COMMONWEALTH OF PENNSYLVANIA

Application for Subsidized Child Care

This application may be used by families who want help in paying their child care costs.
The Child Care Information Services (CCIS) agency offers parents resource and referral services to connect them with child care arrangements in their communities. The CCIS also provides information to parents about whether they are eligible for help in paying their child care costs. To locate a CCIS near you, call 1-877-PA-KIDS (1-877-472-5437), or to contact your local CCIS agency:

**Directions for Completing the Application for Subsidized Child Care**

The information you provide on this application is confidential.

1. Fill out the form. Please print. You must return pages 2-8 to the CCIS agency. Two-parent/caretaker families must return pages 2-10 to the CCIS agency (i.e., pages 7-8 are to be completed for the primary parent/caretaker and pages 9-10 are to be completed for the primary parent's/caretaker's spouse.) You must also **sign and date this application**.

2. Mail, fax or take this application to your local CCIS agency. Call 1-877-PA-KIDS (1-877-472-5437) if you do not know where to send this application or you need help with this application. If you are hearing impaired, you can use your TTY service to call 1-877-PA-KIDS (1-877-472-5437).

3. You may complete and submit an application online at: www.compass.state.pa.us.

**VERY IMPORTANT:**

Two-parent families: Both parents must be working; however, if the second parent is not working because of a disability and is unable to care for the children, he/she must have a doctor complete a Medical Assessment form. If you need a copy of this form, call the CCIS.

Foster parents: If you are applying for a foster child, attach a letter from the county children and youth agency that approves the foster child to be in care.

**Please list the people who live with you.**

*NOTE: Please list your biological or adoptive children and any other child(ren) for whom you are responsible.*

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Date of Birth mm/dd/yy</th>
<th>Sex M/F</th>
<th>Social Security Number*</th>
<th>How is this person related to you?</th>
<th>Marital Status</th>
<th>Does this child need child care? Y/N</th>
<th>On what day does this child need child care?</th>
</tr>
</thead>
<tbody>
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<td>Yourself</td>
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<td>Self</td>
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<td>Spouse/Father of child needing care</td>
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* You are not required to provide your Social Security Number. If you provide this information, it will only be used to identify your case.
### Frequently Asked Questions

**Q. What must I do to get help paying for my child care?**

**A. Some of the eligibility rules to receive subsidized child care are:**
1. **Your family has children under 13 years old.** Exceptions are possible for children with disabilities;
2. **Your family meets income guidelines for subsidy.** For specific guidelines, call the CCIS;
3. **You and your spouse/live-in father of the child needing care are working at least 20 hours a week OR are working at least 10 hours a week and you are also participating in approved training at least 10 hours a week;**
4. **Your family must pay a portion of your child care costs (co-payment).**

**Q. How do I know if my family is eligible for the Subsidized Child Care Program?**

**A. Complete an application, then take, fax or mail the application to your local CCIS agency. You also will need to have a face-to-face interview with the CCIS agency. About a month after CCIS receives a signed, dated application, you will get a letter that states if you are eligible to receive help.**

**Q. Who decides what child care provider or facility I can use?**

**A. You do.** You choose who cares for your child. It can be a child care center, a small family-run business or even a relative or neighbor that meets the Department of Public Welfare’s participation requirements. You should choose child care that meets your child’s needs. The CCIS agency can help you find a provider.

### Tell us about yourself

<table>
<thead>
<tr>
<th>Address: ____________________________</th>
<th>Email address ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street _____________________________</td>
<td>City __________________________ State ______ Zip Code ______</td>
</tr>
<tr>
<td>Home Phone #: (___) _______________</td>
<td>Cell Phone # (if applicable): (___) __________</td>
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<tr>
<td>Work Phone #: (___) _______________</td>
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<tr>
<td>Where should we call you if we have any questions? Please circle one. HOME / WORK / CELL PHONE</td>
<td>Best time to call: ______ AM / PM</td>
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<tr>
<th>Race (check all that apply)</th>
<th>Ethnicity (check only one)</th>
</tr>
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<tbody>
<tr>
<td>□ African American</td>
<td>□ Hispanic Non-Hispanic</td>
</tr>
<tr>
<td>□ Native Alaskan/American Indian</td>
<td>□ Hispanic Non-Hispanic</td>
</tr>
<tr>
<td>□ Native Hawaiian/Pacific Islander</td>
<td>□ Caucasian</td>
</tr>
<tr>
<td>□ Asian</td>
<td>□ Hispanic Non-Hispanic</td>
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</tbody>
</table>

