



**North Carolina Department of Health and Human Services**

Pat McCrory  
Governor

Richard O. Brajer  
Secretary

Tamara Barnes, Interim Director  
Child Development and Early Education

**SUBSIDIZED CHILD CARE ASSISTANCE PROGRAM ADMINISTRATIVE LETTER #08-15**

**TO:** Directors County Departments of Social Services  
Directors of Other Local Purchasing Agencies

**SUBJECT:** Changes to Policies Regarding:

1. Homelessness
2. Tracking of Federal Land Trust Residents
3. Assets Declaration
4. DCDEE Form - Application for Child Care Services (DCDEE-0456)
5. Utilization of New Category Codes
6. Certification Period End Date
7. Redetermination Notification
8. Return of Vouchers
9. Expired Vouchers

**ATTENTION:** Child Care Coordinators  
Other DSS Personnel who work with the Subsidized Child Care Assistance Program

**ISSUE DATE:** December 22, 2015

**EFFECTIVE DATE:** January 4, 2016

The purpose of this Administrative Letter is to communicate changes to the Subsidized Child Care Assistance Program policies regarding Homelessness, Tracking of Federal Land Trust residents, New Category Need Codes for Homelessness and Federal Land Trust residents, the DCDEE Form-0456 Application for Child Care Services, Declaration of Assets, Certification Period End Dates, Return of Vouchers, Redetermination Notification, and Expired Vouchers.

**Homelessness:**

**1. General Information**

The Child Care and Development Fund Act of 2014 states:

Section 658E. Application and Plan. Section 3B Child Care Services and related activities (i) In General - The State shall use amounts provided to the State for each fiscal year under this subchapter for child care services. Activities that improve the quality or availability of such services of homeless children while required documentation is obtained, training and technical assistance on identifying and serving homeless children and their families.

SECTION 725 of the McKinney-Vento Homeless Assistance Act defines Homeless as:

(2) The term homeless children and youths' —

(A) Means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a) (1)); and

[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov)

Tel 919-527-6335 • Fax 919-715-1012

Location: 820 South Boylan Avenue • Raleigh, NC 27603

Mailing Address: 2201 Mail Service Center • Raleigh, NC 27699-2200

An Equal Opportunity / Affirmative Action Employer



(B) Includes —

- (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
- (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

**1. Policies:**

Families who reside in temporary living arrangements will be asked the type of temporary living arrangement and if this living arrangement is due to economic hardship.

**2. Procedures:**

When families apply for child care services, the child care worker will ask the parent or responsible adult if their current address is a temporary living arrangement. When the answer is "yes", several options will be available from which to select. Additionally, economic hardship will be identified. Please note that families may be identified as homeless **only** if the living arrangement is temporary.

Changes to the DCDEE-0456, Application for Child Care Services related to homelessness will be detailed later in this letter.

**Tracking of Federal Land Trust Residents**

**1. General Information**

General Assembly of North Carolina Session Law 2014-100:

**SECTION 12C.3. (b)** Beginning October 1, 2014, or upon federal approval, the Eastern Band of Cherokee Indians may begin assuming the responsibility for the Supplemental Nutrition Assistance Program (SNAP). When the Eastern Band of Cherokee Indians assumes responsibility for SNAP, then any State statutes, portions of statutes, or rules relating to the provision of social services regarding SNAP services by a county department of social services for members of the Eastern Band of Cherokee Indians shall no longer apply to the Tribe, and the functions, administration, and funding requirements relating to those social services are thereby delegated to the Eastern Band of Cherokee Indians.

No later than October 1, 2015, and with the exception of services related to special assistance, child care, and adult care homes, the Eastern Band of Cherokee Indians may assume responsibility for other programs as described under G.S. 108A-25(e), enacted in subsection (c) 3of this section. When the Eastern Band of Cherokee Indians assumes responsibility for any of those other programs, then any State statutes, portions of statutes, or rules relating to the 40 provision of services for those programs by a county department of social services for members of the Eastern Band of Cherokee Indians shall no longer apply to the Tribe, and the functions, administration, and funding requirements relating to those programs are thereby delegated to the Eastern Band of Cherokee Indians.

