

## Child Care Services Assistance Application Instructions

- All applicants must be meeting minimum work and/or school requirements. Refer to the Frequently Asked Questions section for more information. In addition, within six months of initial eligibility, you are required to enroll and cooperate with the Division of Child Support on any non-custodial parent of children under age 18 in the household.
- Read the application carefully and answer each question completely. If you need more room, attach an additional sheet of paper. The more information you give us, the easier it will be to process your application.
- If you need help completing or understanding the application, you can call (605) 773-4766, toll-free 1-800-227-3020, or email [CCS@state.sd.us](mailto:CCS@state.sd.us).
- If you need help searching for registered and licensed child care providers, visit [www.dss.sd.gov/childcare](http://www.dss.sd.gov/childcare) and click on "Search for Child Care" on the right side of the page.
- Make sure you sign and date the application form.
- Send or fax your completed application to:  
Child Care Services  
910 E Sioux Avenue  
Pierre, SD 57501  
Fax: (605) 773-7294



### **Make sure you attach all of the following documentation:**

- Copies of your last two pay stubs for each place of employment. If you have a new job, and haven't yet received two pay stubs, send a wage verification form completed by your employer. If you are self-employed: a copy of your most recent tax return (and all schedules). You must be receiving the equivalent of the Federal Minimum Wage.
- If you are in school: copies of your official school or training schedule.
- If your children are Resident Aliens, attach copies of immigration documents.
- If you make court-ordered child support payments, attach verification of the monthly amount (a cancelled check, Child Support Enforcement records, or a receipt from the clerk of courts). This amount can be deducted from your household income.

## CHILD CARE SERVICES ASSISTANCE APPLICATION

First Name (Parent or Guardian)	Middle	Last Name		
Mailing Address	City	State	Zip Code	County
Current Home Address (if different than mailing)	City	State	Zip Code	County
Home Telephone Number	Work Telephone Number			

### HOUSEHOLD INFORMATION

List everyone who lives in your home, including roomers, boarders, friends and relatives. If you need more room, attach a separate sheet of paper listing the same information for each additional household member.

Acceptable codes under "Race" category are listed below (if you are of mixed race, please indicate all that apply):

**W=White/Caucasian, A=Native American or Alaskan Native, B=Black or African American, H=Native Hawaiian or Pacific Islander, O=Asian or Oriental.**

**Marital Status:**

( ) Married    ( ) Separated    ( ) Divorced    ( ) Separated for work/school purposes    ( ) Single    ( ) Widowed

Name (Last, First, Initial)	Race (optional)	Hispanic or Latino? (yes or no)	Sex	Date of Birth	Social Security Number (optional)	Relationship
						<b>SELF</b>

**Are the children for whom you are requesting assistance?**

US Citizens or

Alien in Satisfactory Immigration Status *(Please submit copies of immigration documents for each child)*

**FEDERAL REGULATIONS GOVERNING THE USE OF CHILD CARE FUNDS REQUIRE A RESPONSE TO THE FOLLOWING QUESTIONS:**

Is any household member Active duty U.S. Military?  Yes  No  
 If yes, please indicate who: \_\_\_\_\_

Is any household member in the National Guard or Military Reserve?  Yes  No  
 If yes, please indicate who: \_\_\_\_\_

Do you receive SNAP benefits?  Yes  No

Do you receive Federal rental assistance or live in subsidized housing?  Yes  No

If your current address is a temporary living arrangement, you may meet the definition of “homeless” according to the McKinney-Vento Act. See the Frequently Asked Question section on page 8 to help in answering the following questions:

Do you consider yourself homeless?  Yes  No

If yes, would you like a referral to services in your community?  Yes  No

Which language is the primary language spoken at home?