* NOTE: If you are a teen parent, you must provide your school district and grade.
Language Preference

What language do you speak primarily? ________________________________  What language do you read primarily? ________________________________

Prior Benefits

Have you or your spouse received TANF cash assistance within the past 183 days?  □ Yes  □ No  If yes, where?  □ Pennsylvania  □ Other State__________

Do you currently receive Food Stamps?  □ Yes  □ No  Do you currently receive housing assistance?  □ Yes  □ No

Immunization Certificate

I certify that my child(ren): ________________________________________  Child(ren) who has/have age-appropriate immunizations

□ has/have the recommended, age-appropriate immunizations

I certify that my child(ren): ________________________________________  Child(ren) who has/have NOT received age-appropriate immunizations

□ does/do not have the recommended, age-appropriate immunizations because of:  □ Religious beliefs  □ A medical condition of the child

______________________________________________  _____________________________
Signature of Parent/Caretaker  Date

Education

Are you currently enrolled in an elementary, middle, junior high or senior high school or a GED program?  □ Yes  □ No

If yes, do you need child care while you attend your educational program?  □ Yes  □ No

If you answered yes to BOTH questions, or are under 18 years of age, you MUST attach proof of the hours and days you attend school. Proof includes a copy of your school schedule, a letter from your school that states the hours and days you attend school or an Education Verification form. If you need a copy of the Education Verification form, call the CCIS.

Training

Do you currently attend a training program?  □ Yes  □ No  If yes, do you need child care while you attend your training program?  □ Yes  □ No

If you answered yes to BOTH questions above, you MUST attach proof of the hours and days you attend training. Proof includes a copy of your training schedule, a letter from your training representative that states the hours and days you attend training or a Training Verification form. If you need a copy of the Training Verification form, call the CCIS.
Employment and Self-Employment

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>Employer’s Address</th>
<th>Employer’s Phone #</th>
<th>Is this person Self-Employed?</th>
<th>Date filed last Business Tax Return (Schedule C) if self-employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td></td>
<td>(      )</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Spouse/Live-in father of child needing care</td>
<td></td>
<td>(      )</td>
<td>□ Yes □ No</td>
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</tbody>
</table>

You MUST attach proof of the hours and days you work. Proof includes a copy of your work schedule, a letter from your employer that states the hours and days you work or an Employment Verification form. Copies of Employment Verification forms are included on pages 7 through 10 for your convenience.

Income and Expenses

DOES ANYONE IN YOUR HOME HAVE ANY INCOME? □ Yes □ No   If yes, list income you have already received this month or expect to receive this month.

Types/sources of income include, but are not limited to:
- Wages
- SSI
- Rent
- Money for college or training
- Interest
- Unemployment or Workers’ Compensation
- Money Received for Babysitting Children
- Room and board
- Commissions
- Social Security
- Spousal support/alimony
- Other

<table>
<thead>
<tr>
<th>Person With Income</th>
<th>Type/Source Of Income</th>
<th>How Often Received?</th>
<th>How Much?</th>
<th>Date Received</th>
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ATTACH PROOF OF ALL INCOME your family received within the past 30 days. Proof includes pay stubs, award letters or statements from your employer that include how often you are paid and how much you earn per pay. If you are self-employed, attach a copy of your most recent tax return and attachments, including receipts.

Have you had medical expenses that were not covered by your insurance within the past 90 days, which will continue for the next six months? □ Yes □ No

If YES, attach proof of your medical expenses. Proof includes copies of doctor bills, hospital bills, dental bills, health care premiums, bills for prosthetic devices, medication expenses and/or bills for durable medical equipment.