**2. Policies:**

Families may now be referred by the Eastern Band of Cherokee Indians for subsidized child care assistance to support Child Protective Services (CPS), Child Welfare Services (CWS) and Foster Care.

**3. Procedures:**

The application will be made in the family's county of residence with the appropriate referral. Care to support the needs of foster parents will remain coded to Category Code Foster Care - 020. Care to support CPS and CWS for Federal Land Trust Residents will be coded as Tribal 040 and Non-tribal 041.

**Assets Declaration:**

**1. General Information**

The Child Care and Development Fund Act of 2014 states:

SEC. 658P. DEFINITIONS

(4) Eligible child. - The term 'eligible child' means an individual-

(A) Who is less than 13 years of age;

(B) Whose family income does not exceed 85 percent of the State median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family.)

**2. Policies:**

Families declaring assets in excess of \$1,000,000 are ineligible for Subsidized Child Care Assistance.

**3. Procedures:**

At the time of application and redetermination, families will be asked to declare if they have assets in excess of \$1,000,000.

**DCDEE- 0456 Form – Subsidized Child Care Assistance Application**

This form has been revised to address temporary living arrangements to identify homeless families and a question has been added related to the declaration of assets.

Living arrangements include:

1. Adult Relative
2. Homeless or Emergency Homeless Shelter
3. Hotel or Motel
4. Lacks Fixed Nighttime Address
5. Non Relative
6. Place not designated for sleeping
7. Shelter for Battered Women and Children
8. Supervised Shelter
9. Hospital for 30 days or under
10. Psychiatric Hospital for 30 days or under
11. Unknown

A new question has been added to reflect declaration of assets.

**Utilization of New Category Codes in the Subsidized Child Care Reimbursement System (SCCRS)**

**1. Homeless:**

When the LPA identifies a family as homeless, new Category Code 060 must be entered in SCCRCS in the Category Code field on the Child Demographic Detail screen GHB7302M.

When entering a ? in the Category Code field, new code 060 will be available for selection. When 060 Homeless is selected followed by F10 to confirm, the user is automatically taken to Family Information section of the Child Demographic Detail screen with the cursor on the new field "Living Arrangement". At this point enter ? to bring up the menu for various types of temporary living arrangements, from which one is selected. The options are:

1. Adult relative
2. Homeless or emergency homeless
3. Hotel or motel
4. Lacks fixed nighttime address
5. Non relative
6. Place not designated for sleep
7. Shelter for battered women and
8. Supervised shelter
9. Hospital for 30 days or under
10. Psychiatric hospital for 30 days
11. Unknown

```

GHB7301M TEST SUBSIDIZED CHILD CARE REIMBURSEMENT 12/18/15
04370003 CHILD DEMOGRAPHIC DETAIL 08-24-54
LAST NAME FIRST NAME MI VIEW FAMILY DATA
PCS ID GHB7302M Category Codes L VOUCHER
DOB P LANGUAGE EN
FAMILY CASE 2016-02-29
JOINT CASE IND N 005 WORK FIRST FAMILY ASSIST W/OUT INCOME 01548
COUNTY 006 WORK FIRST FAMILY ASSIST WITH TIVE/TYPE Y P
009 WITH REGARD TO INCOME ID
019 WITHOUT REGARD TO INCOME
020 FOSTER CARE RECIPIENT TER
040 TRIBAL FEDERAL LAND TRUST RESI N CREEK CHURC
041 NON-TRIBAL FEDERAL LAND TRUST 09 SEPTEMBER
MONTHLY PAYMENT RAT 054 TEEN PARENT NT 347.00
MONTHLY PARENT FEE 055 TEEN PARENT WORK FIRST FAMIL NT
SERVICE DAYS 22 S 060 HOMELESS NT 347.00
$1.00 FOOD SUPPLEME S To Set Menu NUS (Y/N) Y
SPECIAL FEES F7=up F8=down
RATE GROUP R06 FT
CATEGORY CD 7 WI LLMENT WITH PAY
NEED CODE 811 EMPLOYED W/E RATE (Y/N) N CORR CD E @ FOUR (Y/N) N
NEW CLIENT CD ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB139 Child Invoice Detail is displayed.
  
