



North Carolina Department of Health and Human Services

**DIVISION OF CHILD DEVELOPMENT**

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**SUBSIDIZED CHILD CARE SERVICES MANUAL – CHANGE NOTICE #6-09**

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

**FROM:** Deborah J. Cassidy, Ph.D.

**SUBJECT:** Revisions to the Subsidized Child Care Services Manual

**ISSUE DATE:** December 30, 2009

The purpose of this Change Notice is to communicate changes that have been made to the Subsidized Child Care Services Manual. A summary of the changes are indicated below. These changes are effective January 18, 2010 and are identified by a line in the left margin of the documents.

**Appendix A – Subsidized Child Care Forms**

The Application for Child Care Services (DCD-0456) and the Instructions for Completion of the Application for Child Care Services was revised to include the applicant's county of residency which will ensure applicants are applying for services in the county in which they reside and the county responsible for payment. In addition, the applicant's language preference and each child's age, race and ethnicity must be indicated on the application in order to meet federal reporting requirements for Title VI. Child care staff should reference the Instructions for Completion of the Application for Child Care Services (DCD-0456) dated January 2010 so that the applicable codes for language preference and ethnicity are applied. Revisions were also made to remove *social* from *child care social worker*, add *calendar days* and include the toll free number of the Department's Careline Information and Referral Service.

**Instructions for Maintenance of Subsidized Child Care Services Manual**

Your agency must maintain at least one copy of the previous manual material for reference during single audits, state monitoring visits and fraud investigations. Child care staff should review the changes to become familiar with the new information.

**Remove**

DCD Form 0456  
Dated October 2002

Instructions (DCD-0456)  
Dated September 2009

**Insert**

DCD Form 0456  
Dated January 2010

Instructions (DCD-0456)  
Dated January 2010

Change Notice # 6-09  
Page 2 of 2  
December 30, 2009

The Change Notice and revised Application for Child Care Services and Instructions will be accessible on the Division's web site on Wednesday, January 6, 2010. The updated documents can be accessed by choosing the *County Staff* tab from the Home Page, *then* select the *Manuals* tab and choose *Access the latest version of the Subsidized Child Care Services Manual*. The current change notice is located under the Change Notice tab and the Application for Child Care Services and Instructions document is located in Appendix A. Child care staff in your agency should print and retain a copy of the revised documents in their Subsidized Child Care Services Manual. In addition, they should maintain a copy of the Change Notice in Appendix E of the manual. The manual can be accessed on-line at <http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/index.htm>. Please direct your questions regarding the revised manual materials to your Subsidy Services Consultant.

Effective January 18, 2010, child care staff will discontinue the use of the Application for Child Care Services (DCD-04456) dated October 2002. We anticipate a mid-January delivery of the revised application from the state Print Shop which at that time the Division's Distribution Center will issue a supply of the application form to local purchasing agencies. However, until counties receive the revised application, child care staff can print the application from the Division's web site.

Enclosures

DJC/FL

cc: Child Care Coordinators  
North Carolina Partnership for Children, Inc.

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.

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

IV. List 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

V. Income Unit: Designate Income Unit Size \_\_\_\_\_ VI. Child Care Transportation is Needed:  Yes  No

VII. 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:	

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

IX. 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. Also, that my child care 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.

X. Approval:  Yes Approved from \_\_\_\_\_ to \_\_\_\_\_  Not Approved  
 Comments: \_\_\_\_\_  
 Signature of Applicant/Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_  
 Signature of Child Care Case Worker of Local Purchasing Agency \_\_\_\_\_ Title \_\_\_\_\_  
 Yellow Copy: Parent/Responsible Adult \_\_\_\_\_ 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 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 the 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 a later date, to provide documentation which supports the information I provided to my child care worker. I agree to notify my child care 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 worker, if applicable.

