

### APPLICATION FOR CHILD CARE SERVICES

**(Please Print)**

**PLEASE FILL IN THE FOLLOWING INFORMATION**

Your Name:	First Name	Middle Initial	Last Name	Telephone Numbers:
				Home:
				Work:
				Cell:

Social Security No.	Date of Birth	Email Address:
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Residential Address:	Street	Apt.	City	County	Zip Code
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Mailing Address:	Street	Apt.	City	County	Zip Code
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Do both the Parents of the child(ren) needing care live at the address above?  Yes  No

Name of other Parent \_\_\_\_\_ Social Security No. - - Date of Birth / /

Have you received subsidized child care from Childcare And Parent Services (CAPS) before?  Yes  No If so, what county were you living in?

If you are not registered to vote where you live now, would you like to apply to register to vote here today?  Yes  No

**ACTIVITY INFORMATION**

Why do you need child care?  Training  Education  Working

**SCHOOL INFORMATION**

Name and address of Program/School you are enrolled in:	Are you a full time student as deemed by the school? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**CURRENT EMPLOYMENT INFORMATION**

(Include spouse or other parent's employment information)

First Name, Middle Initial, Last Name	Employer's Name and Address	Telephone No. of Employer	Weekly Work Schedule	Total No. Hours per Week

**INCOME INFORMATION**

(Include spouse or other parent's information)

SOURCE OF INCOME	NO	YES	APPLICANT	SPOUSE/ OTHER PARENT	INCOME BEFORE DEDUCTIONS	HOW OFTEN PAID	MONTHLY GROSS INCOME
WAGES/SALARY/SELF EMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
UNEMPLOYMENT COMPENSATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
SOCIAL SECURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
WORKER'S COMPENSATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
ALIMONY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
CHILD SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
REGULAR LOTTERY PAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
CAPITAL GAINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
RENTAL INCOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
DISABILITY PAYMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
INTEREST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
RETIREMENT/PENSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
TRUST FUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$

### CHILD INFORMATION

CHILD NAME	SEX	DATE OF BIRTH	Social Security No.	CHILD NAME	SEX	DATE OF BIRTH	Social Security No.

**Parental Authority Rights**

- You have the right to apply for assistance, withdraw the application, request termination of assistance, or reapply for CAPS at any time.
- You are authorized to receive child care services as long as funds are available and you remain eligible and has complied with all CAPS program requirements.
- You have the right to make decisions about the choice of child care provider that suits the needs of your family, as long as the provider is approved by DECAL and meets the requirements of the CAPS program.
- Temporary Assistance for Needy Families (TANF) recipients have the right to be informed of the availability of exemptions from mandatory participation in employment services activities if appropriate child care is not available, affordable or cannot be accessed.
- Parental authorities who state that they or their children have been victims of domestic violence or who state that they are at risk of further domestic violence must be informed of the available community services that assist victims of domestic violence and how to voluntarily and confidentially access such services.
- You have the right to have access to his/her child during all times the child is in child care.
- Information that you provide is placed in a database used by the CAPS program will remain confidential in accordance with any applicable state or federal regulations.
- You have the right to see his or her case file unless this is prohibited by state or federal laws or regulations.
- You have the right to file an appeal when the Agency imposes an adverse action that is appealable, such as a denial and/or termination of CAPS services and you do not agree with the action taken by the agency.
  - Changes where adverse actions are a direct result of implementation of federal and state regulations/policies and the change affects entire populations are not appealable.
- You have the right to request a grievance mediation and/or the right to an administrative hearing.
- Parental authorities who speak Spanish have the right to request and receive forms and notices in Spanish and request CAPS to provide an interpreter when contacting the CAPS program. Other non-English speaking individuals or persons with limited English proficiency shall have the right to request an interpreter provided by the agency.
- Parental authorities with vision or hearing impairments have the right to request auxiliary aids or other accommodations.
- You have the right to be treated fairly without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs, or disability.
 

**Note:** If you feel your rights have been violated, please contact the CAPS program at 404-657-3434 or [CAPS.Support@decalfga.gov](mailto:CAPS.Support@decalfga.gov).
- You have the right to appeal to the U.S. Department of Health and Human Services Office for Civil Rights (HHS OCR) if they feel DECAL or the CAPS case manager has violated your civil rights.
- You have the right to request suspension or termination of services.

**Parental Authority Responsibilities**

- You are responsible for providing true and accurate information to the program.
- You are responsible for supplying all requested forms, information, and verification needed to determine eligibility and amount of benefits. If all information cannot be submitted within the thirty (30) day time frame for application processing, this may result in the inability to determine eligibility and the application being denied.
- You must permit DECAL to verify all information/statements on the application and during the interview.
- You must cooperate in taking any actions necessary to establish eligibility. You must cooperate with any CAPS, Audits and Compliance, and Office of Inspector General (OIG) fraud investigation by completing any required forms, responding to scheduled interview appointments, and by making requested records or information available. If you do not cooperate, you may be determined to be ineligible for CAPS.
- You are responsible for reporting any changes in your circumstances to the CAPS program within ten (10) calendar days of becoming aware of the change.
  - The following list of changes may be reported to the CAPS case manager:
    - Increases or decreases in income
    - Loss of Activity (e.g., employment, education, or training)
    - Any change in the child care arrangements (including changes in providers or the location where care is given, a change in the relationship of the provider to the child, cost, or the need for child care)
    - State of residence
    - Child's citizenship status
    - Updated contact information (address, phone number and/or e-mail address) to allow on-going communication

**Note:** Changes should be reported within ten (10) calendar days via phone, fax, e-mail, mail, or in person.
- You are responsible for reporting within ten (10) calendar days if child(ren) is(are) no longer enrolled in child care or moves out of the home.
- You are responsible for paying any amounts above the CAPS reimbursement to the provider, if applicable.
- You are responsible for paying the provider if child care is received during a period in which you are ineligible or for any child care that CAPS did not authorize.
- You are responsible for repaying any overpayments assessed against you by the CAPS program after all appeal processes have been exhausted. Any violations of responsibility for non-payment may result in additional adverse actions or sanctions. Refer to the [CAPS Sanctions and Disqualifications Policy \(CAPS/00-16\)](#).

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RACE / ETHNIC AFFILIATION FOR HEAD OF HOUSEHOLD ONLY**

The following information is being collected only to be sure that everyone receives assistance on a fair basis. This information will not affect your eligibility, and is optional.

Ethnicity (check one):  Hispanic  Not Hispanic

Race:  White  Black/African American  Asian  American Indian or Alaskan Native  Native Hawaiian or other Pacific Islander

**AGENCY USE ONLY**

CASE ID #	CHILD CARE CASE MANAGER	SUCCESS ID #	MAXSTAR ID #
CASE DISPOSITION			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> PENDING	<input type="checkbox"/> WITHDRAW
DATE: _____	DATE: _____	DATE: _____	DATE: _____
IF SO, REASON: _____			
Date Form 60 received: _____			