

COMMONWEALTH OF PENNSYLVANIA

# Application for Subsidized Child Care

This application may be used by families who want help in paying their child care costs.

Child Care  
**WORKS**

Edward G. Rendell, Governor



Estelle B. Richman, Secretary

The Child Care Information Services (CCIS) agency offers parents resource and referral services to connect them with child care arrangements in their communities. The CCIS also provides information to parents about whether they are eligible for help in paying their child care costs. To locate a CCIS near you, call 1- 877-PA-KIDS (1-877-472-5437), or to contact your local CCIS agency:

**CHILD CARE INFORMATION SERVICES AGENCY:**

**Directions for Completing the Application for Subsidized Child Care**

The information you provide on this application is confidential.

1. Fill out the form. Please print. You must return pages 2-8 to the CCIS agency. 2-parent/caretaker families must return pages 2-10 to the CCIS agency (i.e., pages 7-8 are to be completed for the primary parent/caretaker and pages 9-10 are to be completed for the primary parent's/caretaker's spouse.) You must also **sign and date this application**.
2. Mail, fax or take this application to your local CCIS agency. Call 1- 877-PA-KIDS (1-877-472-5437) if you do not know where to send this application or you need help with this application. If you are hearing impaired, you can use your TTY service to call 1- 877-PA-KIDS (1-877-472-5437).

**VERY IMPORTANT:**

Two-parent families: Both parents must be working; however, if the second parent is not working because of a disability and is unable to care for the children, he/she must have a doctor complete a Medical Assessment form. If you need a copy of this form, call the CCIS.

Foster parents: If you are applying for a foster child, attach a letter from the county children and youth agency that states it is okay for the foster child to be in care.

**Please list the people who live with you.**  
**NOTE: Please list your biological or adoptive children and any other child(ren) for whom you are responsible.**

Last Name	First Name	M.I.	Date of Birth mm/dd/yy	Sex M/F	Social Security Number*	How is this person related to you?	Marital Status	Does this child need child care? Y/N	On what day does this child need child care? Please check the boxes below
Yourself						Self			
Spouse/Father of child needing care									
Child									<input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat
Child									<input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat
Child									<input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat
Child									<input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat

\* You are not required to provide your Social Security Number. If you provide this information, it will only be used to identify your case.

## Questions you may have

**Q. What do I have to do to get help paying for my child care?**

**A. Some** of the eligibility rules to receive subsidized child care are: (1) Your family has children under 13 years old. Exceptions are possible for children with disabilities; (2) Your family meets income guidelines for subsidy. For specific guidelines, call the CCIS; (3) You and your spouse/live-in father of the child needing care are working at least 20 hours a week **OR** are working at least 10 hours a week and you are also participating in approved training at least 10 hours a week; and (4) Your family must pay a portion of your child care costs (co-payment).

**Q. How do I know if my family is eligible for the Subsidized Child Care Program?**

**A.** Complete an application, then take, fax or mail the application to your local CCIS agency. You also will need to have a face-to-face interview with the CCIS agency. About a month after CCIS receives a signed, dated application, you will get a letter that states if you are eligible to receive help.

**Q. Who decides what child care provider or facility I can use?**

**A. You do.** You choose who watches your child. It can be a child care center, a small family-run business, or even a relative or neighbor that meets the Department of Public Welfare’s participation requirements. You should choose child care that meets your child’s needs. The CCIS agency can help you find a provider.

## Tell us about yourself

Address: _____				
Street	City	State	Zip Code	Email address (if appropriate)
Home Phone #: ( ) _____		Cellular Phone # (if applicable): ( ) _____		Work Phone #: ( ) _____
Where should we call you if we have any questions? Please circle one. HOME / WORK / CELL PHONE Best time to call: _____ AM / PM				

Name & phone # of child care provider for the child?	Child's school district & grade?*	Is the child living in the U.S. legally?		Race (check all that apply)			Ethnicity (check only one)
		Yes	No	<input type="checkbox"/> African American	<input type="checkbox"/> Native Alaskan/American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic
				<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Caucasian		<input type="checkbox"/> Non-Hispanic
				<input type="checkbox"/> African American	<input type="checkbox"/> Native Alaskan/American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic
				<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Caucasian		<input type="checkbox"/> Non-Hispanic
				<input type="checkbox"/> African American	<input type="checkbox"/> Native Alaskan/American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic
				<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Caucasian		<input type="checkbox"/> Non-Hispanic
				<input type="checkbox"/> African American	<input type="checkbox"/> Native Alaskan/American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic
				<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Caucasian		<input type="checkbox"/> Non-Hispanic

\* NOTE: If you are a teen parent, you must provide your school district and grade.

