

Care 4 Kids Application

Care 4 Kids = 1344 Silas Deane Highway = Rocky Hill, CT 06067 Phone: 1-888-214-5437

Fax: 1-877-868-0871

Care 4 Kids (C4K) 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 child care assistance from Care 4 Kids.

- Fill out this Application. If you need help, call 1-888-214-5437 or visit www.ctcare4kids.com.
- 2. **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. 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.
- 3. Please make sure you sign and date your Application and PPA. **Incomplete forms may not be accepted and <u>will delay</u> processing.**
- 4. **Provide all necessary information.** Submit a copy of the requested information with your Application.

Information that you provide on this form must be checked before you can receive Care 4 Kids assistance. The following documents can be submitted.

- Income from Employment Copy of your most recent pay stubs or a letter 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/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,

s this Application for child care assistance for a foster child? YES INO					
Are you living in a temporary housing situation? 🗖 YES 📮 NO					
Have you experienced 3 or more moves 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? \square YES \square NO

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

Hispanic/Latino: ☐ YES ☐ NO

What is the primary language spoken in your home?

NIANA	IC /C	irc+/	Last):

SECTION 2: CHILDREN INFORMATION

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

KEY: A (Asian) B (Black/Afric	CHILDREN IN To can Decent) C (W	_	_	_	_			ific Islander)
Child's Name (First Name, Middle Initial, Last Name)	Date of Birth	Relationship to Applicant	Gender	Race (circle all that apply)	Is child Hispanic/ Latino?	Social Secur Number (optional)	ity Is child a U.S. citizen?	Is child up to date with shots?
1.	//		□ M □ F	A B C	☐ YES ☐ NO		☐ YES ☐ NO	☐ YES ☐ NO
2.	//		□ M □ F	A B C	☐ YES ☐ NO		☐ YES ☐ NO	☐ YES ☐ NO
3.	//		□ M □ F	A B C	☐ YES ☐ NO		☐ YES ☐ NO	☐ YES ☐ NO
4.	//		□ M □ F	A B C	☐ YES ☐ NO		☐ YES	☐ YES ☐ NO
5.	//		□ м □ ғ	A B C	☐ YES ☐ NO		☐ YES	☐ YES ☐ NO
Do you share joint custody wit If YES, provide name(s): CHILDREN	•				NEED C			
First Name, Middle Initial, La	ast Name	Date of Birth		Gender		lationship d to Applicant	Social Security (optiona	
1.		//_		□ M □ F				
2.		//_		<u> М П </u>				
3.		//		□ M □ F				<u></u>
Do any of the children listed a minor parents (under age 18) Parent(s) Under Age 18:			en):			Under Age 18:	S , list the names	or the
SECTION 3: INFOR								your home.
First Name, Middle Initial, L	_ast Name	Date of Birth	Gend	er	tionship pplicant	Social Security Nur (optional)		a parent of child the home?
1.			□ N					NO of Child
2.		//	□ N					S □ NO of Child
Are any of the other adults list provide the name of the other					-			e box and

NAME (First/Last):_

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 the information for each activity/parent/other adult. 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

Name of Employer/Program/School Address City State Zip Phone E PARENT/ADULT - TYPICAL WEEKLY SCHEDULE Enter start time and end time, and circle AM or PM. If this activity has more than one schedule, please indicate below. Day of the Week Schedule 1 Begin Time Schedule 1 End Time Schedule 2 Begin Time Schedule 2 End Time and AM PM AM		THER ADULT IN THE HOME			
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your work schedule or activity is flexible or varies, please explain: Start Date	Saturday				
Name of Parkent 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 Phone (oatuluay ————————————————————————————————————				
Address	your work schedule or	activity is flexible or varies,	please explain:		_
Start Date	your work schedule or aily commute to/from on the schedule or all the schedule or	activity is flexible or varies, child care setting/activity?	please explain:minutes Do	o you use public transportat	tion?
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	CHILD SUPPORT			
made to		child support, that amount		
What is/are the nam	ne(s) of the child(ren) for wl	nom you pay support?		
How much is paid? \$	\$	How often? 🗖 Wee	ekly 🗖 Bi-Weekly 🗖 Semi-	Monthly 🗖 Monthly
SECTION 6:	INCOME INFORM	1ATION		
family members are լ RECENT paycheck stu	part of your household and tl ub(s) or a letter from your em	me for parents, parents of chil neir income will be counted w ployer. If you are self-employ iness income and expenditure	hen deciding eligibility. Send a red, submit a copy of your mos	at least 2 weeks of your MOS
Persons with Income →	Name	Name	Name	Name
Gross Wages (before taxes) and Frequency	\$ * per wk bwk sm mo (circle one)	\$ * per wk bwk sm mo (circle one)	\$ * per wk bwk sm mo (circle one)	\$ * per wk bwk sm mo (circle one)
Self-Employment	\$per week or month (circle one)	\$	\$	\$per week or month (circle one)
DCF Stipend	\$	\$	\$	\$
Social Security Income	\$	\$per month	\$per month	\$per month
Unemployment Compensation	\$	\$	\$	\$per month
Other Income (i.e. alimony, pensions, worker's compensation, veterans benefits, rental income)	\$ Type:* per_wk_bwk_sm_mo(circle one)	\$ Type:* per wk bwk sm mo(circle one)	\$ Type:* per wk bwk sm mo (circle one)	\$ Type:* per wk bwk sm mo (circle one)
	y), bwk (bi-weekly), sm (semi-ı		⊒ NO	• • •
<u>-</u>	e assistance from another s			
If YES , from whom?		How much? \$	How often?	

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 the next page.
- 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.

NAME (First/Last):	

SECTION 7, CONTINUED: PARENTS RIGHTS AND RESPONSIBILITIES

- The applicant hereby gives voluntary consent for the Department of Social Services to share confidential information about DSS benefits, on applicant and household members, to determine eligibility for Care 4 Kids and to administer the Child Care program. The Office of Early Childhood (OEC) may give to its contractor confidential information from the Department of Social Services about DSS benefits needed to determine eligibility for the Care 4 Kids program and administration of the Child Care program, for individuals who signed the Application. I understand that it will not affect my eligibility for DSS programs if I do not sign; that I may end this authorization in writing to OEC at any time, except when information was already disclosed; and the information DSS provides to OEC and Care 4 Kids can be disclosed and is not protected by privacy laws. This authorization ends when I no longer receive benefits from OEC and Care 4 Kids.
- 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.
- 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