



APPLYING FOR CHILD CARE SUBSIDY AND SERVICES Information You Need to Know

Anyone may apply for child care services. You must apply in the city or county in which you live. You do not need to have lived in the city or county for any specified length of time. The child(ren) for whom the child care service application is submitted must be a citizen of the United States or have legal alien status. Proof of the child(ren)'s citizenship or legal alien status must be provided.

To find out if you are eligible to receive child care services, you must complete and return the attached application.

The local department of social services (local department) will make a decision regarding your application within 30 days. The local department must send you a written *Notice of Action* if you are not eligible for services, or if there is a delay in processing the application. Your name may be placed on a waiting list if funds are not available to immediately serve you. The local department will send written notification explaining the reason why you were added to the waiting list and a child care case manager will explain the waiting list process to you. You may request that your name be removed from the waiting list at any time.

Applicant's Rights

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, religion or political beliefs. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Additionally, program information may be made available in languages other than English.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: ***HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).***

More information about this process may be found at www.dss.virginia.gov/about/civil_rights/.

You have the right to view the information in your child care case record. The local department may not release information about you without your written consent, with the exception of purposes directly connected with the administration of social service programs, or by court order.

You have the right to visit your child any time the child is in the provider's care. You also have the right to make complaints or discuss areas of concern regarding your provider's care by calling 1-800-543-7545 or on-line at www.childcareva.com.

If you do not agree with the local department's decision about your case, you have the right to ask for an appeal by means of a hearing. You may appeal to the local department or write directly to:

**Director, Division of Appeals and Fair Hearings
Virginia Department of Social Services
801 East Main Street
Richmond, Virginia 23219-2901**

KEEP THIS PAGE FOR YOUR RECORDS



Instructions for Completing the Application

If you need help completing this application, a friend, relative, or your child care case manager can help you. If you are completing this application for someone else, answer each question as if you were that person. If you need to change an answer or make a correction, write the correct information nearby and insert your initials and date next to the change. If there are more people living in your household and you need more space to list everyone, tell the local department you require extra pages. If you have a disability or have difficulty with English, you may receive help to ensure you get the services you are eligible to receive.

1. Do not write in shaded areas. These areas are for agency use only.
 - Complete **SECTION 1: APPLICANT INFORMATION.**
 - Complete **SECTION 2: HOUSEHOLD MEMBERS.**
Include everyone living in the household.
 - Complete **SECTION 3: CHILDREN WHO NEED SERVICES.**
Include each child for whom you are applying for child care assistance. You may leave questions about citizenship and immigration blank for anyone for whom you are **NOT** requesting assistance.
 - Complete **SECTION 4: WORK/SCHOOL/TRAINING.**
Include every adult member living in the household.
 - Complete **SECTION 5: INCOME and RESOURCES.**
Include everyone living in the household.
2. Read **SECTION 6: RESPONSIBILITIES, CHANGE REPORTING, AND PENALTIES.**
3. Read and complete **SECTION 7: CONSENT TO EXCHANGE INFORMATION.**
4. Read and complete **SECTION 8.** Be sure to **sign and date** the application.

Complete and Accurate Information

You must provide complete and accurate information to assist in determining initial and on-going eligibility for child care services. The local department of social services may request pay stubs, or permission to contact agencies or individuals to obtain proof of income. If you intentionally provide incorrect information, you could be prosecuted for perjury, larceny, or welfare fraud, and may no longer be eligible for child care assistance. You must also repay any money issued on your behalf to which you were not entitled. Fraud involving more than \$500 is a felony. The *Code of Virginia* (§63.2-522) deems any person who obtains assistance or benefits by means of a willful false statement, or who knowingly fails to notify of changes in circumstances that could affect eligibility for assistance guilty of larceny. Upon conviction, the *Code of Virginia* authorizes punishment according to state law.

Filing the Application

Return this completed application to your local department of social services. You have the right to submit your application even if it appears as if you may not be eligible for child care services. Local department of social services locations and additional information on child care subsidy and services can be found on our website at: www.dss.virginia.gov.