## Language Preference

What language do you speak primarily? \_\_\_\_\_ What language do you read primarily? \_\_\_\_\_

## Prior Benefits

Have you or your spouse received TANF cash assistance within the past 183 days?  Yes  No If yes, where?  Pennsylvania  Other State \_\_\_\_\_

Do you currently receive Food Stamps?  Yes  No Do you currently receive housing assistance?  Yes  No

## Immunization Certificate

I certify that my child(ren): \_\_\_\_\_

Child(ren) who has/have age-appropriate immunizations

has/have the recommended, age-appropriate immunizations

I certify that my child(ren): \_\_\_\_\_

Child(ren) who has/have NOT received age-appropriate immunizations

does/do not have the recommended, age-appropriate immunizations because of:  Religious ground  A medical condition of the child

\_\_\_\_\_  
Signature of Parent/Caretaker

\_\_\_\_\_  
Date

## Education

Are you currently enrolled in an elementary, middle, junior high or senior high school or a GED program?  Yes  No

If yes, do you need child care while you attend your educational program?  Yes  No

**If you answered yes to BOTH questions, or are under 18 years of age, you MUST attach proof of the hours and days you attend school. Proof includes a copy of your school schedule, a letter from your school that states the hours and days you attend school or an Education Verification form. If you need a copy of the Education Verification form, call the CCIS.**

## Training

Do you currently attend a training program?  Yes  No If yes, do you need child care while you attend your training program?  Yes  No

**If you answered yes to BOTH questions above, you MUST attach proof of the hours and days you attend training. Proof includes a copy of your training schedule, a letter from your training representative that states the hours and days you attend training or a Training Verification form. If you need a copy of the Training Verification form, call the CCIS.**

## Employment and Self-Employment

	Employer's Name	Employer's Address	Employer's Phone #	Is this person Self-Employed?	Date filed last Business Tax Return (Schedule C) if self-employed
Yourself			(    )	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse/Live-in father of child needing care			(    )	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**You MUST attach proof of the hours and days you work. Proof includes a copy of your work schedule, a letter from your employer that states the hours and days you work or an Employment Verification form. Copies of Employment Verification forms are included on pages 7 through 10 for your convenience.**

## Income and Expenses

DOES ANYONE IN YOUR HOME HAVE ANY INCOME?    Yes    No    If yes, list income you have already received this month or expect to receive this month.

**Types/sources of income include, but are not limited to:**

- Wages
- SSI
- Rent
- Interest
- Room and board
- Social Security
- Self-employment
- Pensions
- Money for college or training
- Unemployment or Workers' Compensation
- Commissions
- Other
- Child support
- Union pay
- Dividends
- Money Received for Babysitting Children
- Spousal support/alimony

Person With Income	Type/Source Of Income	How Often Received?	How Much?	Date Received

**ATTACH PROOF OF ALL INCOME** your family received within the past 30 days. Proof includes pay stubs, award letters or statements from your employer that include how often you are paid and how much you earn per pay. If you are self-employed, attach a copy of your most recent tax return and attachments, including receipts.

Have you had medical expenses that were not covered by your insurance within the past 90 days, which will continue for the next 6 months?    Yes    No

If **YES**, attach proof of your medical expenses. Proof includes copies of doctor bills, hospital bills, dental bills, health care premiums, bills for prosthetic devices, medication expenses and/or bills for durable medical equipment.

Do you or your current spouse/live-in father of the child needing care pay child support or alimony?    Yes    No    If yes, complete the section below and attach proof of payment of the child support or alimony you are ordered to pay.

