



# HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION AUTHORIZED USER

State Form 57244 (4-23)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

## HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION AUTHORIZED USER

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

The Individual below is approved to receive a HOOSIER WORKS FOR CHILD CARE CARD.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Reason for Issuance (check all that apply):

- ☐ Replacement ☐ Lost/stolen ☐ Not working ☐ Other: \_\_\_\_\_  
☐ Authorized Representative/Relationship to Applicant: \_\_\_\_\_

Type of ID seen: \_\_\_\_\_  
(One picture ID or two other forms of ID, one of which must contain a signature)

By signing this form, I am acknowledging I have received this HOOSIER WORKS FOR CHILD CARE CARD and understand the policies related to its use.

- I understand I may not allow anyone, including my child care provider, to possess or use my Hoosier Works for Child Care card to authorize electronic attendance transactions for child(ren).
- I understand a provider should never attempt to force me to violate this policy. If a provider does attempt to force me to violate this policy, I shall immediately report it to the Local Intake Agent for referral to the state.
- Exceptions to this policy will only be accepted with written documentation from the Office.

Failure to follow the above policy could lead to **negative action** taken against the Applicant and Co-Applicant and/or the child care provider, up to and including termination from the Child Care and Development Fund (CCDF) voucher program.

- ☐ I have received the HOOSIER WORKS FOR CHILD CARE CARD.  
☐ My card will be mailed, when my application is processed if I have valid vouchers.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION FOR AN AUTHORIZED USER

I, the Applicant for CCDF benefits, am requesting \_\_\_\_\_ to be designated as an authorized user for my HOOSIER WORKS FOR CHILD CARE CARD. I acknowledge the user of this card is acting as my representative and as such I am responsible for attendance documented by my authorized user, even if such attendance is erroneous. Further, I understand I may revoke this agreement at any time by providing written notification to the local Intake Agent.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

16 Digit Card Number: \_\_\_\_\_  
(Or attach a photocopy of the front of the HW Card)

Issuing staff: \_\_\_\_\_ Date: \_\_\_\_\_

#### CARD USAGE TRAINING

\_\_\_\_\_ Video and verbal/written

\_\_\_\_\_ Verbal/written only