Do you or your current spouse/live-in father of the child needing care pay child support or alimony? □ Yes □ No   If yes, complete the section below and attach proof of payment of the child support or alimony you are ordered to pay.

<table>
<thead>
<tr>
<th>Name of person for whom you pay child support or alimony (Last name, First name, MI)</th>
<th>Relationship to you?</th>
<th>How much do you pay?</th>
<th>How often do you pay?</th>
</tr>
</thead>
<tbody>
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</table>
Affidavit

I affirm that I have read or have had this application read to me in full and that I have received a written copy of the Rights and Responsibilities form on page 11. All information I have given is true, correct and complete to the best of my ability, knowledge and belief. I understand that information contained in this application may be shared with other Department of Public Welfare programs and the Office of the Inspector General. Further, I understand that I can be penalized by fine or imprisonment or subsidized child care ineligibility for making any false statements or for my failure to report a change that I am required to report. I understand the changes I am required to report are listed on the Rights and Responsibilities form on page 11. I understand that if I receive child care for which I was not eligible, I will be required to pay back the cost of the child care I received during the period of time when I was ineligible.

X

Parent/Caretaker Signature(s)  Date

X

Parent/Caretaker Signature required during the face-to-face interview  Date

DO NOT WRITE IN THIS SPACE (for CCIS use only)

PELICAN Record #: __________________________________________

DATE/TIME STAMP

Application received by CCIS on:  All required verification received by CCIS on:

Does this case involve special circumstances?  □ Yes  □ No

□ Applicant is ELIGIBLE effective ____________________________

□ Applicant is INELIGIBLE. Reason for Ineligibility: ____________________________

X

Signature of CCIS Representative  Date
**Employment Verification Form for:**

**Employee’s Name:**

<table>
<thead>
<tr>
<th>Place of Employment:</th>
<th>Address of Employment:</th>
</tr>
</thead>
</table>

I authorize the release of this information and give permission to the Child Care Information Services (CCIS) agency to verify all information contained in this form.

X __________________________

Employee’s Signature

Date

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**THIS SECTION MUST BE COMPLETED BY THE EMPLOYER**

**Employer Identification Number (EIN):**

**EMPLOYEE INFORMATION:**

<table>
<thead>
<tr>
<th>Employee’s Job Title:</th>
<th>Is the above-mentioned employee newly hired: □ Yes □ No</th>
<th>Employment Start Date: <em><strong>/</strong></em>/____</th>
</tr>
</thead>
</table>

**EMPLOYMENT INCOME:**

<table>
<thead>
<tr>
<th>HOURLY RATE: $</th>
<th>AVERAGE DAILY TIPS: $</th>
<th>GROSS PAY: $</th>
<th>NEXT PAY DATE: <em><strong>/</strong></em>/____</th>
<th>FREQUENCY OF PAY:</th>
</tr>
</thead>
</table>

**THE EMPLOYEE:** □ Receives pay stubs □ Does not receive pay stubs □ Receives pay in CASH □ Has access to pay information online via the following website: _______________________________________________________________________

**EMPLOYMENT SCHEDULE (Please indicate the days and hours the employee works and indicate whether the hours occur during A.M. or P.M)**

**NOTE:** If the schedule varies, please give a 4-week sample schedule.

**WEEK ONE** Dates: from ___/___/____ to ___/___/____

- Mon. from ___ A.M./P.M. to ___ A.M./P.M.
- Tues. from ___ A.M./P.M. to ___ A.M./P.M.
- Wed. from ___ A.M./P.M. to ___ A.M./P.M.
- Thur. from ___ A.M./P.M. to ___ A.M./P.M.
- Fri. from ___ A.M./P.M. to ___ A.M./P.M.
- Sat. from ___ A.M./P.M. to ___ A.M./P.M.
- Sun. from ___ A.M./P.M. to ___ A.M./P.M.

**WEEK TWO** Dates: from ___/___/____ to ___/___/____

- Mon. from ___ A.M./P.M. to ___ A.M./P.M.
- Tues. from ___ A.M./P.M. to ___ A.M./P.M.
- Wed. from ___ A.M./P.M. to ___ A.M./P.M.
- Thur. from ___ A.M./P.M. to ___ A.M./P.M.
- Fri. from ___ A.M./P.M. to ___ A.M./P.M.
- Sat. from ___ A.M./P.M. to ___ A.M./P.M.
- Sun. from ___ A.M./P.M. to ___ A.M./P.M.