Name of person for whom you pay child support or alimony (Last name, First name, MI)	Relationship to you?	How much do you pay?	How often do you pay?
		\$	
		\$	

# Affidavit

I affirm that I have read or have had this application read to me in full and that I have received a written copy of the Rights and Responsibilities form on page 11. All information I have given is true, correct and complete to the best of my ability, knowledge and belief. I understand that information contained in this application may be shared with other Department of Public Welfare programs and the Office of the Inspector General. Further, I understand that I can be penalized by fine or imprisonment or subsidized child care ineligibility for making any false statements or for my failure to report a change that I am required to report. I understand the changes I am required to report are listed on the Rights and Responsibilities form on page 11. I understand that if I receive child care for which I was not eligible, I will be required to pay back the cost of the child care I received during the period of time when I was ineligible.

**X** \_\_\_\_\_  
Parent/Caretaker Signature(s) \_\_\_\_\_ Date

**X** \_\_\_\_\_  
Parent/Caretaker Signature required during the face-to-face interview \_\_\_\_\_ Date

**DO NOT WRITE IN THIS SPACE (for CCIS use only)**

CCMIS Record #: \_\_\_\_\_

**DATE/TIME STAMP**

Application received by CCIS on:	All required verification received by CCIS on:

Does this case involve special circumstances?  Yes  No

Applicant is ELIGIBLE effective \_\_\_\_\_

Applicant is INELIGIBLE. Reason for Ineligibility: \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of CCIS Representative \_\_\_\_\_ Date

# Employment Verification Form

DETACH AND GIVE TO YOUR EMPLOYER.

EMPLOYEE'S NAME:	PLACE OF EMPLOYMENT:	EMPLOYER'S PHONE #: (     )
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**I authorize the release of this information and give permission to the Child Care Information Services (CCIS) agency to verify all information contained in this form.**

**X** \_\_\_\_\_  
Employee's Signature(s) Date

**THE FOLLOWING SECTIONS MUST BE COMPLETED BY THE EMPLOYER.**

IS THE ABOVE-MENTIONED EMPLOYEE NEWLY HIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	EMPLOYMENT START DATE:
-------------------------------------------------------------------------------------------------------	------------------------

JOB TITLE: \_\_\_\_\_

**EMPLOYMENT INCOME**

HOURLY RATE: \$ _____	AVERAGE DAILY TIPS: \$ _____	GROSS PAY: \$ _____	NEXT PAY DATE: _____	FREQUENCY OF PAY: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26 pays/year) <input type="checkbox"/> 2x month (24 pays/year) <input type="checkbox"/> Monthly
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DOES THE EMPLOYEE RECEIVE PAYSTUBS?     Yes     No

**EMPLOYMENT SCHEDULE (Please indicate the days and hours the employee works and indicate whether the hours occur during A.M. or P.M.)**

**NOTE:** If the schedule varies, please give a 4-week sample schedule.

WEEK ONE    Dates: from _____ to _____	WEEK TWO    Dates: from _____ to _____	WEEK THREE    Dates: from _____ to _____	WEEK FOUR    Dates: from _____ to _____
Mon. from _____ A.M./P.M. to _____ A.M./P.M.	Mon. from _____ A.M./P.M. to _____ A.M./P.M.	Mon. from _____ A.M./P.M. to _____ A.M./P.M.	Mon. from _____ A.M./P.M. to _____ A.M./P.M.
Tues. from _____ A.M./P.M. to _____ A.M./P.M.	Tues. from _____ A.M./P.M. to _____ A.M./P.M.	Tues. from _____ A.M./P.M. to _____ A.M./P.M.	Tues. from _____ A.M./P.M. to _____ A.M./P.M.
Wed. from _____ A.M./P.M. to _____ A.M./P.M.	Wed. from _____ A.M./P.M. to _____ A.M./P.M.	Wed. from _____ A.M./P.M. to _____ A.M./P.M.	Wed. from _____ A.M./P.M. to _____ A.M./P.M.
Thur. from _____ A.M./P.M. to _____ A.M./P.M.	Thur. from _____ A.M./P.M. to _____ A.M./P.M.	Thur. from _____ A.M./P.M. to _____ A.M./P.M.	Thur. from _____ A.M./P.M. to _____ A.M./P.M.
Fri. from _____ A.M./P.M. to _____ A.M./P.M.	Fri. from _____ A.M./P.M. to _____ A.M./P.M.	Fri. from _____ A.M./P.M. to _____ A.M./P.M.	Fri. from _____ A.M./P.M. to _____ A.M./P.M.
Sat. from _____ A.M./P.M. to _____ A.M./P.M.	Sat. from _____ A.M./P.M. to _____ A.M./P.M.	Sat. from _____ A.M./P.M. to _____ A.M./P.M.	Sat. from _____ A.M./P.M. to _____ A.M./P.M.
Sun. from _____ A.M./P.M. to _____ A.M./P.M.	Sun. from _____ A.M./P.M. to _____ A.M./P.M.	Sun. from _____ A.M./P.M. to _____ A.M./P.M.	Sun. from _____ A.M./P.M. to _____ A.M./P.M.
TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____

