



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County.

CHILD CARE ASSISTANCE AND REFERRAL (CCAR)

APPLICATION CHECKLIST

Please submit the completed documentation below as applicable*

General Application forms

CCAR Application Packet (*All sections signed and dated*)
Service Plan (*Reviewed with CCAR staff*)

Income Verification/Education for applicant and spouse/significant other

CCAR [Employment Verification Form](#) (*if working*)
Three current, consecutive pay stubs for client (*if working, - dated within last 30 days*)
Three current, consecutive pay stubs for spouse, significant other (*if applicable and – dated within last 30 days*) **or**
Letter from employer on company letterhead (*if recently started and no paystubs have been attained*) **or**
Official copy of current high school schedule **or**
Official copy of current college or training schedule.

Child's Citizenship/Legal Documentation

Birth Certificate **or**
Hospital Birth Letter **or**
Verification of Legal Presence in the United States (*for children 13 and under who need child care services. Examples include a current U.S. Passport or other legal document*)

Residency Verification (*Current - dated within last 30 days – example: cable, gas, electric, telephone bill – not a cell phone bill*)

Current utility bill in your name that has the date, your name and address pre-printed on it **or**
Letter from your landlord and a current copy of his/her current utility bill **or**
Letter, on letterhead, from the rental agent from the apartment complex

Identity Verification

Copy of Driver's License, voter registration, State issued ID, etc.

Make sure income verification/education includes work and/or training schedule (i.e., 9:00am-3:00p.m. M-F).

**Please note, additional documents may be requested. Approved hours of care are based on need. In a two-person household, care hours are authorized for the hours when schedules overlap.*

Apply for assistance

Online: www.commonhelp.virginia.gov
Download: Child Care Service Application and Redetermination form at:
www.fairfaxcounty.gov/OFC (Search: CCAR)

Submit application and verification documents

Email: OFCCCARinfo@fairfaxcounty.gov
Fax: 703-324-3917
Mail: Office for Children/CCAR
12011 Government Center Pkwy., 8th Floor
Fairfax, VA 22035

QUESTIONS? PLEASE CALL 703-449-8484



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.

KEEP THIS PAGE FOR YOUR RECORDS



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 NO | | | |
| Has the family been homeless for one or more days during the month of this application? YES NO | | | |
| Is the family currently residing in any type of shelter? YES NO | | | |
| 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 U.S. Mail Email | | | |
| <p>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.</p> <p>If you would you like to receive electronic correspondence/notices, please select your preferred method. Email Text</p> <p>* If selected, you must provide your email or cell phone number and the service provider in the space above.</p> | | | |
| Family Composition (Select One) | | Your Marital Status (Select One) | |
| Single Parent Family Two Parent Family Single Parent Guardian Two Parent Guardian | | Single Married Separated Divorced Widowed | |
| | | Your Educational Level (Select One) | |
| | | Less than High School Graduate High School Graduate GED Post Graduate (College) | |
| Your Race | | Your Ethnicity | |
| White African-American Asian American Indian/Alaskan Native Native Hawaiian or Pacific Islander | | Hispanic/Latino YES NO | |
| | | Language | |
| | | What is the primary language spoken in the home? | |
| | | English Spanish Cambodian Vietnamese Farsi Haitian-Creole | Laotian Chinese Korean Somali Kurdish Arabic |
| | | French German Japanese Other _____ | |

