



# CENTRAL CONNECTICUT COAST YMCA

## CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION page 2

Household Income	Monthly
Wages, Salaries & Tips (all sources in household)	\$
Unemployment Compensation	\$
Social Security Compensation	\$
Disability Compensation	\$
Child Support	\$
Alimony	\$
Aid to Dependent Children	\$
Food Stamps	\$
Housing Assistance	\$
Utility Assistance	\$
401K/Retirement	\$
	\$

If necessary, include documentation of any special expenses, extenuating circumstances, or crisis expense situations of which we should be aware.

Total amount you feel you can pay per month for program fees. \$ \_\_\_\_\_  
 An amount must be entered or the application will not be processed.

**REMEMBER:** A copy of the most recent Internal Revenue Service tax statement (tax return) and the last three pay stubs of all working adults must be included for this application to be processed. Your SSI Allocation statement, DSS budget worksheet and any unemployment documents (if applicable) must also be included. You may choose to include your W-2's, and/or any other documentation that supports your current income. (This information will be held confidential). Child Care and Summer Camp applicants must also complete the Department of Social Services Care-4-Kids application and return it with this application in order for this application to be processed or reviewed.

I certify that the above information is true and complete to the best of my knowledge. If requested, I will provide further substantiation of all facts included above. I understand that applications take at least two weeks to process, after which a YMCA representative will contact me. I acknowledge that an incomplete application will not be processed.

**Applicant's Name (print)** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

<u>Office Use Only</u>	
Date Received: _____	
Program: _____	Date(s) of Program: _____
Financial Assistance Awarded (%): _____	
Branch Executive Signature: _____	Date Approved: _____
Processor Signature: _____	Date: _____



## Application & Supporting Documents Checklist

Thank you for completing the Care 4 Kids (C4K) Application. In order to complete your application, please be sure to submit the following required documents:

**Parent Provider Agreement Form (4 pages)**

- Required with all applications and redeterminations.
- To be completed by you and the child care provider.
- If your child care provider is new to Care 4 Kids, the provider's W-9 is required.
- All new C4K providers must complete all orientation requirements for program staff prior to applying for C4K. See the C4K website for provider requirements – [Provider Requirements – CT Care 4 Kids](#)
- Providers will be eligible for payment the day after the training is completed.
- If you need help finding a provider, call 2-1-1 Child Care at 2-1-1 or 1-800-505-1000.

If **currently employed**, the following are required for you and the other legal parent in your home (if applicable):

**Existing Employment Income Verification (e.g. pay stubs, employer letter)**

- If paid weekly, submit the last 4 pay stubs
- If paid bi-weekly or semi-monthly, submit the last 2 pay stubs
- If paid monthly or annually, submit the last 1 pay stub

If **beginning new employment**, the following are required for you and the other legal parent in your home (if applicable):

**New Employment Verification (Letter from Employer)**

- Letters must be completed by the employer and contain the following:
  - Current date
  - Employment start date
  - Average weekly hours
  - Gross earnings
  - Title and contact phone number of the individual preparing the letter

If **self-employed**, the following are required for you and the other legal parent in your home:

**Self-Employment Verification**

- Most recent signed and dated IRS tax forms (1040, Schedule 1 and Schedule C); or
- Self-Employment Business Form (can be found at <https://www.ctcare4kids.com/wp-content/uploads/2023/07/Self-Employment-Form-English2023.pdf>); and
- Business records including business income and expenses.

If a parent is **disabled**, the following form is required:

- Disability Form (can be found at <https://www.ctcare4kids.com/wp-content/uploads/2021/03/Disability-Verification-Form.pdf>)

If child(ren) have **special needs**, the following form is required for any children with special needs:

- Special Needs Verification Form (can be found at <https://www.ctcare4kids.com/wp-content/uploads/2019/11/Special-Needs-Verification-Form.pdf>)

**\*\*If participating in a higher education, general educational diploma (GED)/high school equivalency, or workforce development/training program**, the following are required for you and the other legal parent in your home (if applicable):

- Higher Education**
- GED**
- Workforce Development/Training program**
  - Written verification of enrollment from the educational institution/training program including current class schedule. This written verification must include, at a minimum:
    - Parent's name and enrollment date.
    - Name of the institution, contact person, and contact information (phone number).
    - If not included on the class schedule, the written statement must also include either the number of credit hours or the number of in-class or online hours per week.