```

```

04370003 CHILD DEMOGRAPHIC DETAIL 09:17:41
LAST NAME [REDACTED] FIRST NAME [REDACTED] MI [REDACTED] VIEW FAMILY DATA Y
DCS ID [REDACTED] EIS ID [REDACTED] EIS CASE [REDACTED]
DOB [REDACTED] RACE B: GENDER Y
FAMILY LANGUAGE EN ELIGIBILITY BEGIN 2015-02-25 END 2016-02-29
FAMILY CASE [REDACTED] NO RESPONSIBLE ADULTS 1 MONTHLY INCOME 01548
COUNTY [REDACTED] INCOME UNIT SIZE 4
-----
FAMILY INFORMATION
FAMILY CASE NO [REDACTED] FAMILY DOG [REDACTED] FAMILY SIX ID [REDACTED]
FAMILY CASE NAME [REDACTED]
CASE ADDRESS [REDACTED]
CITY/STATE/ZIP [REDACTED] NC 28323 0000
TELEPHONE NUMBER (910) 578 [REDACTED] WORKER [REDACTED]
LIVING ARRANGEMENT [REDACTED]
CHILDREN [REDACTED]
-----
NOTES: PURCHASER PLEASE COMPLETE THIS RECORD
End Update
  
```

```

04370003 CHILD DEMOGRAPHIC DETAIL 08:41:45
LAST NAME [REDACTED] FIRST NAME [REDACTED] MI [REDACTED] VIEW FAMILY DATA Y
DCS ID [REDACTED] EIS ID [REDACTED] EIS CASE [REDACTED]
DOB [REDACTED] RACE B: GENDER Y
FAMILY LANGUAGE EN GHB7302M LIVING ARRANGEMENT Codes NDER F
FAMILY CASE [REDACTED] 01 ADULT RELATIVE 02-19
COUNTY [REDACTED] 02 HOMELESS OR EMERGENCY HOMELESS COME 01548
-----
FAMILY CASE NO [REDACTED] 03 HOTEL OR MOTEL ID [REDACTED]
FAMILY CASE NAME [REDACTED] 04 LACKS FIXED NIGHTTIME ADDRESS
CASE ADDRESS [REDACTED] 05 NON RELATIVE
CITY/STATE/ZIP [REDACTED] 06 PLACE NOT DESIGNATED FOR SLEEP
TELEPHONE NUMBER ( [REDACTED] 07 SHELTER FOR BATTERED WOMEN AND
LIVING ARRANGEMENT [REDACTED] 08 SUPERVISED SHELTER
CHILDREN [REDACTED] 09 HOSPITAL FOR 30 DAYS OR UNDER
S To Set [REDACTED] 10 PSYCHIATRIC HOSPITAL FOR 30 DA
E7=up E8=down ID
-----
NOTES: PURCHASER PLEASE COMPLETE THIS RECORD
End Update
  
```

**Please Note**

Allowable Fund Source(s) 15, 25, 55, 71, 72, and 73

This category code 060 can only be used with the following need codes:

- NEEDCD1 = 8, 4
- NEEDCD2 = 0, 1, A, 2, C, 3, B, 4, 5, D, and 7
- NEEDCD3 = 1, 2, 3

Parent Fees are allowed for new category code 060. CPS & CWS cases have no parent fee and need code 2 rules apply.

Homeless status supersedes other category codes however, parental fees will be assessed as appropriate based upon other case information.

