❑Other	❑ YES ❑ NO

Do any of the children listed above have special needs? ❑ YES ❑ NO If **YES**, provide the name(s) of the child(ren):

_____

_____

Do you share joint custody with any of the children listed above? ❑ YES ❑ NO
If **YES**, provide the name(s) of the child(ren): _____

Do any of the children listed above have their *own* children living in your home? ❑ YES ❑ NO If **YES**, list the names of the minor parents (under age 18) and the name(s) of their child(ren):

Parent(s) Under Age 18: **Child(ren) of Parent Under Age 18:**

_____ _____

_____ _____

SECTION 4: WORK/TRAINING ACTIVITY AND INCOME INFORMATION

Fill out the information below for **all** parents in the home. **If there are more than 2 activities, make a copy of this page or download and print another copy of this page from the Care 4 Kids website at www.ctcare4kids.com.**

Complete the following information about <u>your</u> work/training activity.

_____

NAME OF PARENT IN THE HOME

Type of Activity: ❑ Work ❑ High School ❑ Self-Employed ❑ Training or Education approved by JFES
❑ Higher Education ❑ GED/Adult Education ❑ Workforce Development/Training program

Name of Employer/Business/Program/School _____

Employer Industry/Type of Work (i.e. retail, construction, real estate, contractor, etc.) _____

Address _____ City_____ State _____ Zip_____

Start Date _____ Phone (_____)_____

NAME (First/Last):_____

SECTION 4, CONTINUED: WORK/TRAINING ACTIVITY AND INCOME INFORMATION

How frequently do you get paid? ❑ Weekly ❑ Bi-Weekly ❑ Semi-Monthly ❑ Monthly

On average, how many **hours per week** do you work or participate in a training activity? _____

On average, how many **days per week** do you work or attend a training activity? _____

How much do you get paid before taxes are deducted (gross income)? $_____

❑ Hourly ❑ Weekly ❑ Bi-weekly ❑ Semi-Monthly ❑ Monthly ❑ Annually

If you are self-employed, how much do you get paid before taxes and expenses are deducted (gross income)?$_____

❑ Hourly ❑ Weekly ❑ Bi-weekly ❑ Semi-Monthly ❑ Monthly ❑ Annually

If you are self-employed, what are your expenses (dollar amount)? $ _____

❑ Weekly ❑ Bi-weekly ❑ Semi-Monthly ❑ Monthly ❑ Annually

What is your daily roundtrip commute from child care setting to work/activity? ❑ None ❑ 1-30 minutes ❑ 31-60 minutes ❑ More than 60 minutes

Do you take public transportation? ❑ YES ❑ NO

❑ Unable to provide care due to significant physical or mental condition, disability or impairment that is expected to last for at least one calendar month. (Verification will be required)

If the other parent in the household is working or in a training activity, or if you have a second activity, complete the following information:

_____

NAME OF OTHER PARENT IN THE HOME

Type of Activity: ❑ Work ❑ High School ❑ Self-Employed ❑ Training or Education approved by JFES ❑ Higher Education ❑ GED/Adult Education ❑ Workforce Development/Training program

Name of Employer/Program/School_____

Employer Industry/Type of Work (i.e. retail, construction, real estate, contractor, etc.) _____

Address_____ City_____ State_____ Zip_____

Start Date_____ Phone (_____)_____

How frequently do you get paid? ❑ Weekly ❑ Bi-Weekly ❑ Semi-Monthly ❑ Monthly

On average, how many **hours per week** do you work or participate in a training activity? _____

On average, how many **days per week** do you work or attend a training activity? _____

How much do you get paid before taxes are deducted (gross income)? $_____

❑ Hourly ❑ Weekly ❑ Bi-weekly ❑ Semi-Monthly ❑ Monthly ❑ Annually

If you are self-employed, how much do you get paid before taxes and expenses are deducted (gross income)? $_____

❑ Hourly ❑ Weekly ❑ Bi-weekly ❑ Semi-Monthly ❑ Monthly ❑ Annually

If you are self-employed, what are your expenses (dollar amount)? $ _____

❑ Weekly ❑ Bi-weekly ❑ Semi-Monthly ❑ Monthly ❑ Annually

What is your daily roundtrip commute from child care setting to work/activity? ❑ None ❑ 1-30 minutes ❑ 31-60 minutes ❑ More than 60 minutes

Do you take public transportation? ❑ YES ❑ NO

❑ Unable to provide care due to significant physical or mental condition, disability or impairment that is expected to last for at least one calendar month. (Verification will be required)

NAME (First/Last):_____

SECTION 5: CHILD SUPPORT PAID AND ADDITIONAL INCOME INFORMATION

Does anyone living in your home **pay child support**? ❑ YES ❑ NO If **Yes,** submit verification of child support paid.
How much is paid? $_____ How often? ❑ Weekly ❑ Bi-Weekly ❑ Semi-Monthly ❑ Monthly

Does anyone living in your home receive a **DCF stipend**? ❑ YES ❑ NO If **Yes**, who receives it? _____
How much is paid? $_____ How often? ❑ Weekly ❑ Bi-Weekly ❑ Semi-Monthly ❑ Monthly

Does anyone living in your home receive **unemployment compensation**? ❑ YES ❑ NO If **Yes,** who receives it? _____
How much is paid? $_____ How often? ❑ Weekly ❑ Bi-Weekly ❑ Semi-Monthly ❑ Monthly