**EXTENDED LEAVE**

Is the employee on extended leave (maternity, disability, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	On what date did the extended leave begin: _____
The employee returned from an extended leave (maternity, disability, etc.) on: _____	

**TEMPORARY/SEASONAL EMPLOYMENT**

Is the employee considered to be a temporary hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the last date of guaranteed employment? _____
If the employee is seasonal, please give:    Last day of work before break: _____    Expected date of return following break: _____	

**I understand that the information I am providing will be used to determine the above-named employee's eligibility for subsidized child care.**

**X** \_\_\_\_\_  
Employer's Signature(s) Date

# Employment Verification Form

Dear Employer:

One of your employees has requested assistance paying his/her child care costs. We must verify his/her employment with you. This information will help us determine if this employee is eligible for the subsidized child care program. The form can be returned to the employee or mailed directly to the Child Care Information Services (CCIS) agency.

**An authorized COMPANY REPRESENTATIVE (not the employee) must complete this form.**

We must have an accurate record of your employee's work schedule. Please complete the information on the back of this page. It is very important that the hours shown are specific and defined as either A.M. or P.M. (For example, 7:30 a.m. - 3:30 p.m.). If the employee's schedule varies, please give a 4-week sample schedule. **You do not need to give a 4-week sample schedule unless the employee's schedule varies from week to week.**

Thank you for your time and assistance. If you have any questions about how to complete this form, please contact the CCIS listed below.

**CCIS:**

# Employment Verification Form

DETACH AND GIVE TO YOUR EMPLOYER.

EMPLOYEE'S NAME:	PLACE OF EMPLOYMENT:	EMPLOYER'S PHONE #: (     )
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**I authorize the release of this information and give permission to the Child Care Information Services (CCIS) agency to verify all information contained in this form.**

**X** \_\_\_\_\_  
Employee's Signature(s) Date

**THE FOLLOWING SECTIONS MUST BE COMPLETED BY THE EMPLOYER.**

IS THE ABOVE-MENTIONED EMPLOYEE NEWLY HIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	EMPLOYMENT START DATE:
-------------------------------------------------------------------------------------------------------	------------------------

JOB TITLE: \_\_\_\_\_

**EMPLOYMENT INCOME**

HOURLY RATE: \$ _____	AVERAGE DAILY TIPS: \$ _____	GROSS PAY: \$ _____	NEXT PAY DATE: _____	FREQUENCY OF PAY: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26 pays/year) <input type="checkbox"/> 2x month (24 pays/year) <input type="checkbox"/> Monthly
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DOES THE EMPLOYEE RECEIVE PAYSTUBS?     Yes     No

**EMPLOYMENT SCHEDULE (Please indicate the days and hours the employee works and indicate whether the hours occur during A.M. or P.M.)**

