

Child Care Assistance Application Instructions

- To be eligible, applicants must meet work and/or school requirements. Refer to the Frequently Asked Questions section for more information. In addition, you are required to enroll and cooperate with the Division of Child Support for any non-custodial parent of children under age 18 in the household.
- Read the application carefully and answer each question completely. If you need more room, attach an additional sheet of paper.
- If you need help completing or understanding the application, call (605) 773-4766 or toll-free 1-800-227-3020, or email CCS@state.sd.us.
- If you need help finding registered and licensed child care providers, visit www.dss.sd.gov/childcare and click on "Search for Child Care."
- Sign and date the application form.
- Mail, fax, or email your completed application to:

Child Care Services
700 Governors Dr
Pierre, SD 57501
Fax: (605) 773-7294
CCS@state.sd.us

Attach all of the following documentation:

- Copies of your last two pay stubs for each place of employment. If you have a new job, and haven't yet received two pay stubs, send a wage verification form completed by your employer. A wage verification form can be obtained by contacting your local DSS office or online at dss.sd.gov. If you are self-employed: a copy of your most recent tax return (and all schedules). You must be earning a wage equivalent to the Federal Minimum Wage for hours of work.
- If you are in school: copies of your official school or training schedule.

If this is your first time applying for Child Care Assistance for your child(ren) you may be asked to provide verification of your identity such as a photo ID and verification of your child(ren)'s citizenship, such as a birth certificate.

- If your children are not U.S. citizens, attach copies of immigration documents.

CHILD CARE ASSISTANCE APPLICATION

First Name (Parent or Guardian)	Middle	Last Name		
Mailing Address	City	State	Zip Code	County
Current Home Address (if different than mailing)	City	State	Zip Code	County
Home Telephone Number	Work Telephone Number			

HOUSEHOLD INFORMATION

List everyone who lives in your home, including roomers, boarders, friends and relatives. If you need more room, attach a separate sheet of paper listing the same information for each additional household member.

Acceptable codes under "Race" category are listed below (if you are of mixed race, please indicate all that apply):

W=White/Caucasian, A=Native American or Alaskan Native, B=Black or African American, H=Native Hawaiian or Pacific Islander, O=Asian.

Marital Status:

() Married () Separated () Divorced () Separated for work/school purposes () Single () Widowed

Name (Last, First, Initial)	Race (optional)	Hispanic or Latino? (yes or no)	Sex	Date of Birth	Social Security Number (optional)	Relationship
						SELF

Are the children for whom you are requesting assistance?

☐ US Citizens or

☐ Alien in Satisfactory Immigration Status *(Please submit copies of immigration documents for each child)*

**FEDERAL REGULATIONS GOVERNING THE USE OF CHILD CARE FUNDS REQUIRE
A RESPONSE TO THE FOLLOWING QUESTIONS:**

Is any household member Active duty U.S. Military? ☐ Yes ☐ No

If yes, please indicate who: _____

Is any household member in the National Guard or Military Reserve? ☐ Yes ☐ No

If yes, please indicate who: _____

Do you receive Supplemental Nutrition Assistance Program (SNAP) benefits? ☐ Yes ☐ No

Do you receive Federal rental assistance or live in subsidized housing? ☐ Yes ☐ No

If your current address is a temporary living arrangement, you may meet the definition of "homeless" according to the McKinney-Vento Act. See the Frequently Asked Question section on page 8 to help in answering the following questions:

Do you consider yourself homeless? ☐ Yes ☐ No

If yes, would you like a referral to services in your community? ☐ Yes ☐ No

Which language is the primary language spoken at home?

- ☐ English
- ☐ Spanish
- ☐ Native Central, South American, and Mexican languages (e.g., Mixteco, Quichean)
- ☐ Caribbean Languages (e.g., Haitian-Creole, Patois)
- ☐ Middle Eastern and South Asian languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)
- ☐ East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)
- ☐ Native North American/Alaska Native Languages
- ☐ Pacific Island Languages (e.g., Palauan, Fijian)
- ☐ European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)
- ☐ African Languages (e.g., Swahili, Wolof)
- ☐ Other (e.g., American Sign Language)
- ☐ Decline to respond

Do your family assets exceed \$1,000,000? ☐ Yes ☐ No

Would you like to Register to Vote?

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

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

If you do not check either box, you will be considered to have decided NOT to register to vote at this time. (Failure to check either box is deemed a declination to register for purposes of receiving assistance in registration but is not deemed a written declination to receive an application. If you do not check either box, you will be provided a voter registration form that you may complete at your convenience.)