Does anyone living in your home receive **Social Security Income**? ❑ YES ❑ NO If **Yes,** who receives it? _____
How much is paid? $_____ How often? ❑ Weekly ❑ Bi-Weekly ❑ Semi-Monthly ❑ Monthly

Do you get **child care assistance from another source**? ❑ YES ❑ NO If **Yes**, from whom?_____
How much is paid? $_____ How often? ❑ Weekly ❑ Bi-Weekly ❑ Semi-Monthly ❑ Monthly

Does anyone living in your home receive **any other income** (i.e. alimony, pensions, workers' compensation, veteran benefits, rental income)? ❑ YES ❑ NO If **Yes,** who receives it?_____ What type of income? _____
How much is paid? $_____ How often? ❑ Weekly ❑ Bi-Weekly ❑ Semi-Monthly ❑ Monthly

SECTION 6: PARENTS RIGHTS AND RESPONSIBILITIES

Please read the following section carefully. If there is anything you do not understand, call **Care 4 Kids** at **1-888-214-5437**.

- When you have read this section, **please sign and date** the next page.
- You have the right to file an Application, withdraw an Application, or discontinue your participation in Care 4 Kids at any time.
- You have the right to be treated fairly by Care 4 Kids without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs, or disability.
- You have the right to request forms and notices in Spanish. All non-English speaking participants have the right to the services of an interpreter.
- You have the right to ask for a review of any decision made by Care 4 Kids on your Application. You have the right to speak to a supervisor or mediator and the right to request a hearing from the State of Connecticut.

I understand and agree that:

- I must report changes in my situation to Care 4 Kids **within 10 days** of the change for the following: change in address, household income over 85% of the State Median Income, if the child receiving Care 4 Kids benefits is no longer in the home, change child care provider, and loss of employment or stopping an approved activity. For the current State Median Income Chart, please visit the Care 4 Kids website www.ctcare4kids.com.
- Care 4 Kids may verify the information I have given on this form. I understand that if I am eligible for Care 4 Kids, benefits will not begin any earlier than 15 days before the date the Application is received.
- With my signature, I hereby give voluntary consent for the Department of Social Services (DSS) to share with the Office of Early Childhood (OEC) confidential information retained by DSS about myself and minor household members, to be used by the OEC to determine eligibility and the level of benefits for the Child Care Assistance Program (CCAP). The OEC will obtain confidential information from DSS only under circumstances allowed by state and federal law. I understand that the OEC may share this confidential information with the CCAP administrator, Care 4 Kids. Confidential information obtained from DSS will be used solely for the purpose of CCAP eligibility and benefits and will not be disseminated outside the OEC or the CCAP administrator, or in violation of federal or state law. I understand that my DSS benefits will not be affected by this consent, and I may revoke this authorization at any time by sending a written request to the OEC, 450 Columbus Boulevard, Suite 303, Hartford, CT 06103. This authorization automatically expires one year from the date of application.
- The Department of Labor will share unemployment compensation and wage information for applicants and household members for determination of eligibility for Care 4 Kids. The Connecticut Office of Early Childhood (OEC) may disclose to its contractor confidential information from the Department of Labor concerning unemployment compensation benefits and quarterly wage information pertaining to individuals who have signed the Application, only as necessary, to determine eligibility for the Care 4 Kids program.
- The information on this form is confidential. The OEC or its contractor will only use this information to administer a State of Connecticut program. Information may be shared with others as permitted by law.
- Care 4 Kids will disclose information about my eligibility for Care 4 Kids to my provider.
- Care 4 Kids may be required to provide information about program applicants and participants to law enforcement officials.
- The child care arrangement is between my provider and me. The OEC and Care 4 Kids are not responsible for the child care arrangement.

NAME (First/Last):_____

SECTION 6, CONTINUED: PARENTS RIGHTS AND RESPONSIBILITIES

- The State of Connecticut may conduct unscheduled visits to verify any household, employer, or provider circumstances.
- Care 4 Kids may not pay the full amount charged by my provider. I am responsible for paying all additional provider charges.
- I have the right to choose any eligible child care provider that meets all applicable health, training, and licensing requirements.
- I understand that if I am eligible for Care 4 Kids, benefits will not start until all information is received and verified.
- I may be required to repay any benefits received in error, including administrative errors. I may be subject to criminal prosecution for fraud if I knowingly supply any false information to Care 4 Kids or fail to report changes on time. I also may be disqualified from the program. In order to remain eligible, I must cooperate with the Care 4 Kids and State of Connecticut quality control process.

PLEASE READ AND SIGN: I have read my rights and responsibilities or have had them read to me in a language I understand. I certify, under penalty of perjury, that all of the information provided is true and correct to the best of my knowledge.

Applicant Signature:_____ Date:_____

Signature of other legally responsible adult living with you (i.e. spouse, child's parent, etc.)

Other Signature:_____ Date:_____

RETURN THIS APPLICATION TO CARE 4 KIDS
ONLINE: https://www.ctcare4kids.com/upload/
MAIL OR DROP-OFF: Care 4 Kids ▪ 1344 Silas Deane Highway ▪ Rocky Hill, CT ▪ 06067
FAX: 1-877-868-0871