**2. Tribal Families:**

When the LPA identifies families who meet requirements for coding as Federal Land Trust Residents, new category codes must be used. The codes are:

- 040 Tribal Federal Land Trust Resident
- 041 Non-Tribal Federal Land Trust Resident

04370003 CHILD DEMOGRAPHIC DETAIL 08-46-33  
 LAST NAME FIRST NAME MI VIEW FAMILY DATA  
 DCS ID L VOUCHER  
 DOB F LANGUAGE EN  
 FAMILY CASE GHB7302M Category Codes 2016-02-29  
 JOINT CASE IND N 005 WORK FIRST FAMILY ASSIST W/OUT INCOME 01548  
 COUNTY 006 WORK FIRST FAMILY ASSIST WITH ATTIVE/TYPE Y P  
 009 WITH REGARD TO INCOME ID  
 019 WITHOUT REGARD TO INCOME TER  
 020 FOSTER CARE RECIPIENT N PERK CHUR  
 040 TRIBAL FEDERAL LAND TRUST REST 09 SEPTEMBER  
 041 NON TRIBAL FEDERAL LAND TRUST NT 151.00  
 054 TEEN PARENT NT 155.00  
 055 TEEN PARENT WORK FIRST FAMIL NT 396.00  
 060 HOMELESS NT  
 S To Sell More NUS (Y/N) Y  
 F7-up F8-down T START  
 LLMENT WITH PAY  
 E O FOUR (Y/N) N  
 RATE GROUP R14 FI  
 CATEGORY CD ? WI  
 NEED CODE 811 EMPLOYED W/F RATE (Y/N) N CORR CD  
 NEW CLIENT CD 02 NEW ELIGIBLE CHILD ENHANCEMENT CD  
 F KEYS: 1=Help 3=Exit 4=Main Menu  
 GHB130 - Child Invoice Detail is displayed

**Please Note:**

Allowable Fund Source(s) 15, 25, 55.

Category codes 040 and 041 can only be used with the following need codes:

- NEEDCD1 = 8, 4
- NEEDCD2 = 2, C, 5, D
- NEEDCD3 = 1,2,3

Parent Fees are not allowed for the new category codes – 040 and 041.

**Certification End Date:**

**1. General Information**

As a result of the work done during the Work Support Strategies Grant regarding streamlining of program policies and the upcoming implementation of NC FAST, Subsidized Child Care Assistance policy changes are being made. Food and Nutrition Services and Medical Assistance programs have ending certification dates on the last day of month. Current policy in Chapter 4. III. C. (1) states that once eligibility is established certification begins on the day of eligibility through the twelve month certification period. (i.e. June 27, 2015 – June 26, 2016).

**2. Policies:**

New policy requires the certification period to end on the last day of the last month of the certification period. (i.e. June 27, 2015 – June 30, 2016).

**3. Procedures:**

When new recipients are determined eligible, the certification period end date will be the last day of the last month of eligibility. This is also true at redetermination. All ending certification dates must be the end of the month, regardless of weekends and holidays.

In SCCRS, ending certification dates will be programmatically updated to the last day of the last month of the certification period for all cases active in the system on December 31, 2015.

Workers must issue Child Care Action Notices (CCANs) to parents and providers notifying them of the extension of the certification periods until the last day of the last month of eligibility. CCANs must be completed for January 2016 certification end dates immediately. All CCANs to extend certification periods to the last day of the last month of eligibility in 2016 must be completed no later than April 29, 2016.

## **Redetermination**

### **1. General Information**

Current policy in Chapter 11, V. E. 1 states that when a recipient does not reapply by the expiration date or does not provide the necessary documentation within the thirty days the service terminates on the last day of the twelve month eligibility period. A ten (10) work day notice is not provided to the recipient when this occurs. Currently LPAs are able to utilize an appointment letter or a Child Care Action Notice for notification of redetermination. Current policy in Chapter 11, V. A., states that at least 30 days prior to certification expiration date, the child care worker must make written contact with recipient to notify of impending expiration date. A notice may also be sent to providers. In order for individuals to continue to remain eligible, eligibility must be determined annually or when changes occur. In addition, a CCAN must be completed once the eligibility review is completed.

