

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: _____

Parent's Name:

C4K Family ID:

Si quiere recibir este material en español sírvase llamar 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.

Incomplete forms may not be accepted and will delay processing.

Step 3: 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, you must provide us with your Social Security Number or FEIN and fill out an IRS W-9 form. If you have already submitted a W-9 form to us, you do not need to fill out a new form unless the 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. To get forms by mail, call 1-888-214-5437, or download the forms at www.ctcare4kids.com. For information about filing income taxes, call or view information on-line at <http://www.irs.gov>.

Step 4: Submit the filled out forms to: **Care 4 Kids, 1344 Silas Deane Highway, Rocky Hill, CT 06067** or fax it to **1-877-868-0871**.

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

Parent's Name: _____ C4K Family ID: _____
Last Name, First Name, Middle Initial

Parent's Address: _____ City, State, Zip Code: _____

Telephone Number: (Primary) _____ (Secondary) _____

Reason for submitting this form: Part of my Application or Redetermination Reporting changes or 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 Day Care Home
- Licensed Child Care Center
- Licensed Group Day Care Home
- Summer Camp/Program Licensed
- Public/Private Schools
- Municipalities

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, PUBLIC/PRIVATE SCHOOLS, MUNICIPALITIES AND SUMMER CAMP PROGRAMS (To be completed by Provider)

PROVIDER NAME

Center Name: _____ Licensed Home: _____
(Last) (First)

Address where care is provided: _____
Street City State Zip Code

Social Security/Federal Tax ID No.: _____ Telephone Number: _____

Date of Birth: _____ C4K Provider ID: _____ License Number: _____
Family Home Providers Only

Family Home Providers Only: I understand I must complete the pre-service training requirement prior to becoming eligible for payment. For more information, visit www.ctcare4kids.com.

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

Street Address: _____ City, State, Zip Code: _____

Parent's Name: _____	C4K Family ID: _____
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SECTION 2B: UNLICENSED RELATIVE CHILD CARE PROVIDERS
(To be completed by Provider)

You must be a close relative to provide child care. Close relative means the **child** is your grandchild, great grandchild, niece, nephew or sibling. If you are not a close relative, you must have a license from the Office of Early Childhood Division of Licensing.

Provider Name: _____ Social Security No.: _____
Last Name, First Name, Middle Initial

Home Address: _____ City, State, Zip Code: _____

Telephone Number: _____ C4K Provider ID: _____

Date of Birth: ____/____/____ Sex: 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.

What is the maximum number of children in your care at the same time on any day, including your own children? _____

How many of the children are under the age of 2, including your own children? _____

Are you self-employed or have another job? Yes No If yes, list your work schedule in the table below.

Name, Address, and Telephone Number of your other job: _____

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

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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 care for the children listed in this agreement form? Child's home Provider's home Other _____

Is there a working telephone at this address? Yes No Telephone number: _____ () _____

Is this a cell phone? Yes No

Is there a working smoke detector? Yes No Do you have immediate access to a fire extinguisher? Yes No

Are you under investigation 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 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

NOTE: All Unlicensed Providers are subject to child abuse/neglect and criminal background checks. If the results of the criminal background check confirm a crime on the crimes list which makes you ineligible, you will be required to repay benefits issued to you.

Parent's Name:

C4K Family ID:

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.

CHILD 1

LAST NAME

FIRST NAME

M.I.

DATE OF BIRTH

Date care started: _____ How much is the parent charged per week? \$ _____

Are you related to this child? Yes No If related, specify your relationship to the child:

Grandparent/Great Grandparent Aunt/Uncle Sibling Other: _____

CHILD'S CARE SCHEDULE: Fill in the time the child is in your care (Circle AM or PM).

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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
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

Is the schedule the same each week? Yes No If no, explain how the schedule varies: _____

CHILD 2

LAST NAME

FIRST NAME

M.I.

DATE OF BIRTH

Date care started: _____ How much is the parent charged per week? \$ _____

Are you related to this child? Yes No If related, specify your relationship to the child:

Grandparent/Great Grandparent Aunt/Uncle Sibling Other: _____

CHILD'S CARE SCHEDULE: Fill in the time the child is in your care (Circle AM or PM).

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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
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

Is the schedule the same each week? Yes No If no, explain how the schedule varies: _____

CHILD 3

LAST NAME

FIRST NAME

M.I.

DATE OF BIRTH

Date care started: _____ How much is the parent charged per week? \$ _____

Are you related to this child? Yes No If related, specify your relationship to the child:

Grandparent/Great Grandparent Aunt/Uncle Sibling Other: _____

CHILD'S CARE SCHEDULE: Fill in the time the child is in your care (Circle AM or PM).