I understand that the information provided by me to my child care 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 have authorized the release of any information, reports, and information by the Social Security Administration to my child care 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) calendar days of the date services are requested) 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 determined eligible, I understand that services will be provided or arranged within fifteen (15) calendar days from the date of notification letter, if such services are 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 withheld information. The North Carolina Statute 110-107 states that a recipient of child care subsidies commits the offense of fraudulent misrepresentation 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 the 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) calendar days from the effective date of the action taken. 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; however, you must pay for your attorney, unless free legal services are available in your community. If you are interested in free legal services, contact your child care worker or call Careline Information and Referral Services at 1-800-662-7030.

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) calendar days after the effective date of the action taken.

If you have any questions or want further information, please contact your child care 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; veteran's benefits; OTJ training activities; Armed Forces pay; Work Supplemental programs; and child care subsidies.

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**CHILD CARE SERVICES FORMS AND INSTRUCTIONS FOR COMPLETION  
OF THE CHILD CARE APPLICATION FOR SERVICES**

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**REVISED 01/18/2010****INSTRUCTIONS FOR COMPLETION OF THE APPLICATION  
FOR CHILD CARE SERVICES (DCD-0456)****General:**

Check (✓) one of the blocks to indicate “Type of Action,” i.e., new, redetermination, update, and enter the county of residence.

The applicant must specify the name of the county where they maintain their household. When the physical address is located in one county and the mailing address is in another county, the child care worker should verify the physical address through a reliable resource such as the local post office.

The applicant’s name, telephone number, case name (if different), case number, and address should be filled in at the top of the form.

**Language Preference:** Indicate the family’s preferred language to receive information about the services and information from the agency. The acronym for language codes is as follows: EN = English; SP = Spanish; AR = Arabic; CA = Cambodian; CH = Chinese; FR = French; FC = French Creole; GR = German; GK = Greek; GU = Gujarati; HI = Hindi; HM = Hmong; HU = Hungarian; IT = Italian; JA = Japanese; KO = Korean; LA = Laotian; MI – Miao; MK = Mon-Khmer; PE = Persian; PO = Polish; PG = Portugese; PC = Portugese Creole; RU = Russian; SC = Serbo-Croatian; TA = Tagalog; TH = Thai; UR = Urdu; VI = Vietnamese; or OT = Other (indicate OT and the preferred language).

**Part I:**

Check (✓) the appropriate block. If the applicant answers yes to this part of the application, then pursue additional information from the applicant and the local purchasing agency that the disqualification took place. Determine the type of sanction that was imposed on the applicant, reason for sanction, time frame of sanction and other information that determines if applicant is ineligible for subsidy. The applicant may apply for subsidy at the end of the time period indicated for the sanction. Please refer to **Chapter 23: Fraudulent Misrepresentation and Overpayments** for more information regarding sanctions.

**Part II:**

Check (✓) the appropriate block to indicate the reason child care is needed. If the reason is indicated by an asterisk (\*), the family must meet income eligibility requirements unless the child needing services is in Foster Care or Child Protective Services.

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**CHILD CARE SERVICES FORMS AND INSTRUCTIONS FOR COMPLETION  
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**REVISED 01/18/2010****Part III:**

Check (✓) the appropriate boxes to indicate U.S. Citizenship status for families/child(ren). Please check (✓) the box indicating that child(ren) is not a U.S. Citizen, but needs care to support child protective services, foster care and/or developmental needs. Also, check (✓) the last box, only if the county has elected to use Smart Start funds to serve non-citizen families, regardless of their residency status. **Note: The social security number of the applicant must not be used to determine eligibility for child care subsidy funds.** Please refer to **Chapter 4: Application, Eligibility Determination and Documentation** for information regarding proof of citizenship. **Enter the social security number for “child only cases,” but remember that it is optional.**

**Part IV:**

In the spaces provided, list all members of the income unit. For additional information regarding the income unit, refer to **Chapter 7: Family Definition and Determining Income Eligibility**. Check (✓) the box beside the names to indicate which children in income unit need child care services. For each member listed, indicate the relationship to the applicant, the date of birth, age, race, ethnicity, and whether the child has special needs. Ask the applicant if their child(ren) require any special child care assistance due to developmental needs. An additional column is available to later record any applicable parent fee and fee effective date once eligibility is determined.