If any or all apply, the following are required for anyone who lives in your home:

- Social Security Income** – current award notice, copy of current check or statement from Social Security Administration.
- Child Support Paid** – cancelled check, money order, or wage stub showing deduction for child support paid to an adult not living in your home.
- Foster Care Payment** – current foster care stipend check stub or award letter from the Department of Children and Families.
- Rental Income You Receive From Someone Else** – business records or income tax records.

**Missing and/or incomplete forms will not be accepted and WILL DELAY PROCESSING.**

## SECTION 1: APPLICANT INFORMATION/HEAD OF HOUSEHOLD

The applicant is the parent or adult legally responsible for the child(ren). If the parent is under the age of 18 and living with an adult, the adult is considered the applicant and must fill out and sign this Application.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 FIRST NAME M.I. LAST NAME DATE OF BIRTH

\_\_\_\_\_  
 STREET ADDRESS FLOOR/APARTMENT NUMBER

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)  
 CITY STATE ZIP CELL PHONE WORK PHONE

\_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 SOCIAL SECURITY NUMBER (OPTIONAL) E-MAIL ADDRESS

Gender:  F (Female)  M (Male)

Marital Status:  Married  Single  Separated  Divorced

Race:  A (Asian)  B (Black/African)  C (White)  N (American Indian/Alaska Native)  
 P (Native Hawaiian/Other Pacific Islander)  I prefer not to answer

Hispanic/Latino:  YES  NO  I prefer not to answer

Does your household have assets that exceed \$1 million in value?  YES  NO

Is this Application for child care assistance for a foster child?  YES  NO

Are you living in a temporary housing situation?  YES  NO

Have you moved 3 or more times in the past year?  YES  NO

Are you an active member of the United States Military?  YES  NO (If YES, check box below)  
 Active Duty U.S. Military  National Guard Military Reserve

Do you have an impairment that requires an accommodation or extra help completing this application?  YES  NO

What is the primary language spoken in your home? \_\_\_\_\_

Marque aquí si desea recibir cartas y formularios en español. (Check here to receive letters and forms in Spanish)

## SECTION 2: INFORMATION ON THE OTHER PARENT LIVING IN YOUR HOME

You MUST list your spouse, civil union partner or other legal parent of your children that live in your home.

First Name, Middle Initial, Last Name	Date of Birth	Gender	Relationship to Applicant	Social Security Number (optional)	Is this person a parent of a child living in the home?
1. _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of Child _____

Is the adult listed above an active member of the United States Military?  YES  NO If YES, check box below:

Active Duty U.S. Military  National Guard Military Reserve

NAME (First/Last): \_\_\_\_\_

### SECTION 3: CHILDREN INFORMATION

Please list all children under the age of 18 that live in the home. To be eligible for child care assistance, children must be under age 13. Children with special needs may be eligible under age 19.

**KEY: A (Asian) B (Black/African Descent) C (White) N (American Indian/Alaskan Native) P (Native Hawaiian/Other Pacific Islander) NA (I prefer not to answer)**

Child's Name <i>(First Name, Middle Initial, Last Name)</i>	Child Care Needed?	Date of Birth	Relationship to Applicant	Gender	Race <i>(circle all that apply)</i>	Is child Hispanic/Latino?	Social Security Number <i>(optional)</i>	Citizenship Status	Is child up to date with shots? <i>(immunizations)</i>
1.	<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	A B C N P NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	____-____-____	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	A B C N P NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	____-____-____	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	A B C N P NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	____-____-____	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	A B C N P NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	____-____-____	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	A B C N P NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	____-____-____	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do any of the children listed above have special needs?  YES  NO If YES, provide the name(s) of the child(ren):