- English
- Spanish
- Native Central, South American, and Mexican languages (e.g., Mixteco, Quichean)
- Caribbean Languages (e.g., Haitian-Creole, Patois)
- Middle Eastern and South Asian languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)
- East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)
- Native North American/Alaska Native Languages
- Pacific Island Languages (e.g., Palauan, Fijian)
- European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)
- African Languages (e.g., Swahili, Wolof)
- Other (e.g., American Sign Language)
- Decline to respond

Do your family assets exceed \$1,000,000?  Yes  No

**EDUCATION or TRAINING**

Do you need help paying for child care in order to go to school?  Yes  No

*You must include an official school schedule for each parent attending school*

Student's Name	Place of Education or Training	Credit Hours	Starting Date	Ending Date	Contact Person	Phone Number

**EMPLOYMENT INCOME**

Do you need help paying for child care in order to work?  Yes  No

**You must attach proof of income for all current employment:**

- Your two most recent pay stubs;
- A wage verification form if you have a new job and have not yet recieved two pay stubs;
- If you are self-employed, a complete copy of your most recent income tax return, including all schedules.

Please fill out the following information for each job. If you have more than three employers, please attach a separate sheet of paper listing the same information.

**Employment #1**

Place of Work: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_ Phone: \_\_\_\_\_

What days of the week do you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

What times do you work? (example 8 am – 5 pm): \_\_\_\_\_ Total weekly hours worked: \_\_\_\_\_

Hourly wage or salary: \_\_\_\_\_ How often are you paid? (circle) Weekly Every 2 Weeks Twice a month Monthly

**Employment #2**

Place of Work: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_ Phone: \_\_\_\_\_

What days of the week do you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

What times do you work? (example 8 am – 5 pm): \_\_\_\_\_ Total weekly hours worked: \_\_\_\_\_

Hourly wage or salary: \_\_\_\_\_ How often are you paid? (circle) Weekly Every 2 Weeks Twice a month Monthly

**Employment #3**

Place of Work: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_ Phone: \_\_\_\_\_

What days of the week do you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

What times do you work? (example 8 am – 5 pm): \_\_\_\_\_ Total weekly hours worked: \_\_\_\_\_

Hourly wage or salary: \$ \_\_\_\_\_ How often are you paid? (circle) Weekly Every 2 Weeks Twice a month Monthly

**OTHER INCOME**

Do you receive child support payments?  Yes Monthly Amount: \$ \_\_\_\_\_  No

(If you do not receive child support payments through the SD Division of Child Support, you must provide verification of payments received for the six months prior to the date of this application.)

**List any other sources of income you have, including work-study, interest, pensions, retirement, TANF, Social Security, Veteran’s Benefits, periodic/lease income, boarder/roomer rent, workers compensation or unemployment.**

Person with Income: \_\_\_\_\_ Type of Income: \_\_\_\_\_ Monthly Gross: \$ \_\_\_\_\_

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Do you or anyone in your household make court ordered child support payments?

Yes To whom? \_\_\_\_\_ Monthly amount: \$ \_\_\_\_\_  No

If yes, is the payment made through the SD Division of Child Support?

Yes  No (If no, provide proof of payment - a cancelled check or a receipt from the clerk of courts)

## CHILD CARE NEED

Fill out the following information for each child in child care. If you need more room, please attach a separate piece of paper listing the same information for each additional child.

**Child's Name:** \_\_\_\_\_ Is this child in school?  Yes  No  
If yes, what hours? (example 8:00 – 3:15): \_\_\_\_\_ What days? (circle all that apply) Mon Tues Wed Thurs Fri  
Is the child in a pre-school program run through the school district or a Head Start program?  Yes  No  
If yes, please list the name of the program: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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Is the child in a pre-school program run through the school district or a Head Start program?  Yes  No  
If yes, please list the name of the program: \_\_\_\_\_ Contact Person: \_\_\_\_\_

## CHILD CARE PROVIDER

**If you choose an In-Home or Informal provider, payment cannot begin until the date your provider completes and submits the required paperwork to Child Care Services. See the "Frequently Asked Questions" sheet for more information on the required paperwork and for information about provider types. You may also call 1-800-227-3020.**

If you have more than one child care provider, please fill out the information for each of them. If you need more room, please attach a separate sheet of paper listing the same information for each additional provider.