**WEEK THREE** Dates: from ___/___/____ to ___/___/____

- Mon. from ___ A.M./P.M. to ___ A.M./P.M.
- Tues. from ___ A.M./P.M. to ___ A.M./P.M.
- Wed. from ___ A.M./P.M. to ___ A.M./P.M.
- Thur. from ___ A.M./P.M. to ___ A.M./P.M.
- Fri. from ___ A.M./P.M. to ___ A.M./P.M.
- Sat. from ___ A.M./P.M. to ___ A.M./P.M.
- Sun. from ___ A.M./P.M. to ___ A.M./P.M.

**WEEK FOUR** Dates: from ___/___/____ to ___/___/____

- Mon. from ___ A.M./P.M. to ___ A.M./P.M.
- Tues. from ___ A.M./P.M. to ___ A.M./P.M.
- Wed. from ___ A.M./P.M. to ___ A.M./P.M.
- Thur. from ___ A.M./P.M. to ___ A.M./P.M.
- Fri. from ___ A.M./P.M. to ___ A.M./P.M.
- Sat. from ___ A.M./P.M. to ___ A.M./P.M.
- Sun. from ___ A.M./P.M. to ___ A.M./P.M.

**Effective Begin Date of Schedule change:** ___/___/____

**EXTENDED LEAVE**

Is the employee on extended leave (maternity, disability, etc.)? □ Yes □ No 

Effective begin date of extended leave: ___/___/____ 

Date returned from extended leave: ___/___/____

**TEMPORARY/SEASONAL EMPLOYMENT**

Is the employee considered to be a temporary hire? □ Yes □ No

If the employee is considered a temporary hire, what is the last date of guaranteed employment? ___/___/____

If the employee is seasonal, please give: Last day of work before break: ___/___/____

Expected date of return following break: ___/___/____

I understand that the information I am providing will be used to determine the above-named employee’s eligibility for subsidized child care.

X __________________________

Employer’s Signature

Date

Please Print your name: __________________________________________________________

Job Title: __________________________________________________________

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EVF 2/2015
Dear Employer:

One of your employees has requested assistance paying his/her child care costs. We must verify his/her employment with you. This information will help us determine if this employee is eligible for the subsidized child care program. The form can be returned to the employee or mailed directly to the Child Care Information Services (CCIS) agency.

An authorized COMPANY REPRESENTATIVE (not the employee) must complete this form.

We must have an accurate record of your employee’s work schedule. Please complete the information on the back of this page. It is very important that the hours shown are specific and defined as either A.M. or P.M. (For example, 7:30 a.m. – 3:30 p.m.). If the employee’s schedule varies, please give a 4-week sample schedule. **You do not need to give a 4-week sample schedule unless the employee’s schedule varies from week to week.**

Thank you for your time and assistance. If you have any questions about how to complete this form, please contact the CCIS listed below.

CCIS:

Child Care Information Services of Bucks County/ Apple Child Care Services
70 W. Oakland Ave.
Suite 210
Doylestown, PA 18901
1-800-371-2109
(215) 348-1283
I understand that:

1. The information in this form will be kept confidential.
2. I may pick any eligible provider to care for my children. An eligible provider meets the requirements of the Subsidized Child Care Program and agrees to follow the Department of Public Welfare’s rules.
3. I may need to pick another provider if my provider is not eligible to participate in the Subsidized Child Care Program.
4. I will be told in writing when a change causes my family to lose help in paying for child care and may ask for a hearing if I disagree with a decision that the CCIS agency has made.
5. I must give the CCIS agency true and complete information and proof of information as requested.
6. I must report the following to the CCIS agency within 10 days of the change:
   - Loss of work including layoffs or strikes
   - Decrease in hours of work, education or training below an average of 20 hours a week
   - Number of people who live in the house with the child(ren)
   - Telephone
   - Address
   - Marital Status
   - Who is providing child care for my child(ren)
   - Number of days or hours my child needs care
   - Maternity leave status
7. I must pay back the cost of any child care I receive during a period of time when I am not eligible.