\_\_\_\_\_

Do you share joint custody with any of the children listed above?  YES  NO

If YES, provide the name(s) of the child(ren): \_\_\_\_\_

Do any of the children listed above have their own children living in your home?  YES  NO If YES, list the names of the minor parents (under age 18) and the name(s) of their child(ren):

Parent(s) Under Age 18:

Child(ren) of Parent Under Age 18:

\_\_\_\_\_  
\_\_\_\_\_

### SECTION 4: WORK/TRAINING ACTIVITY AND INCOME INFORMATION

Fill out the information below for all parents in the home. If there are more than 2 activities, make a copy of this page or download and print another copy of this page from the Care 4 Kids website at [www.ctcare4kids.com](http://www.ctcare4kids.com).

Complete the following information about your work/training activity.

NAME OF PARENT IN THE HOME \_\_\_\_\_

Type of Activity:  Work  High School  Self-Employed  Training or Education approved by JFES  
 Higher Education  GED/Adult Education  Workforce Development/Training program

Name of Employer/Business/Program/School \_\_\_\_\_

Employer Industry/Type of Work (i.e. retail, construction, real estate, contractor, etc.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Start Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

NAME (First/Last): \_\_\_\_\_

**SECTION 4, CONTINUED: WORK/TRAINING ACTIVITY AND INCOME INFORMATION**

How frequently do you get paid?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

On average, how many **hours per week** do you work or participate in an activity? \_\_\_\_\_

On average, how many **days per week** do you work or participate in an activity? \_\_\_\_\_

How much do you get paid before taxes are deducted (gross income)? \$ \_\_\_\_\_

Hourly  Weekly  Bi-weekly  Semi-Monthly  Monthly  Annually

If you are self-employed, how much do you get paid before taxes and expenses are deducted (gross income)? \$ \_\_\_\_\_

Hourly  Weekly  Bi-weekly  Semi-Monthly  Monthly  Annually

If you are self-employed, how much are your expenses (dollar amount)? \$ \_\_\_\_\_

Weekly  Bi-weekly  Semi-Monthly  Monthly  Annually

What is your daily roundtrip commute from child care setting to work/activity?  None  1-30 minutes  31-60 minutes

More than 60 minutes

Do you take public transportation?  YES  NO

Unable to provide care due to significant physical or mental condition, disability or impairment that is expected to last for at least one calendar month. (Verification will be required)

**If the other parent in the household is working or in a training activity, or if you have a second activity, complete the following information:**

NAME OF OTHER PARENT IN THE HOME \_\_\_\_\_

Type of Activity:  Work  High School  Self-Employed  Training or Education approved by JFES  
 Higher Education  GED/Adult Education  Workforce Development/Training program

Name of Employer/Program/School \_\_\_\_\_

Employer Industry/Type of Work (i.e. retail, construction, real estate, contractor, etc.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Start Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How frequently do you get paid?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

On average, how many **hours per week** do you work or participate in an activity? \_\_\_\_\_

On average, how many **days per week** do you work or participate in an activity? \_\_\_\_\_

How much do you get paid before taxes are deducted (gross income)? \$ \_\_\_\_\_

Hourly  Weekly  Bi-weekly  Semi-Monthly  Monthly  Annually

If you are self-employed, how much do you get paid before taxes and expenses are deducted (gross income)? \$ \_\_\_\_\_

Hourly  Weekly  Bi-weekly  Semi-Monthly  Monthly  Annually

If you are self-employed, how much are your expenses (dollar amount)? \$ \_\_\_\_\_

Weekly  Bi-weekly  Semi-Monthly  Monthly  Annually

What is your daily roundtrip commute from child care setting to work/activity?  None  1-30 minutes  31-60 minutes

More than 60 minutes

Do you take public transportation?  YES  NO

Unable to provide care due to significant physical or mental condition, disability or impairment that is expected to last for at least one calendar month. (Verification will be required)

