

CCDF PACKET INSTRUCTIONS

Refer to CCDF Eligibility Documentation Letter listing acceptable documents to send.

All forms must be signed and dated the same date. All documentation submitted must be within the prior 60 days of your packet signature date unless stated otherwise. This includes the Provider Information Page.

REQUIRED DOCUMENTATION AND FORMS TO COMPLETE YOUR AUTHORIZATION

- Applicant Worksheet for Child Care Services: Must be **fully completed, signed and dated**. **You must place applicable income in all boxes. If you do not receive, place a zero in the box.** Questions on reverse side must be fully answered. For questions that don't apply to you please write "NA". Please do not forget to sign the Parent/Applicant Worksheet. Signature Line is on Page 3.
- Verification of Residency for Physical Address: Must include your full name, full address and be dated within the current 60-day period of your Applicant Worksheet for Child Care Services.
- Service Need for Adults: Submit at least one pay stub for each job you are working. It must be within 60 days from applicant signature date on Applicant Worksheet for Child Care Services. If attending school must submit current school schedule that shows, your name, school name, and begin date.
- Other Countable Income: If you receive Social Security Benefits/SSI, you must provide benefit letter dated within the last twelve (12) months which verifies current monthly benefit received. If you receive Veteran's Benefits, you must provide documentation from the Veteran's Administration which verifies the benefit amount.
- Provider Information Page: This form must be fully completed by your provider. Provider must include all rates in each column per child.

SPECIAL CIRCUMSTANCES FOR AUTHORIZATION

Forms are available on our website at www.Fireflyin.org

- Wage Detail Form: To be completed if you are paid by business/personal check and requires copy of cancelled check, front and back, for check listed on the Wage Detail Form.
- New Hire Verification Form: To be completed if you have a new job and no pay stubs to submit or returning from leave.
- Tipped Employee Worksheet: If you receive tips on your pay stubs you are required to complete this form.
- Name Affirmation: If any document submitted for adults on application have a different or misspelled first and last name this form must be completed.
- Statement of Self-Employment Profit and Loss: If you or the other adult are self employed this form must be fully completed. Requires an IRS Tax Transcript that includes a Schedule C for the previous tax year. Partnerships require Form 1065 & Schedule K for previous tax year.

- Provider/Applicant Employment Statement: To be completed if you are employed with a Daycare Provider. Your provider and you must complete and sign the form.
- Secondary School Enrollment Verification: To be completed if you are in middle school or high school. This form is not for students in college.

RETURNING YOUR AUTHORIZATION PACKET

- 1) Review all forms to assure you have signed and dated them. Review carefully.
- 2) Make sure documents you send are legible. If documents are not legible they will not be accepted and your authorization will not be processed.
- 3) If you have any questions, please call 317-545-5281 or 1-866-287-2420
- 4) Return your authorization packet and documents by the due date.
- 5) If mailing your packet, it must be weighed by the Post Office to assure correct postage. We do not accept postage due packets.
- 6) If faxing your packet all documents and forms must be legible or they will not be accepted. Remember, fax machines do not send both sides of two-sided documents.

MAILING ADDRESS:

**Firefly Children and Family Alliance
3801 N. Temple Ave.
Indianapolis, IN 46205**

FAX NUMBER:

317-545-1069 (please call to confirm receipt)

**UPLOAD FROM EARLY ED
CONNECT:**

Please contact or email office to confirm receipt

EMAIL ADDRESS:

ccdfvouchers@Fireflyin.org

ELIGIBILITY DOCUMENTATION LETTER

In order to be considered for the Child Care Voucher Program you must be currently working and/or attending school. To determine eligibility the following items are needed from you and your spouse and/or child's father/mother, if applicable. If you have questions, please call: 317-545-5281. You may also call our toll-free number at 1-866-287-2420. **Without all of the proper documentation we will not be able to process your application.**

Proof of Identity (must be valid)