**Race Codes:** The applicant must complete this section, indicating the race for each child. The codes for race are I = American Indian/Alaska Native; A = Asian; B = Black or African American; P = Native Hawaiian/Pacific Islander; and W = White.

**Ethnicity Codes:** The applicant must complete this section, indicating ethnicity for each child. The codes for ethnicity are N = Not Hispanic/Latino; U = Unreported; C = Hispanic Cuban; H = Hispanic Other; M = Hispanic Mexican American; or P = Hispanic Puerto Rican.

**Special Needs:** Insert “Y” for yes for each child who has a special need as indicated by the applicant.

**Part V:**

List the income unit size. Income information must be entered in Section VII for all members of the income unit unless child care services are being provided to the family without regard to income. If services are provided without regard to income, write N/A and continue to Part VI.

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**REVISED 01/18/2010****Part VI:**

Check (✓) the appropriate box to indicate whether the applicant needs child care transportation services.

**Part VII:**

Prior to recording income information, review the types of income listed on the back of the form with the applicant to encourage accurate reporting. List **all** types of income reported by the applicant, including WFFA and/or SSI benefits. Include other child care subsidies, such as student loans and employer benefits. Calculate each type of income as a gross monthly amount.

Before entering the total amount of countable gross monthly income, determine if the family is eligible for deductions such as child support or health benefit deduction. Indicate if the family pays child support outside the income unit and record the amount of the child support. Indicate if the family is eligible for the cafeteria or health benefit deductions and record the amount of the deduction. Deduct the amount of child support paid and/or the amount of the health benefit deduction from the total amount of countable gross monthly income.

**Part VIII:**

If answer is yes, write in the amount of the benefit. If the amount is provided on a weekly or a bi-weekly basis, convert this amount to a monthly figure. Emphasize to applicant that the information needed for this section will not count as income. Check (✓) the appropriate box to indicate whether the recipient receives an employer benefit for child care.

**Part IX:**

The applicant or authorized representative must sign the form. If services are needed for a child in the custody of the county department of social services (DSS), the form may be signed by a designated worker in the DSS, e.g., a foster care worker, protective services worker, etc. The applicant's signature must be dated and if the applicant executes his signature by mark (X), the signature of a witness must be included.

Prior to obtaining the applicant's signature, the applicant must read and explained or have read and explained to him/her the **Applicant Statement** on the back of the **Application for Child Care Services** and the information regarding child care fraud, sanctions and fair hearings.

**Part X:**

1. If the applicant is eligible for services, check (✓) the "Yes" box for approval and enter the dates of the 12-month eligibility period. If eligibility is established within



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**CHILD CARE SERVICES FORMS AND INSTRUCTIONS FOR COMPLETION  
OF THE CHILD CARE APPLICATION FOR SERVICES** **REVISED 01/18/2010**

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thirty (30) days of the date the application was signed, the individual may be considered eligible on the date the application was signed. **For example, if the applicant signed the application on May 3 and the worker approved the request for services on May 14, the eligibility period would be May 3 through May 2 of the following year.**

2. If the applicant is not eligible, check (✓) the “No” box. If needed, comments regarding the reason for denial may be added.
3. The child care worker responsible for the eligibility decision must sign the form and enter the date of the decision.

**Part XI.**

This space is provided on the back of the white copy for use in computing income to determine a monthly figure. For example, if the applicant’s wages must be averaged to determine the countable gross income, the method of computation should be identified in this space or in the case narrative.

**Distribution of the Form:**

The local purchasing agency (LPA) maintains the original signed (white) copy. The yellow signed copy (second page) serves as a notice to the applicant. This copy may be mailed to the applicant or given to the applicant at the time of the application interview if eligibility is determined at that time. The applicant should be reminded to keep their copy of the application in a convenient place for reference.