NAME (First/Last): \_\_\_\_\_

## SECTION 5: CHILD SUPPORT PAID AND ADDITIONAL INCOME INFORMATION

Does anyone living in your home **pay child support**?  YES  NO If **Yes**, submit verification of child support payment.  
How much is paid? \$ \_\_\_\_\_ How often?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Does anyone living in your home receive a **DCF stipend**?  YES  NO If **Yes**, who receives it? \_\_\_\_\_  
How much is received? \$ \_\_\_\_\_ How often?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Does anyone living in your home receive **unemployment compensation**?  YES  NO If **Yes**, who receives it? \_\_\_\_\_  
How much is received? \$ \_\_\_\_\_ How often?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Does anyone living in your home receive **Social Security Income**?  YES  NO If **Yes**, who receives it? \_\_\_\_\_  
How much is received? \$ \_\_\_\_\_ How often?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Do you receive **child care assistance from another source**?  YES  NO If **Yes**, from whom? \_\_\_\_\_  
How much? \$ \_\_\_\_\_ How often?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Does anyone living in your home receive **any other income** (i.e. alimony, pensions, workers' compensation, veteran benefits, rental income)?  YES  NO If **Yes**, who receives it? \_\_\_\_\_ What type of income? \_\_\_\_\_  
How much? \$ \_\_\_\_\_ How often?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

## SECTION 6: PARENTS RIGHTS AND RESPONSIBILITIES

Please read the following section carefully. If there is anything you do not understand, call **Care 4 Kids** at **1-888-214-5437**.

- When you have read this section, **please sign and date** the next page.
- You have the right to file an Application, withdraw an Application, or discontinue your participation in Care 4 Kids at any time.
- You have the right to be treated fairly by Care 4 Kids without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs, or disability.
- You have the right to request forms and notices in Spanish. All non-English speaking participants have the right to the services of an interpreter.
- You have the right to ask for a review of any decision made by Care 4 Kids on your Application. You have the right to speak to a supervisor or mediator and the right to request a hearing from the State of Connecticut.

### I understand and agree that:

- I must report changes in my situation to Care 4 Kids **within 10 days** of the change for the following: change in address, household income over 85% of the State Median Income, if the child receiving Care 4 Kids benefits is no longer in the home, change child care provider, and loss of employment or stopping an approved activity. For the current State Median Income Chart, please visit the Care 4 Kids website [www.ctcare4kids.com](http://www.ctcare4kids.com).
- Care 4 Kids may verify the information I have given on this form. I understand that if I am eligible for Care 4 Kids, benefits will not begin any earlier than 15 days before the date the Application is received.
- With my signature, I hereby give voluntary consent for the Department of Social Services (DSS) to share with the Office of Early Childhood (OEC) confidential information retained by DSS about myself and minor household members, to be used by the OEC to determine eligibility and the level of benefits for the Child Care Assistance Program (CCAP). The OEC will obtain confidential information from DSS only under circumstances allowed by state and federal law. I understand that the OEC may share this confidential information with the CCAP administrator, Care 4 Kids. Confidential information obtained from DSS will be used solely for the purpose of CCAP eligibility and benefits and will not be disseminated outside the OEC or the CCAP administrator, or in violation of federal or state law. I understand that my DSS benefits will not be affected by this consent, and I may revoke this authorization at any time by sending a written request to the OEC, 450 Columbus Boulevard, Suite 303, Hartford, CT 06103. This authorization automatically expires one year from the date of application.
- The Department of Labor will share unemployment compensation and wage information for applicants and household members for determination of eligibility for Care 4 Kids. The Connecticut Office of Early Childhood (OEC) may disclose to its contractor confidential information from the Department of Labor concerning unemployment compensation benefits and quarterly wage information pertaining to individuals who have signed the Application, only as necessary, to determine eligibility for the Care 4 Kids program.
- The information on this form is confidential. The OEC or its contractor will only use this information to administer a State of Connecticut program. Information may be shared with others as permitted by law.
- Care 4 Kids will disclose information about my eligibility for Care 4 Kids to my provider.
- Care 4 Kids may be required to provide information about program applicants and participants to law enforcement officials.
- The child care arrangement is between my provider and me. The OEC and Care 4 Kids are not responsible for the child care arrangement.