**Provider #1** Name: \_\_\_\_\_ Provider Phone: \_\_\_\_\_  
Provider address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Provider ID Number \_\_\_\_\_ Cost of care per child: \$ \_\_\_\_\_  
Type of provider (circle): **Regulated** **In-Process** **In-Home** **Informal Care** **Relative (list relationship to child)** \_\_\_\_\_  
Does this provider care for all your children?  Yes  No (if no, list those cared for): \_\_\_\_\_  
What days and hours does this provider care for your children? \_\_\_\_\_  
When did the provider begin caring for your children? \_\_\_\_\_

**Provider #2** Name: \_\_\_\_\_ Provider Phone: \_\_\_\_\_  
Provider address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Provider ID Number \_\_\_\_\_ Cost of care per child: \$ \_\_\_\_\_  
Type of provider (circle): **Regulated** **In-Process** **In-Home** **Informal Care** **Relative (list relationship to child)** \_\_\_\_\_  
Does this provider care for all your children?  Yes  No (if no, list those cared for): \_\_\_\_\_  
What days and hours does this provider care for your children? \_\_\_\_\_  
When did the provider begin caring for your children? \_\_\_\_\_

## RIGHTS AND RESPONSIBILITIES

***Please read each bullet and sign at the bottom of the page.***

- I declare under the penalties of perjury that this application is true and correct.
- I understand that it is my responsibility to provide proof of income and other requested information needed to determine eligibility for this program and that failure to do so can result in my application being denied.
- I understand that if determined eligible, it is my responsibility to notify Child Care Services in writing within ten (10) days whenever I have a permanent change in employment or school status, a change in child care providers or child care arrangements, an address change, or if my monthly gross household income exceeds the limit defined on the back of the child care certificate.
- I understand that I am responsible for payment of any child care expenses not covered by the Division of Child Care Services and that failure to pay may mean loss of my child care benefits.
- I understand that if I receive assistance to which I am not entitled as a result of providing false information, I must repay the cost of that assistance.
- I understand that I have the right to appeal any decision made by Child Care Services and that the request must be made within 30 days of my denial or benefit notice.

**TO WHOM IT MAY CONCERN:**

I hereby authorize any person, agency, or institution to supply information concerning myself or my family as requested by the Department of Social Services and to allow inspection and reproduction of records in their possession by any duly authorized representative of the Department of Social Services.

I further authorize the Department of Social Services to release such information to cooperating State or Federal agencies.

I herewith release any person, agency or institution from any and all liability to myself or to my family for supplying such information.

This authorization is given only in connection with its use by the Department of Social Services in its administration of the Child Care Services program and for no other purpose.

<b>Signature of Applicant</b>	<b>Date</b>
<b>Printed Signature</b>	
<b>Signature of Spouse/Parent to Applicant's Child/Guardian</b>	<b>Date</b>

**Mail Completed Application to:**

**Child Care Services, Department of Social Services, 910 E Sioux Avenue, Pierre SD 57501-3940  
Or fax to: (605) 773-7294**

Discrimination Prohibited: State and federal laws prohibit discrimination in all Department of Social Services' programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. To file a complaint of discrimination write: DSS Division of Legal Services, 700 Governors Drive, Pierre SD 57501-2291 or call: (605)773-3305.

## Child Care Assistance Frequently Asked Questions

### **PLEASE KEEP THIS SECTION FOR YOUR RECORDS!**

#### **Who is eligible for child care assistance?**

You may be eligible for child care assistance if you meet one of the following criteria:

- You are working at least 80 hours per month and are within the established income guidelines.
- You receive Temporary Assistance for Needy Families (TANF) and are in an approved work activity.
- You are a vocational/technical student in a program running two years or less and your school and work equal 80 hours per month.
- You are a college student who attends school a minimum of 80 hours per month or a combination of both work and school for a minimum of 80 hours per month.
- You are attending a college, university or technical institute a minimum of 15 semester credit hours.
- You are a high school or GED student.

For two-parent households, both parents must meet work or work/school requirements. In addition, you must have at least a 30-day need for child care. CCS will NOT pay for child care for anyone pursuing education beyond a bachelor's degree.

#### **Who can apply for child care assistance?**

A child's parent, guardian or a person who is exercising parental control of the child can apply for assistance. If the application is submitted by a person exercising parental control, they must submit a signed statement from the child's parent or guardian giving them authority to exercise parental control of the child.

#### **How do you determine the amount of assistance I will receive?**

Assistance levels are determined using a formula based on family size, gross income (before taxes), and the Federal Poverty Level (FPL). Depending on your family income, you may be responsible for a co-payment. This co-payment will remain the same no matter how many children you have in care, the number of hours they are in care, or what your provider charges per hour.