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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
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

Is the schedule the same each week? Yes No If no, explain how the schedule varies: _____

Parent's Name:

C4K Family ID:

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 pre-service training requirement prior to becoming eligible for payment.
- 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 must report any child fatalities 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

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 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



Care 4 Kids Application

Care 4 Kids ■ 1344 Silas Deane Highway ■ Rocky Hill, CT 06067

Care 4 Kids is the child care assistance program for the State of Connecticut. This form will give us the information we need to see if you are eligible for assistance from Care 4 Kids.

- Fill out this Application.** If you need help, call 1-888-214-5437 or visit www.ctcare4kids.com.
- Fill out the Parent Provider Agreement (PPA)** with your child care provider. New providers to the Care 4 Kids program must complete a W-9 form and return it with the completed PPA.
- Provide all necessary information.** Submit a copy of the requested information with your Application.
- If you have chosen a child care provider, include the completed PPA with your Application. **Please make sure you sign and date your Application and PPA.** Applications can be submitted even if you have not picked a child care provider.
- If you need help finding a licensed child care provider, call 2-1-1 Child Care at **2-1-1** or **1-800-505-1000**.

Information that you provide on this form must be checked before you can receive Care 4 Kids. The following documents can be used to prove the information you provide is true.

- Income from Employment** – Copy of your most recent pay stubs or a statement from your employer.
- Self-Employment** – Recent tax records and tax returns, or receipts of business income and expenditures.
- Social Security Income** – Current award notice, copy of current check or statement from social security.
- Child Support Paid** – Cancelled check, money order, or wage stub showing deduction.
- Foster Care Payment** – Foster care stipend check or award letter from Department of Children and Families.
- Rental Income You Receive From Someone Else** – Business records or income tax records.

SECTION 1: APPLICANT INFORMATION

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 PRIMARY PHONE WORK PHONE

SOCIAL SECURITY NUMBER (OPTIONAL)

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

Are you living in a temporary housing situation? Have you experienced 3 or more moves in the past year? YES NO

What is the primary language spoken in your home? _____

Are you and/or the other adult parent in the household an active member of the United States Military, National Guard, or Military Reserve unit? YES NO

Sex: Female Male **Marital Status:** Married Single Separated Divorced

Race (check all that apply): A (Asian) B (Black/African) C (White) N (Native American/Alaska Native)
 P (Native Hawaiian/Other Pacific Islander) Marquee aquí si desea recibir cartas y formularios en español.

Hispanic or Latino: YES NO *(Check here to receive letters and forms in Spanish)*

SECTION 2: CHILD(REN) INFORMATION

To be eligible, children must be under age 13. Children with special needs may be eligible up to age 19.

CHILDREN FOR WHOM YOU ARE REQUESTING CHILD CARE ASSISTANCE

KEY: A (Asian) B (Black/African Decent) C (White) N (Native American/Alaska Native) P (Native Hawaiian/Other Pacific Islander)

Child's Name <i>(First Name, Middle Initial, Last Name)</i>	Date of Birth	Relationship to Applicant	Sex	Is child Hispanic?	Social Security Number <i>(optional)</i>	Is child a U.S. citizen?	Race <i>(circle all that apply)</i>	Is child up to date with shots? <i>(immunizations)</i>
1.	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO	A B C N P	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO	A B C N P	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO	A B C N P	<input type="checkbox"/> YES <input type="checkbox"/> NO

NAME (First/Last): _____

SECTION 2, CONTINUED: CHILD(REN) INFORMATION

Child's Name <i>(First Name, Middle Initial, Last Name)</i>	Date of Birth	Relationship to Applicant	Sex	Is child Hispanic?	Social Security Number <i>(optional)</i>	Is child a U.S. citizen?	Race <i>(circle all that apply)</i>	Is child up to date with shots? <i>(immunizations)</i>
4.	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO	A B C N P	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO	A B C N P	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

CHILDREN UNDER 18 IN THE HOME WHO DO NOT NEED CHILD CARE ASSISTANCE

First Name, Middle Initial, Last Name	Date of Birth	Sex	Relationship of Child to Applicant	Social Security Number <i>(optional)</i>
1.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____
2.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____
3.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____

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 3: INFORMATION ON OTHER ADULTS LIVING IN YOUR HOME

List **all** other adults **over 18** living in your home. Include your spouse and any relatives and non-relatives who live in your home. This helps us determine which household members are included in your family size and if their income is counted.

First Name, Middle Initial, Last Name	Date of Birth	Sex	Relationship to Applicant	Social Security Number <i>(optional)</i>	Is this person a parent of 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 _____
2.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of Child _____

SECTION 4: WORK/EDUCATION/TRAINING ACTIVITIES

List all parents and other adults, including yourself, who are working, in training, or in school. Include parents or other persons legally responsible for the children in the home and their spouses. Fill out information for each activity.