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Commonwealth of Virginia
Department of Social Services

LDSS USE ONLY			
Date Application Received:		Date of Interview:	
		<input type="checkbox"/> In office <input type="checkbox"/> Telephone	
LDSS:		FIPS:	
Case#:		Program Category:	

CHILD CARE SUBSIDY SERVICE APPLICATION AND REDETERMINATION FORM

1. Applicant Information – tell us about you.

Your Name: Last		First	Middle Initial	Maiden or Other
Social Security Number (optional):		Date of Birth:	Gender:	Relationship to the child(ren):
Physical address:		City:	State:	Zip:
Mailing address: (if different than physical address)		City:	State:	Zip:
Are you over the age of 18, or a legally emancipated minor? YES <input type="radio"/> NO <input type="radio"/>				
Has the family been homeless for one or more days during the month of this application? YES <input type="radio"/> NO <input type="radio"/>				
Is the family currently residing in any type of shelter? YES <input type="radio"/> NO <input type="radio"/>				
NOTE: Homeless is defined as individuals who lack a fixed, regular, and adequate nighttime residence.				
Email address:		Cell phone number:	Home number:	Work number:
		Service provider:		
How would you like for us to contact you? Telephone <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Email <input type="checkbox"/>				
If you would like to receive either a text message or an email notifying you that some correspondence about your benefits can be accessed electronically through CommonHelp (www.CommonHelp.Virginia.gov), select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified through a text or an email, you will receive all written correspondence through the U.S. Mail.				
If you would you like to receive electronic correspondence/notices, please select your preferred method. Email <input type="radio"/> Text <input type="radio"/>				
* If selected, you must provide your email or cell phone number and the service provider in the space above.				
Family Composition (Select One)		Your Marital Status (Select One)		Your Educational Level (Select One)
<input type="radio"/> Single Parent Family <input type="radio"/> Two Parent Family <input type="radio"/> Single Parent Guardian <input type="radio"/> Two Parent Guardian		<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed		<input type="radio"/> Less than High School Graduate <input type="radio"/> High School Graduate <input type="radio"/> GED <input type="radio"/> Post Graduate (College)
Your Race		Your Ethnicity		Language
<input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		Hispanic/Latino <input type="checkbox"/> YES <input type="checkbox"/> NO		What is the primary language spoken in the home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Farsi <input type="checkbox"/> Haitian-Creole <input type="checkbox"/> Laotian <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Somali <input type="checkbox"/> Kurdish <input type="checkbox"/> Arabic <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Japanese <input type="checkbox"/> Other _____
Are you currently looking for work? YES <input type="radio"/> NO <input type="radio"/>				

2. Tell us who lives in your home. List your name on the first line.

First Name	Last Name	Middle Initial	Gender	Date of Birth MM/DD/YYYY	*Race	Hispanic/Latino Yes or No	How is this person related to you?
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

* Race: White, African-American, Asian, American Indian/Alaskan Native, Native Hawaiian or Pacific Islander

Have you or anyone in your household ever been disqualified from receiving Child Care assistance? YES NO

If YES, please explain:

Have you or anyone in your household received within the past twelve months any benefits listed below from either this local department or another locality?

YES NO

Select which benefits were received:

Energy Assistance Child Care Medical Assistance SNAP TANF

Additional Comments:

3. Tell us about the children who need child care services. Add additional pages if necessary.

Child's name <i>Add additional pages if necessary</i>	Child 1	Child 2	Child 3	Child 4
Social security # (optional)				
Date of birth				
Age				
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Race	<input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander
Ethnicity	Hispanic/Latino <input type="checkbox"/> YES <input type="checkbox"/> NO	Hispanic/Latino <input type="checkbox"/> YES <input type="checkbox"/> NO	Hispanic/Latino <input type="checkbox"/> YES <input type="checkbox"/> NO	Hispanic/Latino <input type="checkbox"/> YES <input type="checkbox"/> NO
Is the child a U.S. citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If the child is not a U.S. citizen, are they a legal alien?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child have a disability or special need?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the child's immunizations up-to-date?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the child currently enrolled in a Head Start program?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child currently attend school?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is child care needed all year?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is child care needed for the school year only?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is child care needed for school breaks and summer breaks only?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Note: Your child's social security number is optional and may be used to verify case information and assist the local department in processing your application. Failure to provide their social security number will not affect your child's eligibility for child care services.