NAME (First/Last): \_\_\_\_\_

**SECTION 6, CONTINUED: PARENTS RIGHTS AND RESPONSIBILITIES**

- The State of Connecticut may conduct unscheduled visits to verify any household, employer, or provider circumstances.
- Care 4 Kids may not pay the full amount charged by my provider. I am responsible for paying all additional provider charges.
- I have the right to choose any eligible child care provider that meets all applicable health, training, and licensing requirements.
- I understand that if I am eligible for Care 4 Kids, benefits will not start until all information is received and verified.
- I may be required to repay any benefits received in error, including administrative errors. I may be subject to criminal prosecution for fraud if I knowingly supply any false information to Care 4 Kids or fail to report changes on time. I also may be disqualified from the program. In order to remain eligible, I must cooperate with the Care 4 Kids and State of Connecticut quality control process.

**PLEASE READ AND SIGN: I have read my rights and responsibilities or have had them read to me in a language I understand. I certify, under penalty of perjury, that all of the information provided is true and correct to the best of my knowledge.**

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

*Signature of other legally responsible adult living with you (i.e. spouse, child's other parent, etc.)*

Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS APPLICATION TO CARE 4 KIDS**  
**ONLINE: <https://www.ctcare4kids.com/upload/>**  
**MAIL OR DROP-OFF: Care 4 Kids ■ 55 Capital Boulevard ■ Rocky Hill, CT ■ 06067**  
**FAX: 1-877-868-0871**

Parent Name:

C4K Case Number:

Si quiere recibir este formulario en Español, llame al 1-888-214-5437.



# Parent-Provider Agreement Form

This form tells us about the child care arrangement.

**Step 1:** This form must be completed by the parent **and** the child care provider.

- **Parent** – Complete Sections 1, 3 and 5.
- **Child Care Provider** – Complete Sections 2, 3 and 4.

**Step 2:** Make sure all sections have been filled in and the information is correct. Answer all Yes or No questions by checking the right box. Once you have filled out and checked this form, make sure the parent and provider sign and date this form. If you need help, call 1-888-214-5437 or visit [www.ctcare4kids.com](http://www.ctcare4kids.com). **Incomplete forms may not be accepted and will delay processing.**

**Step 3:** All Care 4 Kids (C4K) providers **must complete** all orientation and annual training requirements prior to receiving payments. See the C4K website for provider requirements: [Provider Requirements – CT Care 4 Kids](#)

**Step 4:** The law requires us to report all payments to the Internal Revenue Service (IRS) for income tax purposes. If you are a new child care provider with Care 4 Kids (C4K), you **must** provide us with your Social Security Number or Federal Employer Identification Number and fill out an IRS W-9 form. To get a W-9 form by mail, call 1-888-214-5437, or download the form at [www.ctcare4kids.com](http://www.ctcare4kids.com). If you have already submitted a W-9 form to us, you do not need to fill out a new form unless your information has changed. Care 4 Kids does not withhold income taxes. Providers are responsible for paying taxes to the IRS and the State of Connecticut.

**Step 5:** Submit the completed form to: **Care 4 Kids, 55 Capital Boulevard, Rocky Hill, CT 06067** or fax it to: **1-877-868-0871**.

## SECTION 1: PARENT INFORMATION (To be completed by Parent)

Parent Name: \_\_\_\_\_ C4K Case Number: \_\_\_\_\_  
*Last Name, First Name, Middle Initial*

Parent Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: (Cell) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Reason for submitting this form:  Part of my Application or Redetermination  Reporting changes or a new provider

## SECTION 2: CHILD CARE PROVIDER INFORMATION (To be completed by Provider)

**What type of child care provider are you?**

- Unlicensed Individual (relative)
- Licensed Family Child Care Home
- Licensed Child Care Center
- Licensed Group Child Care Home
- Licensed Youth Camp
- Exempt Youth Camp
- Exempt Center Based Program