After the CCIS has determined you eligible for child care and funds are available to enroll your child(ren) in care, you need to know the following:

1. You must pay a co-payment to your provider every week. The co-payment is due to the provider on the first day of the week that your child(ren) attend(s). It is important that you pay your co-payment on time. If you do not pay your co-payment on time, you may lose the CCIS agency’s help in paying for your child care.
2. Unless your child is ill, your child must attend the child care program on all the days that you told the CCIS he/she needed child care. If you need to make a change due to your work, education or training schedule, you must call the CCIS. You could lose the CCIS agency’s help in paying for your child care costs if your child is absent for five days in a row for a reason other than: (1) Illness or injury or hospitalization of the child or another family member; (2) Family leave; (3) Visitation with a parent who does not live with the child(ren) or (4) A break in your work, education or training.
3. If your child is absent for more than 25 enrollment days between July 1 and June 30, you will be responsible to pay the provider the daily rate for each day of absence beginning with the 26th absence. You must pay the provider’s daily rate in addition to your weekly co-payment. For example, if your co-payment is $20/week and the daily rate is $20, you must pay $40 for the week that includes your child’s 26th day of absence.
4. The CCIS will pay a child care center, family child care home or a group child care home for up to 15 days when the facility is not open to care for your child. The CCIS is unable to pay an alternate child care provider during these 15 days when your provider is not open to care for your child.
5. If the CCIS sends you a Notice of Adverse Action, it means there may be a change in your eligibility for subsidized child care. If you do not understand what is written in the notice, you should contact the CCIS agency immediately. If you disagree with a decision that the CCIS agency has made, you may ask for a hearing to review the decision. You must inform the CCIS that you do not agree with the decision by doing one of the following: (1) Fill out the bottom part of your notice or write a letter and then mail, fax or take the information to the CCIS; and (2) Call the CCIS to discuss the reason you do not agree with the decision and follow-up by putting your concerns in writing within seven days following the date of your telephone call with the CCIS. If you want the CCIS to continue to help pay for your child care during this process, you must mail, fax or take the bottom part of your notice or the letter that you wrote to the CCIS or call the CCIS on or before the date on the Notice of Adverse Action.
6. You may choose a new provider at any time. However, you must tell the CCIS agency before your child begins child care with a different provider. The CCIS agency will authorize the transfer and continue to help pay for your child care after the transfer if: your family co-payments are up-to-date AND you continue to be eligible for the CCIS agency’s help in paying for your child care AND the new provider that you choose meets the requirements of the Subsidized Child Care Program. The new provider must also agree to follow the Department of Public Welfare’s rules. If the CCIS does not authorize the transfer, you will be responsible for paying the total cost of child care at the new provider.

Date discussed with parent/caretaker: ________ / ________ / ________
Initials of worker: ________
If you want help in paying your child care costs, you must complete this application. This is an application for subsidized child care. This application is also available in Spanish. If you need help with reading and/or completing this application, please contact your local CCIS agency.

If you want help in paying your child care costs, you must complete this application. This is an application for subsidized child care. This application is also available in Spanish. If you need help with reading and/or completing this application, please contact your local CCIS agency.

もし子供保育の料金を支払いたいのなら、この申請書を完成させ必要があります。これは子供保育の補助を求める申請書です。この申請書にはスペイン語の版も用意されています。申請書を読みやすく・完成させやすくするために、近くのCCIS機関に連絡してください。

Si necesita ayuda para pagar los gastos de guardería de su hijo, complete este formulario. Es una solicitud para recibir cuidado infantil subvencionado. Si necesita ayuda para leer o completar esta solicitud, comuníquese con la oficina de CCIS de su localidad.

Si necesita ayuda para pagar los gastos de guardería de su hijo, complete este formulario. Es una solicitud para recibir cuidado infantil subvencionado. Si necesita ayuda para leer o completar esta solicitud, comuníquese con la oficina de CCIS de su localidad.