### **2. Policies:**

New policy requires child care workers to send a letter as a reminder of redetermination. This will be the first and only notice sent for redetermination.

### **3. Procedure**

There will be no CCAN issued to provide a 10 day notice prior to the end of the certification period. Child Care workers may utilize the sample letter from the Subsidized Child Services Manual or a county-developed form letter.

## **Return of Vouchers:**

### **1. General Information**

Chapter 9, III. D., allows for 30 calendar days to return vouchers, but gives local purchasing agencies (LPAs) the option to decrease the number of days, but not less than ten (10) calendar days that vouchers must be returned to child care worker.

### **2. Policies:**

Counties and LPAs no longer have local options regarding return of vouchers. Vouchers must be returned within 30 calendar days of issuance.

### **3. Procedures:**

The parent/responsible adult and provider must sign the voucher within 30 calendar days. If the voucher is not signed by both the parent/responsible adult and the provider by the 30th calendar day, the voucher is cancelled. After the voucher is cancelled, the parent/responsible adult may request a new voucher. If the voucher is reissued within 60 calendar days of the initial voucher issuance date, the new voucher will have the same start date as the initial voucher, unless the child(ren) started care at a later date. The voucher period includes the initial issuance of the voucher and the reissuance of the voucher and is limited to 60 calendar days. The voucher must be signed by the parent/responsible adult and provider and the provider must be enrolled during the 60 calendar day timeframe. The reissued voucher return date cannot go beyond 60 calendar days of the initial voucher issuance. If the new voucher is not signed by the parent/responsible adult and the provider by the 60th calendar day, the voucher is cancelled. For any voucher requested after the 60th calendar day of the initial voucher issuance, the begin date is the date of the request.

When parent/responsible adult's choice of provider is not enrolled in subsidy, the caseworker will be required to contact the parent/responsible adult and the provider to inform them that the provider must enroll within 30 calendar days or the voucher will be cancelled. Also, the voucher must be signed by the parent/responsible adult and the provider. After the parent/responsible adult signs the voucher, it cannot be sent to the provider for signature until the provider enrolls. If the

provider does not enroll within 30 calendar days, the voucher is cancelled. If the provider enrolls after 60 calendar days, the voucher start date will be the date that the parent requests the new voucher.

## Expired Vouchers

### 1. General Information

Current policy in chapter 9. III. D., states that the voucher must be returned no later than 30 calendar days from the date of issuance. Chapter 22. V. B., gives counties the option of requesting that providers return the voucher in less than 30 days, but not less than ten (10) calendar days from the date of issuance. LPAs that wish to use a return date of less than 30 days must notify the Division of Child Development and Early Education in writing of their decision to do so for approval in their local policies.

### 2. Policies:

Current policy in chapter 9, D 1 and 2 states that if the voucher is returned to the LPA ten (10) working days or less beyond the expiration date, the LPA may process the voucher; or if the voucher is returned more than ten (10) working days beyond the voucher's expiration date, it must be voided and a new voucher must be issued before payment can be authorized. The new voucher indicates the same certification period as the original, but has a new issuance date.

If the provider is enrolled and the voucher (DCD-0446) is returned within the allowable time period and is complete and accurate, the child care worker can approve placement of the child in that arrangement.

If the Child Care Voucher (DCD-0446) is returned and it is determined that the provider is not enrolled, the provider enrollment forms must be completed before the provider can be approved to participate in the Subsidized Child Care Assistance Program.

### 3. Procedures:

Provider has 30 calendar days to return vouchers in order to be paid for services. There is no grace period for the return of vouchers.

#### **NOTE 1: The Child Care Provider Agreement DCDEE-0452**

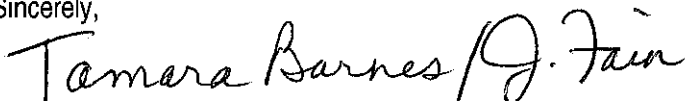
The Provider Agreement DCDEE-0452 includes voucher procedures in item number 6. The changes to Return of Vouchers and Expired Vouchers do not affect the Provider Agreement.