Checking No under immunizations up-to-date does not automatically disqualify your child.

You must select a race and ethnicity for each child.

4. Tell us where you work or attend school or training. Add additional pages if necessary.

Parent A – Work/School/Training Information							Parent B - (spouse, co-habitant, or child's other parent, if in same household) Work/School/Training Information						
Name of Parent/Guardian:							Name of Parent/Guardian:						
Employment/School/Training Status: (Check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Employed/Attending School/Training <input type="checkbox"/> Attending School/Training <input type="checkbox"/> Disabled							Employment/School/Training Status: (Check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Employed/Attending School/Training <input type="checkbox"/> Attending School/Training <input type="checkbox"/> Disabled						
Employer:			School/Training Program Attending:				Employer:			School/Training Program Attending:			
Employer Address: (Including city, state, zip)			School/Training Address:				Employer Address: (Including city, state, zip)			School/Training Address:			
Employer's Phone Number:			School/Training Phone Number:				Employer's Phone Number:			School/Training Phone Number:			
Employment Start Date:			School/Training Start Date:				Employment Start Date:			School/Training Start Date:			
How many hours do you work each week?			How many hours do you attend school/training each week?				How many hours do you work each week?			How many hours do you attend school/training each week?			
Work Schedule (example 8-5):							Work Schedule (example 8-5):						
Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
School Schedule (example 8-5):							School Schedule (example 8-5):						
Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
Is this parent currently serving in the military?							Is this parent currently serving in the military?						
<input type="checkbox"/> No <input type="checkbox"/> Yes, active duty US military <input type="checkbox"/> Yes, National Guard/Military Reserve							<input type="checkbox"/> No <input type="checkbox"/> Yes, active duty US military <input type="checkbox"/> Yes, National Guard/Military Reserve						

5. Tell us about your family income and resources.

Does the family have assets/resources that exceed \$1,000,000? Yes No

May include, but not limited to: cash on hand, checking or savings account balance, stocks or bonds, trust funds, pension plans, or retirement accounts.

Enter the amount of all income received by you or any other household member.

(You must check Yes or No for each source below currently received or received within the past 12 months)

Source	Check Yes or No for each	*Pay Frequency	Gross Amount Per Pay	Source	Check Yes or No for each	*Pay Frequency	Gross Amount Per Pay
Employment (You)	<input type="checkbox"/> YES <input type="checkbox"/> NO			Alimony	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Employment (Other household member)	<input type="checkbox"/> YES <input type="checkbox"/> NO			Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Self-employed	<input type="checkbox"/> YES <input type="checkbox"/> NO			Contract Income	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Housing Voucher or Cash Assistance	<input type="checkbox"/> YES <input type="checkbox"/> NO			Unemployment	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TANF	<input type="checkbox"/> YES <input type="checkbox"/> NO			Disability Income	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO			Worker's Compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO		
SSI or Other Federal Cash Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO			Farm Income	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Pensions	<input type="checkbox"/> YES <input type="checkbox"/> NO			Rental Income	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other (specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO			Other (specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

* Pay frequency: Weekly, Bi-weekly (every two weeks), Semi-monthly (twice a month), or Monthly.

Deductions and/or Payments	Check Yes or No for each	Frequency	Gross Amount
Does anyone pay child support to someone who is not in the household?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does anyone receive a basic allowance for housing if you are military personnel?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does anyone receive a clothing maintenance allowance for military?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is your paycheck being garnished?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

6. Responsibilities, Change Reporting, and Penalties

Read this section carefully before signing this application.