- ✓ Parent(s) Government Issued ID, State ID, School ID, Employer Issued ID, Photo ID or Valid Visa
- ✓ For all children in household MUST have date of birth listed: Birth Certificates; Hospital Issued certificate of birth; Birth confirmation letter; Court record of adoption, paternity, or foster placement; passport; permanent residency card; Immunization Records w/Social Security Card or School Records or State ID
- ✓ ***Foster Parents: All of the above plus: Valid Foster Parent License which matches the foster parent's residency verification and Placement letter from the DCS/Foster agency caseworker signed or per diem documentation with child(ren)'s name on it or Court placement order or medical authorization card that shows name, date of birth, and Medicaid number.**

Proof of a service need (working and/or attending school)

- ✓ **If working:** Submit at least one pay stub for each job you are working. Checks must be dated within 60 days from applicant signature date on Applicant Worksheet for Child Care Services. Check stubs must include your name AND Gross wages OR at least one cancelled check (front and back), which must be within 60 days from applicant signature date on Applicant Worksheet for Child Care Services. Cancelled checks must include – employers name imprinted in the upper left corner of check, Applicants/Co-Applicants name on pay to the order of line; current date on date line; amount paid; check has been fully negotiated (cashed) as evidenced on the back of the cancelled check by the financial institution; AND Wage Detail Form completed by employer. A computer-generated wage history summary from your employer or State Form 54092 may also be accepted.
- ✓ **If starting new job:** A signed completed New Hire Verification Form
- ✓ **If attending an education program through a certified or accredited education/training organization or institution:** Current School documentation must include Student Name, School Name, and Semester dates or begin date.
Please Note: Anything beyond a master's program does not qualify for CCDF services under education.
- ✓ **If CPS (Child Protection Services):** a dated written statement from CPS caseworker indicating the child(ren) are living with or returning to their biological, step or adoptive parent, the child(ren) need care outside their own home, amount of care needed per week, CPS caseworker's contact information (This is for biological parents only)

Verification of Residency for Physical Address (must be valid/received in previous 60 days of your signature date)

- ✓ Proof of residency document must include: name of applicant or co-applicant, complete address to include street address. City and/or zip code and dated no more than 60 days prior to applicant signature date on Applicant Worksheet for Child Care Services. A lease for the current lease period may be accepted

Verification of All other sources of income (if applicable)

- ✓ Social Security (SSI) benefit letter dated within last twelve months which verifies current monthly benefits received.
- ✓ Veteran's Benefits documentation from Veteran's Administration which verifies the benefit amount.

Information from CCDF qualified childcare provider:

- ✓ Provider Information Page completed by a licensed or certified CCDF provider only. To determine if your child care provider is CCDF eligible contact 211. **(If you work for the child care provider where your children attend you must provide the Provider/Applicant Employment Statement)**



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

ADULTS LIVING IN HOUSEHOLD

	First Name, Last Name	Date of Birth (month, day, year)	Relationship to Applicant	Working?	School?	Highest Grade Completed	Hours Working or in School per Week	Days per Week Care is Needed (S, M, Tu, W, Th, F, S)
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 (month, day, year)	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 (if applicable)
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.



NAME AFFIRMATION

State Form 57096 (R/ 5-24)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

The CCDF/OMW program must use the Applicant or Co-Applicant's Legal Name (as shown on their ID) for their Case Name.

The Applicant or Co-Applicant must complete a Name Affirmation form when they submit paperwork that shows a name that is different than their Legal Name (Maiden/Married Name, Hyphenated Last Names, Middle Names, Different Spellings, Shortened Versions of their Legal Name, and/or Aliases).

Legal Name of Individual (as it appears on ID)	Check one: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
List any other names that are listed on documents provided that do not match the Legal Name shown on the ID exactly.	
Printed name	
Printed name	
Printed name	
Printed name	

AFFIRMATION

I hereby affirm, under the penalties of perjury, that:

- I am the above-named individual and I have personally prepared this statement.
- All of the names listed above are names that I am also known by, and all are the same person.
- This statement is true to the best of my knowledge.

Signature of Applicant / Co-Applicant

Date (month, day, year)



CHILD CARE AND DEVELOPMENT FUND (CCDF)/ON MY WAY PRE-K (OMW) PROVIDER INFORMATION

State Form 57222 (R5 / 03-26)

FAMILY AND SOCIAL SERVICES ADMINISTRATION
OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING

INSTRUCTIONS: Your provider must complete this information in its entirety and sign the form.