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? |
|------------|-----------|----------------|--------|-----------------------------|-------|------------------------------|---------------------------------------|
| | | | | | | | |
| | | | | | | YES NO | |
| | | | | | | YES NO | |
| | | | | | | YES NO | |
| | | | | | | YES NO | |
| | | | | | | YES NO | |
| | | | | | | YES NO | |
| | | | | | | YES NO | |
| | | | | | | YES NO | |
| | | | | | | YES 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 | Female Male | Female Male | Female Male | Female Male |
| Race | White African-American Asian American Indian/Alaskan Native Native Hawaiian or Pacific Islander | White African-American Asian American Indian/Alaskan Native Native Hawaiian or Pacific Islander | White African-American Asian American Indian/Alaskan Native Native Hawaiian or Pacific Islander | White African-American Asian American Indian/Alaskan Native Native Hawaiian or Pacific Islander |
| Ethnicity | Hispanic/Latino YES NO | Hispanic/Latino YES NO | Hispanic/Latino YES NO | Hispanic/Latino YES NO |
| Is the child a U.S. citizen? | YES NO | YES NO | YES NO | YES NO |
| If the child is not a U.S. citizen, are they a legal alien? | YES NO | YES NO | YES NO | YES NO |
| Does the child have a disability or special need? | YES NO | YES NO | YES NO | YES NO |
| Are the child's immunizations up-to-date? | YES NO | YES NO | YES NO | YES NO |
| Is the child currently enrolled in a Head Start program? | YES NO | YES NO | YES NO | YES NO |
| Does the child currently attend school? | YES NO | YES NO | YES NO | YES NO |
| Is child care needed all year? | YES NO | YES NO | YES NO | YES NO |
| Is child care needed for the school year only? | YES NO | YES NO | YES NO | YES NO |
| Is child care needed for school breaks and summer breaks only? | YES NO | YES NO | YES NO | YES 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) Employed Employed/Attending School/Training Attending School/Training Disabled | | | | | | | Employment/School/Training Status: (Check all that apply) Employed Employed/Attending School/Training Attending School/Training 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? No Yes, active duty US military Yes, National Guard/Military Reserve | | | | | | | Is this parent currently serving in the military? No Yes, active duty US military 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) | YES NO | | | Alimony | YES NO | | |
| Employment (Other household member) | YES NO | | | Child Support | YES NO | | |
| Self-employed | YES NO | | | Contract Income | YES NO | | |
| Housing Voucher or Cash Assistance | YES NO | | | Unemployment | YES NO | | |
| TANF | YES NO | | | Disability Income | YES NO | | |
| Social Security | YES NO | | | Worker's Compensation | YES NO | | |
| SSI or Other Federal Cash Benefits | YES NO | | | Farm Income | YES NO | | |
| Pensions | YES NO | | | Rental Income | YES NO | | |
| Other (specify) | YES NO | | | Other (specify) | YES 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? | YES NO | | |
| Does anyone receive a basic allowance for housing if you are military personnel? | YES NO | | |
| Does anyone receive a clothing maintenance allowance for military? | YES NO | | |
| Is your paycheck being garnished? | YES 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 receipt of Fee Program child care assistance is limited to 72 months.
- 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.

**CHILD CARE SUBSIDY PROGRAM
SERVICE PLAN**

| |
|------------------|
| CITY/COUNTY |
| DATE |
| CASE NUMBER |
| APPLICATION DATE |

CHILD CARE SERVICE PLAN
Effective Begin Date: [Click here to enter a date.](#)

Goals:

Self-Sufficiency Safety and Well-being of Children Other

Other (explain):

Where do you see yourself six months from now?

Where do you see yourself two years from now?

Where do you see yourself five years from now?

Objectives:

Maintain on-going employment Education/Training Protection/Prevention for children
Other

Other (explain):

CHILD CARE SERVICE PLAN

Needs Assessment/Activity Schedule:

Parent 1

Activity Schedule (enter total number of hours per day):

| Mon. | Tue. | Wed. | Thur. | Fri. | Sat. | Sun. | Hours per week |
|------|------|------|-------|------|------|------|----------------|
| | | | | | | | |

Comments:

Parent 2

Activity Schedule (enter total number of hours per day):

| Mon. | Tue. | Wed. | Thur. | Fri. | Sat. | Sun. | Hours per week |
|------|------|------|-------|------|------|------|----------------|
| | | | | | | | |

Comments:

Parent 3

Activity Schedule (enter total number of hours per day):

| Mon. | Tue. | Wed. | Thur. | Fri. | Sat. | Sun. | Hours per week |
|------|------|------|-------|------|------|------|----------------|
| | | | | | | | |

Comments:

What do you need to do to meet your employment and/or education goals?

What is your backup plan for child care?