**Are you accredited by any of the following? (check if yes)**

- National Assoc. for the Education of Young Children (NAEYC)
- Council on Accreditation (COA)
- New England Assoc. of Schools and Colleges (NEASC)
- National Assoc. for Family Child Care (NAFCC)

## SECTION 2A: LICENSED CHILD CARE PROVIDERS/EXEMPT PROGRAMS (To be completed by Provider)

### PROVIDER NAME

Center Name: \_\_\_\_\_ Licensed Home: \_\_\_\_\_  
*(Last) (First)*

Address where child care is provided: \_\_\_\_\_  
*Street City State Zip Code*

Telephone Number: (Cell) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ C4K Provider ID: \_\_\_\_\_ License Number: \_\_\_\_\_  
*Family Home Providers Only*

Please list the address you would like notices to be mailed if different from the address where child care is provided:

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Parent Name: \_\_\_\_\_

C4K Case Number: \_\_\_\_\_

**SECTION 2A, CONTINUED: LICENSED CHILD CARE PROVIDERS/EXEMPT PROGRAMS (To be completed by Provider)**

I understand I must complete the pre-service/orientation training requirement prior to becoming eligible for payment. Providers will be eligible for payment the day after the training is completed. For more information, visit [www.ctcare4kids.com](http://www.ctcare4kids.com).

I understand that all licensed child care and exempt programs must complete all health and safety requirements in order to become and remain an eligible child care provider.

**SECTION 2B: UNLICENSED RELATIVE CHILD CARE PROVIDERS (To be completed by Provider)**

**You must be related to the child by blood, marriage, or adoption.** This means the child is your grandchild, great grandchild, niece, nephew, or sibling. If you are not related, you must have a license from the Office of Early Childhood Division of Licensing to provide child care.

Provider Name: \_\_\_\_\_  
*Last Name, First Name, Middle Initial*

Home Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: (Cell) \_\_\_\_\_ (Secondary) \_\_\_\_\_

C4K Provider ID: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

I understand I must complete the pre-service training requirement prior to becoming eligible for payment. For more information, visit [www.ctcare4kids.com](http://www.ctcare4kids.com).

Are you self-employed or do you have another job other than providing child care?  YES  NO If yes, enter your work schedule at your other job in the table below.

Name, Address, and Telephone Number of your other job: \_\_\_\_\_

**Providers: Use this table to enter the hours and days you normally work your other job (circle AM or PM).**

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
End	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM

Where do you provide child care for the children listed on this agreement form?  Child's home  Provider's home  Other \_\_\_\_\_

Is there a working telephone at this care location?  YES  NO Telephone number: (\_\_\_\_) \_\_\_\_\_

Is there a working smoke detector?  YES  NO Do you have immediate access to a fire extinguisher?  YES  NO

What is the total number of children in your care at the same time on any day, including your own children? \_\_\_\_\_

How many of these children are under the age of 2, including your own children? \_\_\_\_\_

Are you under investigation by the Department of Children and Families (DCF) for child abuse or child neglect or do you have a record of child abuse or child neglect in Connecticut or any other state?  YES  NO

Were you ever arrested, or do you have an arrest warrant or criminal charge pending against you?  YES  NO

What crime(s) were you charged with? When and where? \_\_\_\_\_

Have you ever been convicted of any of the crimes listed below?  YES  NO

- Abandonment, injury, or risk of injury to a minor.
- Cruelty to persons or animals, stalking, obscenity, public indecency, reckless endangerment, arson, robbery, burglary, home invasion.
- Use of force against another person, including murder, assault, manslaughter, kidnapping, unlawful restraint.
- Crimes involving a weapon, explosives, or a firearm.
- Sex crimes including sexual assault, rape, prostitution, child pornography, and other related sex crimes.
- Sale, manufacture, or possession of narcotics or other illegal drugs or controlled substances.