#### **NOTE 2: Parental Fees Administrative Letter #05-15**

As mentioned in Administrative Letter #05-15, parental fee messages described will be implemented.

If you have questions about the information in this letter, or other Subsidized Child Care Assistance questions, please contact [dcdee.subsidy.policy.help@dhhs.nc.gov](mailto:dcdee.subsidy.policy.help@dhhs.nc.gov) to reach technical assistance and policy consultation.

Sincerely,



Tamara Barnes, Interim Director

TB/KM



APPLICATION FOR CHILD CARE SERVICES:  New  Redetermination  Update County of Residence: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Telephone No. :( ) \_\_\_\_\_ Language Pref. of Parent/R/A \_\_\_\_\_

Case Name (if different from Applicant's Name) \_\_\_\_\_ Case No.: \_\_\_\_\_

Address: \_\_\_\_\_

1. Is your current address a temporary living arrangement? Yes \_\_\_ No \_\_\_  
 This may include:  Adult Relative  Homeless or Emergency Homeless Shelter  Hotel or Motel  Lacks Fixed Nighttime Address  Non Relative  Place not designated for sleeping  Shelter for Battered Women and Children  Supervised Shelter  Hospital for 30 days or under  Psychiatric Hospital for 30 days or under  Unknown.
2. If yes, is this temporary living arrangement due to loss of housing or economic hardship? Yes \_\_\_ No \_\_\_
3. Do you reside on a Federal Land Trust for Tribal Families? Yes \_\_\_ No \_\_\_ If yes, are you a Tribal member Yes \_\_\_ No \_\_\_
- I. Have you ever been disqualified from the Subsidized Child Care Program in another county?  Yes  No (If yes, child care coordinator see instructions.)
- II. Reason Child Care Services are needed:  Employment\*  Education/Training\*  Developmental Needs\*  CPS  CWS
- \*These reasons require determination of income, except for children in Foster Care or Child Protective Services (CPS).

III. U.S. Citizenship Status: Select all that apply.  Applicant is a U.S. Citizen  Child (ren) is a U.S. Citizen  
 Child (ren) is not a U.S. Citizen but meets Smart Start funding criteria.  Applicant or child (ren) is a legal U.S. Non-Citizen (residing in the U.S. legally)  
 Child (ren) is not a U.S. Citizen, but needs care to support child protective services, foster care and/or developmental needs.

IV. Is the family served by the following program(s): Select all that apply.  NC Pre-K  Head Start

NOTE: Social Security number is for "child only" cases. (This is optional and not required.) \_\_\_\_\_

V. Members of Income Unit: Check (√) to indicate which child needs services.	Relationship to Applicant	Date of Birth	Age	Race (I,A,B,P,W)	Ethnicity (N,U,C,H,M,P)	Special Needs (Y)	Parent Fee/Effective Date

VI. Income Unit: Designate Income Unit Size \_\_\_\_\_ VII. Do you have assets that exceed one (1) million dollars?  Yes  No

VIII. Type of Income (Must list all sources of income.)	Gross Monthly Amount (Include documentation in case record.)	Method of Verification
Child Support Paid Out:	(\$ _____)	
Total Countable Monthly Income:		

IX. Child Care Benefit: Do you receive an employer benefit for child care?  No  Yes \$ \_\_\_\_\_ per month

X. Certification of Applicant/Authorized Representative: I certify that I have read or had read to me the Applicant's Statement on the back of this form, that my child care social worker has explained the information on the back of this form, and that the information provided, as reflected on this form, is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
 Signature of Applicant/Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_

XI. Approval:  Yes Approved from \_\_\_\_\_ to \_\_\_\_\_  Not Approved

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Child Care Case Worker of Local Purchasing Agency \_\_\_\_\_ Title \_\_\_\_\_ Date of Decision \_\_\_\_\_

XI: Worksheet

To be used for computation of income or for comments.