**NOTE:** If the schedule varies, please give a 4-week sample schedule.

WEEK ONE    Dates: from _____ to _____	WEEK TWO    Dates: from _____ to _____	WEEK THREE    Dates: from _____ to _____	WEEK FOUR    Dates: from _____ to _____
Mon. from _____ A.M./P.M. to _____ A.M./P.M.	Mon. from _____ A.M./P.M. to _____ A.M./P.M.	Mon. from _____ A.M./P.M. to _____ A.M./P.M.	Mon. from _____ A.M./P.M. to _____ A.M./P.M.
Tues. from _____ A.M./P.M. to _____ A.M./P.M.	Tues. from _____ A.M./P.M. to _____ A.M./P.M.	Tues. from _____ A.M./P.M. to _____ A.M./P.M.	Tues. from _____ A.M./P.M. to _____ A.M./P.M.
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Thur. from _____ A.M./P.M. to _____ A.M./P.M.	Thur. from _____ A.M./P.M. to _____ A.M./P.M.	Thur. from _____ A.M./P.M. to _____ A.M./P.M.	Thur. from _____ A.M./P.M. to _____ A.M./P.M.
Fri. from _____ A.M./P.M. to _____ A.M./P.M.	Fri. from _____ A.M./P.M. to _____ A.M./P.M.	Fri. from _____ A.M./P.M. to _____ A.M./P.M.	Fri. from _____ A.M./P.M. to _____ A.M./P.M.
Sat. from _____ A.M./P.M. to _____ A.M./P.M.	Sat. from _____ A.M./P.M. to _____ A.M./P.M.	Sat. from _____ A.M./P.M. to _____ A.M./P.M.	Sat. from _____ A.M./P.M. to _____ A.M./P.M.
Sun. from _____ A.M./P.M. to _____ A.M./P.M.	Sun. from _____ A.M./P.M. to _____ A.M./P.M.	Sun. from _____ A.M./P.M. to _____ A.M./P.M.	Sun. from _____ A.M./P.M. to _____ A.M./P.M.
TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____

**EXTENDED LEAVE**

Is the employee on extended leave (maternity, disability, etc.)?     Yes     No

The employee returned from an extended leave (maternity, disability, etc.) on: \_\_\_\_\_    On what date did the extended leave begin: \_\_\_\_\_

**TEMPORARY/SEASONAL EMPLOYMENT**

Is the employee considered to be a temporary hire?     Yes     No    If yes, what is the last date of guaranteed employment? \_\_\_\_\_

If the employee is seasonal, please give:    Last day of work before break: \_\_\_\_\_    Expected date of return following break: \_\_\_\_\_

**I understand that the information I am providing will be used to determine the above-named employee's eligibility for subsidized child care.**

**X** \_\_\_\_\_  
Employer's Signature(s) Date

# Employment Verification Form

Dear Employer:

One of your employees has requested assistance paying his/her child care costs. We must verify his/her employment with you. This information will help us determine if this employee is eligible for the subsidized child care program. The form can be returned to the employee or mailed directly to the Child Care Information Services (CCIS) agency.

**An authorized COMPANY REPRESENTATIVE (not the employee) must complete this form.**

We must have an accurate record of your employee's work schedule. Please complete the information on the back of this page. It is very important that the hours shown are specific and defined as either A.M. or P.M. (For example, 7:30 a.m. - 3:30 p.m.). If the employee's schedule varies, please give a 4-week sample schedule. **You do not need to give a 4-week sample schedule unless the employee's schedule varies from week to week.**

Thank you for your time and assistance. If you have any questions about how to complete this form, please contact the CCIS listed below.

**CCIS:**

# Rights and Responsibilities Form

I understand that:

1. The information in this form will be kept confidential.
2. I may pick any **eligible** child care provider to care for my children. An eligible provider meets the requirements of the Subsidized Child Care Program and agrees to follow the Department of Public Welfare's rules.
3. I may need to pick another provider if my provider is not eligible to participate in the Subsidized Child Care Program.
4. I will be told in writing when a change causes my family to lose help in paying for child care and that I may ask for a hearing if I disagree with a decision that the CCIS agency has made.
5. I must give the CCIS agency true and complete information and proof of information as requested.
6. I must report the following to the CCIS agency **within ten days of the change**:
  - Loss of work including layoffs or strikes
  - Decrease in hours of work, education or training below an average of 20 hours a week
  - Number of days or hours my child needs care
  - Number of people who live in the house with the child(ren)
  - Telephone number
  - Address
  - Marital status
  - Who is providing child care for my child(ren)
  - Disability status
  - Maternity leave status
7. I **must** pay back the cost of any child care I receive during a period of time when I am not eligible.