For a complete crime list please visit [www.ctcare4kids.com](http://www.ctcare4kids.com)

**NOTE: All Unlicensed Relative Providers are subject to child abuse/neglect, sex offender, and criminal background checks. If the results of the background check confirm you are ineligible, you will be required to repay Care 4 Kids benefits issued to you.**

Parent Name: \_\_\_\_\_

C4K Case Number: \_\_\_\_\_

**SECTION 3: CHILDREN IN CARE (To be completed together by Parent and Provider)**

Complete for each child needing Care 4 Kids assistance. If there are more than 3 children in your care, make a copy of this page or download and print another copy of this page from the Care 4 Kids website at [www.ctcare4kids.com](http://www.ctcare4kids.com).

**CHILD #1**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

M.I. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Date care started or child care arrangement changed: \_\_\_\_\_ How much is the parent charged per week? \$ \_\_\_\_\_

Are you currently charging a mandatory registration fee for this child?  YES  NO If yes, how much is the registration fee? \$ \_\_\_\_\_

Are you related to this child?  YES  NO If related, specify your relationship to the child:

Grandparent/Great Grandparent  Aunt/Uncle  Sibling  Other: \_\_\_\_\_

**CHILDCARE SCHEDULE: Fill in the time the child is in your care (circle AM or PM)**

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Sunday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Monday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Tuesday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Wednesday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Thursday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Friday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Saturday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM

Is this child care schedule the same each week?  YES  NO If no, explain how the care schedule varies: \_\_\_\_\_

**CHILD #2**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

M.I. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Date care started or child care arrangement changed: \_\_\_\_\_ How much is the parent charged per week? \$ \_\_\_\_\_

Are you currently charging a mandatory registration fee for this child?  YES  NO If yes, how much is the registration fee? \$ \_\_\_\_\_

Are you related to this child?  YES  NO If related, specify your relationship to the child:

Grandparent/Great Grandparent  Aunt/Uncle  Sibling  Other: \_\_\_\_\_

**CHILDCARE SCHEDULE: Fill in the time the child is in your care (circle AM or PM)**

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Sunday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Monday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Tuesday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Wednesday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Thursday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Friday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Saturday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM

Is this child care schedule the same each week?  YES  NO If no, explain how the care schedule varies: \_\_\_\_\_

Parent Name:

C4K Case Number:

**SECTION 3, CONTINUED: CHILDREN IN CARE (To be completed together by Parent and Provider)**

**CHILD #3**

LAST NAME

FIRST NAME

M.I.

DATE OF BIRTH

Date care started or child care arrangement changed: \_\_\_\_\_ How much is the parent charged per week? \$ \_\_\_\_\_

Are you currently charging a mandatory registration fee for this child?  YES  NO If yes, how much is the registration fee? \$ \_\_\_\_\_

Are you related to this child?  YES  NO If related, specify your relationship to the child:

Grandparent/Great Grandparent  Aunt/Uncle  Sibling  Other: \_\_\_\_\_

**CHILDCARE SCHEDULE: Fill in the time the child is in your care (circle AM or PM)**

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Sunday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Monday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Tuesday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Wednesday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Thursday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Friday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Saturday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM

Is this child care schedule the same each week?  YES  NO If no, explain how the care schedule varies: \_\_\_\_\_

**SECTION 4: PROVIDER CERTIFICATION (To be completed by Provider)**

I certify that:

- 1) I am the individual or program that is providing care to the children listed on this form. I am at least 20 years of age and capable of providing safe and competent child care services. I do not have a disability, impairment or health problem that would prevent me from caring for the children.
- 2) Care will be given at the location specified on the form. I am responsible for reporting changes in the hours of care, the amount I charge for services, if the child stops attending care, and changes in the location where care is given. I must also inform Care 4 Kids of any changes in my criminal or child abuse/neglect history. Changes must be reported within 10 days.
- 3) For each child in my care, I have the name of the child's primary care physician and health insurance provider and proof that each child is up to date with his or her immunizations and health screening exams.
- 4) I understand and agree that the Office of Early Childhood and Care 4 Kids may verify information listed on this form independently without prior authorization, including criminal and child abuse/neglect background checks.
- 5) I understand that this agreement is between the parent and the provider. It is not a contract with Care 4 Kids or the State of Connecticut. Neither Care 4 Kids nor the State of Connecticut employ me. I am an independent contractor and will receive a 1099 tax form for monies received from Care 4 Kids.
- 6) Care 4 Kids may not cover my total charges. The parent is responsible for any costs that are not paid by Care 4 Kids.
- 7) I may be required to repay benefits that were paid to me in error. I may also be subject to criminal or civil charges if I knowingly omit, misrepresent, or provide false information to Care 4 Kids or if I do not report changes in a timely manner that affect payments or my eligibility for this program. I may be liable for all penalties associated with crimes, including, but not limited to, larceny by defrauding a public community, conspiracy to commit larceny by defrauding a public community, vendor fraud, forgery, false statement, and other relevant crimes pursuant to Title 53a of the Connecticut General Statutes.
- 8) I must submit a completed invoice to receive payment. Invoices are issued to me when payment is approved and monthly thereafter. I will have **120 days** to submit the completed invoice in order to be paid.
- 9) To be eligible for payments, (1) I will abide by State of Connecticut health and safety regulations as applied to me (either as a licensed or unlicensed provider), and (2) I will cooperate with the State of Connecticut and its designees in program audits and fraud prevention activities, including any site visits that may be conducted to my home, child care site or place of employment.
- 10) I understand I must complete the orientation and annual training requirements in order to be eligible for payment. For more information on specific provider requirements, visit [www.ctcare4kids.com](http://www.ctcare4kids.com).
- 11) I have read and understand the information contained in this form and certify that all of the information I have provided is true and correct to the best of my knowledge.
- 12) I understand that if I am licensed, I must report any child fatalities and any injuries that result in a child being admitted to a hospital that occur while a child is in my care to The Office of Early Childhood, Licensing Division at 1-800-282-6063.

Provider Name (please print): \_\_\_\_\_  
LAST NAME FIRST NAME M.I.

Provider Signature: \_\_\_\_\_  
DATE

Parent Name:

C4K Case Number:

**SECTION 5: PARENT CERTIFICATION *(To be completed by Parent)***

**I certify that:**

- 1) I have selected the provider identified above to care for my children while I work or attend an approved activity.
- 2) I will report any changes in child care arrangements, household income that exceeds 85% of the State Median Income guidelines, loss of a job or ending of an approved activity, if the child receiving Care 4 Kids benefits is no longer in the home, or my residential address to Care 4 Kids within 10 days of a change.
- 3) I am responsible to pay the provider any costs not covered by Care 4 Kids.
- 4) I understand and agree that Care 4 Kids may contact the provider listed above and the provider may contact Care 4 Kids concerning my eligibility and payment amounts.
- 5) I understand my provider must complete the orientation and annual training requirements in order to be eligible for payment. For more information on specific provider requirements, visit [www.ctcare4kids.com](http://www.ctcare4kids.com).
- 6) I may be required to repay benefits that were paid in error on my behalf. I may also be subject to criminal or civil charges if I knowingly omit, misrepresent, or provide false information to Care 4 Kids or if I do not report changes in a timely manner that affect payments or my eligibility for this program. I may be liable for all penalties associated with crimes, including, but not limited to, larceny by defrauding a public community, conspiracy to commit larceny by defrauding a public community, vendor fraud, forgery, false statement, and other relevant crimes pursuant to Title 53a of the Connecticut General Statutes.

Parent Name *(please print)*: \_\_\_\_\_  
LAST NAME FIRST NAME M.I.

Parent Signature: \_\_\_\_\_ / /  
DATE

**RETURN THIS FORM TO CARE 4 KIDS**  
**ONLINE: <https://www.ctcare4kids.com/upload/>**  
**MAIL OR DROP-OFF: Care 4 Kids ■ 55 Capital Boulevard ■ Rocky Hill, CT ■ 06067**  
**FAX: 1-877-868-0871**