1. _____ Do you work at home? YES NO

NAME OF PARENT OR OTHER ADULT IN THE HOME

Type of Activity: Work Education High School Self-Employed Training Disabled

Name of Employer/Program/School _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Phone (____) _____

PARENT/ADULT – TYPICAL WEEKLY SCHEDULE

(Enter start time and end time, and circle AM or PM)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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

If your work schedule or activity is flexible or varies, please explain: _____

Daily commute to/from child care setting/activity? _____ minutes

Do you use public transportation? YES NO

NAME (First/Last): _____

SECTION 4, CONTINUED: WORK/EDUCATION/TRAINING ACTIVITIES

2. _____ Do you work at home? YES NO
NAME OF PARENT OR OTHER ADULT IN THE HOME

Type of Activity: Work Education High School Self-Employed Training Disabled

Name of Employer/Program/School _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Phone (____) _____

PARENT/ADULT – TYPICAL WEEKLY SCHEDULE

(Enter start time and end time, and circle AM or PM)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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

If your work schedule or activity is flexible or varies, please explain: _____

Daily commute to/from child care setting/activity? _____ minutes Do you use public transportation? YES NO

SECTION 5: CHILD SUPPORT PAID

If you or another adult living in your home pays child support, that amount may be deducted from your income. If **YES**, payment is made to _____ Submit verification of child support paid.

What is/(are) the name(s) of the child(ren) for whom you pay support? _____

How much is paid? \$ _____ How often? Weekly Bi-Weekly Semi-Monthly Monthly

SECTION 6: INCOME INFORMATION (Household Composition)

Send verification of all income for parents, parents of children under 18, step-parents, and children under 18. These family members are part of your household and their income will be counted when deciding eligibility. Send at least 2 weeks of your MOST RECENT paycheck stub(s). If you are self-employed, submit a copy of your most recent tax records and returns, including the schedules or receipts of business income and expenditures.

Persons with Income →	Name	Name	Name	Name
Gross Wages (before taxes) and Frequency	\$ _____ <small>* per wk bwk sm mo (circle one)</small>	\$ _____ <small>* per wk bwk sm mo (circle one)</small>	\$ _____ <small>* per wk bwk sm mo (circle one)</small>	\$ _____ <small>* per wk bwk sm mo (circle one)</small>
Self-Employment	\$ _____ <small>per week or month (circle one)</small>	\$ _____ <small>per week or month (circle one)</small>	\$ _____ <small>per week or month (circle one)</small>	\$ _____ <small>per week or month (circle one)</small>
DCF Stipend	\$ _____ <small>per month</small>	\$ _____ <small>per month</small>	\$ _____ <small>per month</small>	\$ _____ <small>per month</small>
Social Security Income	\$ _____ <small>per month</small>	\$ _____ <small>per month</small>	\$ _____ <small>per month</small>	\$ _____ <small>per month</small>
Unemployment Compensation	\$ _____ <small>per month</small>	\$ _____ <small>per month</small>	\$ _____ <small>per month</small>	\$ _____ <small>per month</small>
Other Income <small>(i.e. alimony, pensions, worker's compensation, veterans benefits, rental income)</small>	\$ _____ Type: _____ <small>* per wk bwk sm mo (circle one)</small>	\$ _____ Type: _____ <small>* per wk bwk sm mo (circle one)</small>	\$ _____ Type: _____ <small>* per wk bwk sm mo (circle one)</small>	\$ _____ Type: _____ <small>* per wk bwk sm mo (circle one)</small>

*KEY: per: **wk** (weekly), **bwk** (bi-weekly), **sm** (semi-monthly), **mo** (monthly)

I certify that no member of my household, as defined in section 6, has family assets that exceed \$1,000,000. An asset is defined as: any available cash or any item of value, including property and property interests, whether real or personal, tangible or intangible, which is available to the individual or which the individual has the legal right or authority or power to obtain. YES NO

Do you get food stamps? YES NO Do you get cash assistance from the Department of Social Services? YES NO

Do you get housing assistance? YES NO Do you get child care assistance from another source? YES NO

If **YES**, from whom? _____ How much? \$ _____ How often? _____

NAME (First/Last): _____

SECTION 7: 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** and ask that it be explained to you.

- When you have read this section, please sign and date below.
- You have certain rights and there are certain rules you need to follow.
- 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, 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.
- 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.
- 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 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.
- 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 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 parent, etc.)

Other Signature: _____ Date: _____

RETURN THIS APPLICATION TO:
Care 4 Kids ■ 1344 Silas Deane Highway ■ Rocky Hill, CT ■ 06067
FAX: 1-877-868-0871