CHILD CARE SERVICE PLAN

Local Department Responsibility:

Referral to Community Resources Consumer Education Quality Child Care Information
Provider Information Demonstration of VaECC Other Supportive Services
Authorize Child Care Services Referral to DCSE Other

Other (explain):

Parent Responsibility:

Report Changes in 10 days Comply with Local DSS Requests
Maintain Employment Satisfactory Progress Education/Training
Pay Required Fees (co-payment, amount above MRR) Other

Other (explain):

Type of Transportation:

Personal Vehicle Public Transportation Other:

Family Needs and Other In-State Benefits/Services:

List of other family needs:

List of other state benefits/services received:

Does the family receive child support? Yes No

Other (explain):

Client Signature: _____

Date: _____

Worker Signature: _____

Date: _____

Verification of Employment and Income

Reference# _____

Section 1: Employee Completes This Section

Employee Name: _____ Employee ID: _____ Employee Contact Number: _____
 Home Zip Code: _____

I authorize my employer to release information regarding my employment, salary, and schedule.

Employee Signature Date

Section 2: Employer/Payroll Completes This Section

1. Employee Start Date/ First Day of Work: _____
2. Employee Status: Full Time Part Time
 Average number of Hours Scheduled Per Week: _____
3. Frequency of Pay: Daily Weekly Bi-Weekly Semi-Monthly Monthly
4. Rate of Pay: \$ _____ Per: Hour Day Week Month
5. Employee's Work Schedule: Please check here if schedule varies

| Hours: Example 8-5 | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------------------|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | | |

6. Please Check All That Apply. Employee Receives:

| | | | |
|-------------------------------------|--|-----------------|------------------|
| Tips | Overtime | Retirement Fund | Health Insurance |
| Commissions/ Bonus | Credit Union | Profit Sharing | Life Insurance |
| Advanced Earned Income Credit (EIC) | WIOA, Title IV, or Title V Funded Position | | Other: |
| Contract Income | Contract Employment: | Start Date: | End Date: |

7. Provide verification of all pays received in the date range here: _____

If no date is listed, enter information from the last 45 days. (If this is a new employee show all pays received to date)

| Period Ending Date | Date Pay Received | Number of Hours Worked | Total Gross Pay (including overtime) | Overtime Pay | Amount EIC | Taxes | | Other Deductions |
|--------------------|-------------------|------------------------|--------------------------------------|--------------|------------|-------|----|------------------|
| | | | | | | YES | NO | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

8. How does the employee receive pay? Direct Deposit Paycheck Other _____
 Date next pay will be issued: _____

9. Employer EIN# (if available): _____

Company/Employer Name (Please Print) Person Completing the Form Title

Employer's Address City, State and Zip Employer's Phone Number

Signature Date Employer's Email

Child Care Assistance and Referral Program Verification of Contribution (Child Support)

*****This form must be completed in full to show the type and the amount of support your family is receiving from the absent parent. Support can be given in many ways, for example food, shelter, money and personal care items. Failure to complete this form entirely may result in delay of child care services. Thank you! *****

Client Name: _____

Have you filed with the Division of Child Support Enforcement (DCSE)? Yes No
Case Number _____

| Absent parent name: | Child name: | How often: | Amount: |
|---------------------|-------------|------------|---------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

*****In addition to the amount above are you receiving any of the following from the absent parent? Please do not include any SNAP/Food Stamps or TANF you might receive*****

Food: Yes No Estimated monthly amount \$ _____

Daily Needs: (Personal products, such as formula, diapers, clothing, etc.) Yes No
Estimated monthly amount \$ _____

Other financial support: (Such as alimony, car insurance, car payment or utilities being paid):
Do you receive the support as cash? Yes No
Total monthly amount received \$ _____

Does the absent parent pay for your rent/mortgage as part of your support? Yes No
Total monthly amount \$ _____

Are you paying Child Support on behalf of someone who does not live with you? Yes No
Total monthly amount paid \$ _____

I certify that to the best of my knowledge, the above information is true and correct. I agree that you may contact me if further verification is necessary.

Signature: _____ Date: _____

Phone Number: _____

Return to CCAR by Fax Number: 703-324-3917 or by e-mail: OFCCCARINFO@fairfaxcounty.gov

Attention: _____ TEAM: _____