If you fail to pay your share of the child care costs to the child care provider, you will be ineligible for child care services as long as there is an outstanding balance with your child care provider or until arrangements are made with the provider to make payments. If CCS is satisfied with those arrangements, assistance may be continued.

#### **How many hours may my child spend in child care each month?**

210 hours per month is the maximum allowed per child by CCS. However, monthly hours are calculated individually for each family, based on work and school schedules and the need for child care. A certificate will be issued for the number of hours per month that you are eligible for. You are 100% responsible for any child care costs after you reach the maximum number of hours on your certificate.

#### **When will my assistance start?**

Caseworkers have up to 10 working days to process your application. If your application is received between the 1st and the 15th of the month, your eligibility for assistance will begin on the 1st. If your application is received between the 16th and the end of the month, your eligibility will begin on the 16th. Do not apply for assistance more than one month before your child care need begins.

#### **How often do I need to reapply?**

You will need to check the expiration date of your certificate when you receive it. You may reapply 30 days prior to the expiration date of your current certificate. However, if you have a change in circumstances (permanent change in employment or school status, address change, a change in child care arrangements or if your income exceeds the dollar amount listed on the back of your approval certificate) you will need to notify your caseworker, in writing, within ten (10) days of the change.

#### **How does CCS pay my child care bill?**

Payments are made directly to the child care provider. Providers bill our office, using forms provided, either once or twice a month. Payments are NEVER made directly to parents.



### **What child care providers can I use?**

It can be difficult to find an appropriate child care provider for your children. Therefore, several different types of provider types are allowed under CCS program guidelines. They include:

- Regulated – providers who are registered or licensed by CCS. These can include family day cares, group family day cares, and day care centers.
- In-Process – providers who are in the process of becoming registered or licensed and who have submitted a signed application to the CCS licensing worker.
- Relatives – an uncle, aunt, grandparent, great grandparent, or non-resident sibling to the child who is at least 18 years of age.
- In-Home – a provider who comes into your home and provides care to only your children and who is at least 18 years of age.
- Informal Care – a provider who cares for only your children and who is at least 18 years of age.

In-home and informal providers must complete several forms and meet various requirements to include background checks, orientation training to include first aid and CPR and a home inspection. Payment cannot begin until the date the specific forms are completed and received at the Division of Child Care. You may contact CCS at 1-800-227-3020 for more information.

If you choose a relative, in-home, or informal care provider, he/she will receive a packet with complete instructions. Your provider will need to fill out and return the required forms before your application can be processed.

### **May I use more than one provider?**

Yes. But every provider must meet the requirements of CCS as outlined above. It is important that your CCS caseworker knows how many hours your child will spend with each provider each month, in order for your assistance to be figured correctly. Please make sure to attach a sheet to your application, stating which children are at which provider and the days and hours they are there.

### **Why does CCS require cooperation with the Division of Child Support Enforcement for all children in the household?**

Many children face poverty when adequate child support is not available. Therefore, you are required to enroll and cooperate with Child Support Enforcement within the first six months you are on child care assistance. This helps to ensure that all resources available to the family are fully utilized. For situations when cooperating with the Division of Child Support Enforcement is not in the best interest of the child or family, an exception can be made with appropriate documentation.

### **What if I have a child with special needs?**

CCS does offer a higher reimbursement rate to child care providers who care for children with documented special needs up to age 19. The higher rate must be authorized by your CCS caseworker. Written documentation from a professional such as a physician, physician's assistant, nurse practitioner, psychologist, psychiatric social worker, special educator, physical therapist or occupational therapist is required to attest to the child's requirement for special accommodations. Your child care provider will be required to submit information as to the type of special accommodations he/she must make to provide care for your child.

A child who is under court supervision can also be considered "special needs". A copy of a court order requiring child care must be supplied to CCS.

### **How does the McKinney-Vento Act define homeless?**

The term homeless means an individual who lacks a fixed, regular, and adequate nighttime residence; and includes individuals who;

- Share the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals or awaiting foster care placement;
- Have a primary nighttime residence that is a public or private place not designed for or ordinarily used a regular sleeping accommodations for human beings;
- Live in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Are migratory and live in any of the circumstances as described above.