This form is being sent to notify you of action taken regarding the request/receipt of child care services for those designated on the front of this form. The action taken is outlined in **Section X** of this form.

This form also serves as your record of the information provided by you and used in determining eligibility for child care services.

Your signature in **Section IX** of the form certifies that you have been made aware of and agree to the rights and responsibilities contained in the following statement. Do not return this letter, keep it for your records.

### APPLICANT'S STATEMENT

I understand that I am responsible for providing my child care social worker of the local purchasing agency with certain information necessary to determine eligibility for the services requested. Also, I understand that if I am disqualified from the subsidy program due to fraudulent acts (see Child Care Fraud in next section) that I may not be eligible for child care subsidy in any county. The information provided by me is reflected on this form and represents a true and complete statement of facts according to my best knowledge I also understand that the information provided by me may be subject to verification and that I may be asked, at this time or at a later date, to provide documentation which supports the information I provide to my child care social worker. I agree to notify my child care social worker of the local purchasing agency within five (5) workdays of any change in address, employment, income, school/employment training schedule (if applicable), living arrangements, or family size of those for whom the services are requested. Also, I will provide a copy of my grades to my child care social worker, if applicable.

I understand that the information I provide to my child care social worker will be held in strict confidence and will not be revealed to anyone without my written consent, except for information necessary to establish eligibility and information that may be revealed in the course of agency audits and monitoring. I hereby authorize the release of any information, reports, and any information by the Social Security Administration to my child care social worker that is needed to determine my eligibility for child care subsidy services.

I understand that I may be asked to pay a fee for child care services based on my gross family income.

I understand that I have a right to request and obtain a fair hearing if the local purchasing agency does not act upon my request with reasonable promptness (i.e., within thirty (30) days of the date services are requested) and/or if I disagree with the local purchasing agency's action in response to my request. I understand that the agency's decision in no way affects Medicaid, WFFA, Food Stamps or any other service assistance or income. If eligible, I understand that services will be provided or arranged within fifteen (15) days of notification, if such service is available.

### CHILD CARE FRAUD

Fraud is a criminal offense. I understand that it is against the law for me to make false statements or to withhold information affecting eligibility and that I am subject to prosecution if I do make false statements or withhold information. The North Carolina General Statute 110-107 states that a recipient of child care subsidies commits the offense of fraudulent misrepresentation when that person, with the intent to deceive, makes a false statement or representation regarding a material fact, or fails to disclose a material fact, and as a result obtains, attempts to obtain, or continues to receive child care subsidy. If it is determined that there is a first incident of fraudulent misrepresentation, you must repay the amount of child care subsidy for which you were not eligible to receive and may not be eligible to receive subsidized child care services for 12 months. Also, if there is a second incident of fraudulent misrepresentation determined you must repay the amount of child care subsidy for which you were not eligible and you may permanently be ineligible to receive child care services.

### HOW TO GET A FAIR HEARING

If you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency within sixty (60) days after this letter was mailed. A hearing will be scheduled for you with an official of the county department of social services. If you are dissatisfied with the decision made at that hearing, you may have a hearing with an official from the NC Department of Health and Human Services.

At either of these hearings, you may have someone such as a relative or friend represent you. You may have an attorney represent you, but you must pay for his services yourself, unless free legal services are available in your community. If you are interested in free legal services, contact your child care social worker.

If your request for child care services was denied and you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency within sixty (60) days after this letter was sent.

If you have any questions or want further information, please contact your child care social worker as soon as possible.

### TYPES OF INCOME TO REPORT ON FRONT OF FORM

Wages or salary; adjusted gross income from self-employment; social security; dividends, interest, income from estates, trusts, or royalties; adjusted gross rental income; public assistance or welfare payments; pensions; annuities; retirement benefits; unemployment compensation or strike benefits; workmen's compensation; alimony; child support; veterans benefits; OTJ training benefits; Armed Forces pay; Work Supplemental programs; child care subsidies.