Repayment

In addition to any criminal punishment as set forth in the Code of Virginia, anyone who causes the Department of Social Services to make an improper vendor payment by withholding any of the below changes will be required to repay the amount of the improper payment. Repayment will be in either a lump sum or according to a written repayment plan between the responsible person and the local department of social services.

Reporting Changes

You must report all required changes to the local department of social services within **10 days** after they occur. You are required to report the following changes:

1. Your gross (before taxes) monthly family income amount exceeds the eligibility limit for your family size.
See the Notice of Action given to you by the local department of social services for the amount.
2. A change in household members.
3. A change of address.
4. A change of provider.

Changes that you may voluntarily report once you have been determined eligible include:

1. A change in your education/training activity (including class days/hours and curriculum).
2. A change in the number of hours children need child care.
3. A change in employment (including schedule, employer and/or income).
4. Any other reduction in household income.

Immunizations

All children receiving Child Care assistance must be age-appropriately immunized, according to the current "Recommended Childhood Immunization Schedule, United States." You may be required to provide your child care worker with documentation of immunization, a physician's statement that required immunizations would be detrimental to the child's health, or a statement of religious exemption (on the CRE-1 form, "Certification of Religious Exemption").

Co-payment and Fees

You may be assessed a child care fee (co-payment) based on the information you have provided. If the child care provider you selected charges more than the state's reimbursement rate in addition to your co-payment, you will be responsible for paying those additional costs directly to your child care provider.

Recording Attendance

You must record your child's attendance using either the Virginia Electronic Child Care (VaECC) Swipe Card system, or the Interactive Voice Response system (IVR) by phone. **If you do not use your swipe card or IVR, you may be responsible for paying for the unrecorded attendance, and your child care assistance may be discontinued. You must not share your VaECC Swipe Card with anyone, including your provider, or your case may be closed.** You must notify your local department of social services if your VaECC card is lost or stolen. You must notify your child care provider when your child will not be in attendance.

Penalties for Violations

If you intentionally give false information, hide information, or break any of these rules, you could be disqualified from participating in the Child Care Subsidy Program for three months (1st violation), 12 months (2nd violation), or permanently (3rd violation).

7. Consent to Exchange Information

The Virginia Department of Social Services (VDSS) uses some of the personal information that you have provided on your application about you and your dependents to create a User Profile. The VDSS is asking for permission to share the information in your User Profile electronically with other state agencies, specifically, the Department of Health, Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, Department of Education, Virginia Employment Commission, and Department of Motor Vehicles.

The VDSS may disclose certain information about you without your consent to other state agencies, including information in electronic databases, for the purpose of determining your eligibility for benefits/services provided by that agency.

The sharing of information under this disclosure, however, requires your consent. The purposes of this sharing of your information are to (a) allow VDSS and the agencies listed above to work together more efficiently in providing and coordinating your services and benefits, and (b) to conduct studies of public benefit programs, such as the Child Care Subsidy program, SNAP, TANF, or Medical Assistance.

If you choose not to share your User Profile

If you do not consent to the sharing of your information for the above-stated purposes, your information will remain only within VDSS and will not be shared with any other state agency. Choosing not to share your User Profile will not affect your eligibility for assistance.

Social Security Number

Including your Social Security Number (SSN) or the SSN of any dependent in your User Profile is your choice. Your SSN is kept confidential and will not be shared without your expressed and informed consent.

To stop sharing of your User Profile

You can withdraw this authorization at any time by notifying your local department of social services.

How long consent to share lasts

Your permission to share your User Profile will remain active for one (1) year from the date you approve, unless you change your decision to share sooner. Your agreement for any minor children who turns 18 will be stopped on the date of the child's 18th birthday.

You will be asked to share your information every time you make a change to the information that is used in your User Profile.

Giving Consent

Please select one of the following options:

- I consent to VDSS' sharing information from my User Profile with the state agencies listed above, but do not consent to the inclusion of Social Security Number in my User Profile.
- I consent to VDSS' sharing information from my User Profile with the state agencies listed above and to the inclusion of Social Security Number in my User Profile.
- I do NOT consent to VDSS' sharing my User Profile or any of the information contained in my User Profile with other state agencies.