After the CCIS has determined you eligible for child care and funds are available to enroll your child(ren) in care, you need to know the following:

1. You must pay a co-payment to your provider every week. The co-payment is due to the provider on the first day of the week that your child(ren) attend(s). It is important that you pay your co-payment on time, or you may lose the CCIS agency's help in paying for your child care.
2. Unless your child is ill, your child must attend the child care program on all the days that you told the CCIS he/she needed child care. If you need to make a change due to your work, education or training schedule, you must call the CCIS. You could lose the CCIS agency's help in paying for your child care costs if your child is absent for ten days in a row for a reason other than:
  - Illness, injury or hospitalization of the child or another family member
  - A break in the parent's work, education or training
  - Family/maternity leave
  - Visitation with a parent who does not live with the child(ren)
3. The CCIS will pay a child care center, family child care home or a group child care home for up to 15 days when the facility is not open to care for your child. **The CCIS is unable to pay an alternate child care provider during these 15 days when your provider is not open to care for your child.**
4. If the CCIS sends you a Notice of Adverse Action, it means there may be a change in your eligibility for subsidized child care. If you do not understand what is written in the notice, you should contact the CCIS agency immediately. If you disagree with a decision that the CCIS agency has made, you may ask for a hearing to review the decision. You must inform the CCIS that you do not agree with the decision by doing one of the following:
  - Fill out the bottom part of your notice or write a letter and then mail, fax or take the information to the CCIS.
  - Call the CCIS to discuss the reason you do not agree with the decision and follow-up by putting your concerns in writing within 7 days following the date of your telephone call with the CCIS.

If you want the CCIS to continue to help pay for your child care during this process, you must mail, fax or take the bottom part of your notice or the letter that you wrote to the CCIS or call the CCIS on or before the date on the Notice of Adverse Action.

5. You may choose a new provider at any time. However, you must tell the CCIS agency before your child begins child care with a different provider. The CCIS agency will authorize the transfer and continue to help pay for your child care after the transfer if: your family co-payments are up-to-date **AND** you continue to be eligible for the CCIS agency's help in paying for your child care **AND** the new provider that you choose meets the requirements of the Subsidized Child Care Program. The new provider must also agree to follow the Department of Public Welfare's rules. **If the CCIS does not authorize the transfer, you will be responsible for paying the total cost of child care at the new provider.**

DETACH AND KEEP FOR YOUR RECORDS.

If you want help in paying your child care costs, you must complete this application. This is an application for subsidized child care. This application is also available in Spanish. If you need help with reading and/or completing this application, please contact your local CCIS agency.

如果您需要幫助支付您的幼兒護理費用，您必須填寫這份申請表。這份表格是用來申請幼兒護理補助津貼的。如果您需要有人幫助您理解或填寫這份表格，請您與當地社會福利部門聯繫。

បើលោកអ្នកត្រូវការជំនួយបង់ថ្លៃមើលកូន លោកអ្នកត្រូវតែបំពេញក្រដាសដាក់ពាក្យសុំនេះ។ នេះគឺជាក្រដាសដាក់ពាក្យសុំប្រាក់ជំនួយថ្លៃមើលកូន។ បើលោកអ្នកត្រូវការជំនួយដើម្បីអាននិង/ឬបំពេញក្រដាសដាក់ពាក្យសុំនេះ សូមទាក់ទងអង្គការ CCIS ដែលនៅតាមតំបន់របស់លោកអ្នក។

Если вам требуется помощь в оплате детского сада для вашего ребенка, вы должны заполнить данную форму. Эта форма – заявление на субсидированное обслуживание вашего ребенка в детском саду. Если вам нужна помощь в чтении и/или заполнении данной формы, обращайтесь в бюро CCIS по месту жительства.

Nếu quý vị muốn được trợ cấp để trả chi phí trông nom săn sóc con em quý vị, quý vị cần điền chi tiết vào mẫu đơn này. Đây là mẫu đơn xin hưởng trợ cấp trông nom săn sóc trẻ em. Nếu quý vị cần trợ giúp để đọc / hay điền đơn này, xin liên hệ cơ quan CCIS nơi qui vị cư ngụ.

Si necesita ayuda para pagar los gastos de guardería de su hijo, complete este formulario. Es una solicitud para recibir cuidado infantil subvencionado. Si necesita ayuda para leer o completar esta solicitud, comuníquese con la oficina de CCIS de su localidad.



[www.dpw.state.pa.us](http://www.dpw.state.pa.us)

Edward G. Rendell, *Governor*

Estelle B. Richman, *Secretary*