Applicant/Co-Applicant. Please upload this document to your online application or submit this document to assist in prompt completion of your child care/OMW vouchers. If you wish to make a provider change, you must submit this form to the eligibility office by noon on Thursday, to be effective the following week or payment for care may become your responsibility. Your provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. If you have any questions, please contact your local eligibility office.

Name of applicant		Applicant phone number		Applicant email address	
Name of program			License / registration / exemption number		Provider's current Paths to QUALITY (PTQ) Level <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Address where care is provided (number and street, city, state, and ZIP code)			Program County		Program Telephone number ()
What date will the child begin care? (month, day, year) / /			Is this a provider change? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this for a child who is reauthorizing their case? <input type="checkbox"/> Yes <input type="checkbox"/> No

Type of provider
 Licensed Home Licensed Center Registered Ministry License Exempt Home License Exempt Facility Providing Care in Child's Home Public, Private or Charter School

Hours of operation (i.e. 7 AM to 6 PM) _____ Days of operation (Check all that apply.)
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Name of CCDF Child(ren) (First and Last)	Date of Birth (month/day/year)	Charge for Current Age	H -Half Day F- Full Day Kinder - G	Charge for Next Age Group (For example: If child is currently Infant, list charge for Toddler)	School-Age (Before and After School)	School-Age Other (Charge for School Break weeks, evening or weekend care)

FOR SCHOOL AGE CHILDREN ONLY (Please include a school calendar for ALL School Aged children.)

Date school year begins (mo/day/yr) / /	Date school year ends (mo/day/yr) / /	Does school-age child need break care vouchers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this form On My Way Pre-K wraparound or break care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will child attend this same provider for summer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summer Program begin & end dates / /
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FOR ON MY WAY PRE-K CHILDREN ONLY

All OMWPK vouchers must have a yearly monetary match component of at least five percent (5%) but not more than fifty percent (50%) of the tuition for eligible children under the Pre-K pilot program.

Name of OMW Child (First and Last)	Date of Birth (month/day/year)	OMW Pre-K Weekly Charge	H -Half Day F- Full Day	OMW Pre-K Start Date (month/day/year)	OMW Pre-K End Date (month/day/year)	Max Reimbursement for ALL Full-Time OMW providers
						\$147.82/week
						\$147.82/week
If you are a public, private or charter school, does the OMW child listed need break care vouchers (weeks of care at a DIFFERENT provider when your school is closed/not in session)? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, a school schedule <u>must</u> be provided

Are you related to any of the child(ren) listed above? Yes No If Yes, please list relationship.

PROVIDER AFFIRMATION Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in these programs

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program available on www.childcarefinder.in.gov. I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signature of provider	Printed name of provider	Date (month, day, year)
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CHILD CARE DEVELOPMENT FUND QUESTIONNAIRE

PLEASE ANSWER OR CIRCLE EACH QUESTION AND RETURN WITH COMPLETED PACKET

Are You: Employed School

How many hours per week are you requesting in Child Care?: _____

How Many Children are in the Home 17 years of age or under? _____

Total Family Size in the home (including yourself and spouse/father of children) _____

Relationship to Child: MOTHER or FATHER SINGLE or MARRIED

Is the other Adult (Father/Mother of the Children) in the Home? YES NO

Is other Adult Employed School

Do you (the parent) receive Medicaid? YES NO Do your children receive Medicaid? YES NO

Are you a Citizen of the United States? YES NO Are the Children Citizens of the United States? YES NO

Do you Receive:	Child Support	TANF	SSI (Must include Benefit Letter)	Food Stamps	Housing Assistance	Unemployment
Amount Per Month						

What other kind of income do you receive? _____

What degree will you receive when completed with school? _____

What is the highest grade completed? _____ DEGREE _____

What school district do your children attend? _____

****If Children Attend School – Please include School Calendar with Provider Form****

FOSTER PARENTS: Are you a licensed foster parent? YES OR NO Must Include Copy of License

FOSTER PARENTS: Are the children related to each other? YES OR NO