8. By signing this application below, I agree that:

- I have read the information at the beginning of this application and the Responsibilities, Change Reporting, and Penalties section of this application.
- I understand that if I refuse to cooperate with any review of my eligibility, my child care services may be denied until I cooperate.
- I authorize the release to the local department of social services all information necessary to determine and review my eligibility for child care services. I authorize the release of employment, education, medical, or child care information obtained from any source to the state or local department that may review this application for child care assistance. This authorization is valid for one year from the date of my signature below. I understand this time limit does not apply as long as my child care services case is open or to investigations regarding possible fraud.
- I understand that it will be necessary to provide certain information to my child care provider and authorize the release of such information.
- I understand that the Virginia Department of Social Services (VDSS) has limited funding available for the purchase of Child Care Subsidy Services. The funding for Child Care Subsidy Services changes from year to year. I further understand that the availability of funding for child care services cannot be guaranteed. I understand that, if this funding ends or runs out, I will receive at least 10 days written advance notice of this action, and that my name may be placed on the local department’s waiting list at my request.
- I understand that to qualify for these funds I must have a current need for child care services, I must be working or participating in an approved educational or training program, and my total household gross monthly income must not exceed the maximum monthly household income limit determined by VDSS.
- I must provide complete and accurate information needed for determining initial and on-going eligibility for child care services. The local department may request such things as pay stubs, or permission to contact agencies or individuals to obtain proof of my income. If I intentionally provide incorrect information, I can be prosecuted for perjury, larceny, or welfare fraud, and may no longer be eligible for child care assistance. I must repay any money paid on my behalf to which I was not entitled.
- My rights and responsibilities have been explained, and I have received a written copy of these.

I certify that all of the information I have provided is true and correct. I understand that state or local officials may verify the information and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. I agree, by my signature, to pay any required co-payment or child care fees directly to my selected child care provider. I further certify that I have read the Applicant Rights and Responsibilities and that I fully understand and agree to the Reporting Requirements and Responsibilities.

Please print your name:

Signature of applicant or mark:	Date:
Representative or Witness (if signed by mark):	Date:
Child Care Worker signature:	Date:

Complete this section if this application was completed for the applicant by someone else.

Name of person completing application:	Date:
Phone number:	Relationship to applicant:

Provider Information:

Name of Child Care Provider (if selected): _____

Provider Address: _____ Provider Phone Number: _____

Name of Secondary ECC cardholder (if applicable): _____

NOTE: The Department of Social Services WILL NOT pay for any child care provided prior to your child care provider receiving written authorization from the Child Care Subsidy Program.

ECC Card:

If you have previously received Child Care services, do you or any additional cardholders need a new Child Care ECC Card to record your child's attendance? YES NO NOT APPLICABLE

CHECKLIST:

Have you completed **all** sections of this application?

Have you **signed** and **dated** this application?

To process your application, the local department of social services will need verification of where your family lives and information about your family's work and/or school schedules.

Have you attached a copy of a current lease; cable or satellite bill; electric, telephone, gas, water or trash bill; or letter from property manager to verify where you live?

Have you attached documentation of your child's immunization, such as a Virginia Department of Health form or physician's statement?

Have you attached copies of paystubs for the last **30 days**, or a letter from your employer on company letterhead that shows your gross pay and hours worked for the last 30 days? This information must also be provided of your spouse or your child's other parent if he or she resides in the home.

Have you attached verification/documentation of all income received within the last 30 days?

If you attend school or a training program, have you attached a copy of the schedule for the term during which you are applying for services? This information must also be provided of your spouse or your child's other parent if he or she resides in the home.

If you are self-employed, did you attach your most recent income tax forms or documentation of self-employment income?

If you are not sure of what documentation to send or need assistance in completing this application, please call your local department of social services.

Return this completed application to your local department of social services. Office locations and additional child care information can be found on our website at: www.dss.virginia.gov or www.childcareva.com.