

CHILD CARE ASSISTANCE APPLICATION FOR TANF APPROVED ACTIVITIES AND EMPLOYMENT

Application Instructions: Front page is completed by the Employment Specialist. Answer each question completely. If more room is needed to answer a question or explain a response, please attach another sheet of paper. If you have any questions call 1-800-227-3020. Mail the completed application to **Child Care Services, 910 E. Sioux Avenue, Pierre, SD 57501-3940** or fax it to **1-605-773-7294**.

First Name	Middle	Last Name	Social Security Number
Mailing Address	City	State	Zip Code County
Home Telephone Number		Daytime Telephone Number	
Name of Employment Specialist		Telephone Number	

Federal regulations governing the use of child care funds require a response to the following questions:

1. Is the above individual homeless? Yes No This could mean the individual is living in an emergency shelter, motel, car, temporary housing due to economic hardship or similar reason.
2. Is a parent in the household in active duty U.S. Military? Yes No
If yes, please indicate who: _____
3. Is a parent in the household National Guard or Military Reserve? Yes No
If yes, please indicate who: _____
4. Is rent subsidized through a Federal Housing Program? Yes No
5. Is the above individual receiving SNAP benefits? Yes No
6. 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

ACTIVITY

TANF activity is: Circle one

Community Service School or Training Employed and Earn a Wage Work Readiness (Job Search)

Participation begin date _____ Place of participation _____
 hours per week _____ Participation Days (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun
 Times (example 9 am – 1 pm): _____

How many paid hours of child care per week does this family need to participate in the TANF activity? _____

Use the space below for comments on special circumstances regarding the number of hours needed for paid child care.

I certify that the applicant is in the above approved activity for the number of hours indicated. I understand that if an applicant has a change in circumstances or changes TANF work activities, it is the applicant's responsibility to notify Child Care Services in writing. Failure to notify Child Care Services can result in a loss or delay of benefits.

Sign Here

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Employment Specialists signature

Date

Completed by the parent/Applicant:

CHILD CARE NEEDS

Fill out the following information for each child in child care.

Child's Name _____ DOB _____ 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

Child's Name _____ DOB _____ Is this child in school? Yes No
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CHILD CARE PROVIDER INFORMATION

Several 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.
- Relative – 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 meet various requirements in order for payment to begin. This includes completion of the provider forms, CPR certification including hands on testing, and CCS must have received the results of the background screenings. **Care provided prior to the date these requirements are met cannot be reimbursed by CCA.** Providers will also be required to complete orientation training and a home inspection within designated timeframes in order to remain eligible for payment to continue. If you choose a relative, in-home, or informal care provider, he/she will receive a packet with complete instructions. Your provider must complete and return the required forms before your application can be processed.

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: _____
 Provider ID Number _____ Cost of care per child: \$ _____
 Type of provider (circle): **Registered** **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: _____
 Provider ID Number _____ Cost of care per child: \$ _____
 Type of provider (circle): **Registered** **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? _____

I understand that it is my responsibility to provide 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.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

SIGN HERE

Applicant's signature _____ **Date** _____

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre SD 57501, 605-773-3305