If you register to vote, the information regarding the office to which the voter registration form was submitted will remain confidential and be used only for voter registration purposes. If you do not register to vote, this decision will remain confidential and be used only for voter registration purposes. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the South Dakota Secretary of State, 500 E Capitol, Pierre SD 57501, (605)773-3537.

EDUCATION or TRAINING

Do you need help paying for child care in order to go to school? ☐ Yes ☐ No

Include an official school schedule for each parent attending school

Student's Name	Place of Education or Training	Credit Hours	Starting Date	Ending Date	Contact Person	Phone Number

EMPLOYMENT INCOME

Do you need help paying for child care in order to work? ☐ Yes ☐ No

You must attach proof of income for all current employment for each parent in the home:

- *The two most recent pay stubs;*
- *A wage verification form if you have a new job and have not yet recieved two pay stubs;*
- *A complete copy of your most recent income tax return, including all schedules if you are self-employed.*

Please fill out the following information for each job. If you have more than three employers, please attach a separate sheet of paper listing the same information.

Employment #1

Place of Work: _____ Date Employment Began: _____ Phone: _____

What days of the week do you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

What times do you work? (example 8 am – 5 pm): _____ Total weekly hours worked: _____

Hourly wage or salary: _____ How often are you paid? (circle) Weekly Every 2 Weeks Twice a month Monthly

Employment #2

Place of Work: _____ Date Employment Began: _____ Phone: _____

What days of the week do you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

What times do you work? (example 8 am – 5 pm): _____ Total weekly hours worked: _____

Hourly wage or salary: _____ How often are you paid? (circle) Weekly Every 2 Weeks Twice a month Monthly

Employment #3

Place of Work: _____ Date Employment Began: _____ Phone: _____

What days of the week do you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

What times do you work? (example 8 am – 5 pm): _____ Total weekly hours worked: _____

Hourly wage or salary: \$_____ How often are you paid? (circle) Weekly Every 2 Weeks Twice a month Monthly

Employment #4

Place of Work: _____ Date Employment Began: _____ Phone: _____

What days of the week do you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

What times do you work? (example 8 am – 5 pm): _____ Total weekly hours worked: _____

Hourly wage or salary: \$_____ How often are you paid? (circle) Weekly Every 2 Weeks Twice a month Monthly

OTHER INCOME

Do you receive child support payments? ☐ Yes Monthly Amount: \$_____ ☐ No

If yes, do you receive child support through the SD Division of Child Support? ☐ Yes ☐ No

If no, you must provide verification of payments received for the six months prior to the date of this application.)

List any other sources of income you have, including: work-study, interest, pensions, retirement, Temporary Assistance For Needy Families (TANF), Social Security, Veteran's Benefits, periodic/lease income, boarder/roomer rent, workers compensation or unemployment.

Person with Income: _____ Type of Income: _____ Monthly Gross: \$_____

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Do you or anyone in your household make court ordered child support payments?

☐ Yes To whom? _____ Monthly amount: \$_____ ☐ No

If yes, is the payment made through the SD Division of Child Support?

☐ Yes ☐ No *(If no, provide proof of payment - a cancelled check or a receipt from the clerk of courts)*

CHILD CARE NEED

Fill out the following information for each child in child care. If you need more room, please attach a separate piece of paper listing the same information for each additional child.

Child's Name: _____ Is this child in school? ☐ Yes ☐ No

If yes, what hours? (example 8:00 – 3:15): _____ What days? (circle all that apply) Mon Tues Wed Thurs Fri

Is the child in a pre-school program run through the school district or a Head Start program? ☐ Yes ☐ No

If yes, please list the name of the program: _____ Contact Person: _____

Child's Name: _____ Is this child in school? ☐ Yes ☐ No

If yes, what hours? (example 8:00 – 3:15): _____ What days? (circle all that apply) Mon Tues Wed Thurs Fri

Is the child in a pre-school program run through the school district or a Head Start program? ☐ Yes ☐ No

If yes, please list the name of the program: _____ Contact Person: _____

Child's Name: _____ Is this child in school? ☐ Yes ☐ No

If yes, what hours? (example 8:00 – 3:15): _____ What days? (circle all that apply) Mon Tues Wed Thurs Fri

Is the child in a pre-school program run through the school district or a Head Start program? ☐ Yes ☐ No

If yes, please list the name of the program: _____ Contact Person: _____

Child's Name: _____ Is this child in school? ☐ Yes ☐ No

If yes, what hours? (example 8:00 – 3:15): _____ What days? (circle all that apply) Mon Tues Wed Thurs Fri

Is the child in a pre-school program run through the school district or a Head Start program? ☐ Yes ☐ No

If yes, please list the name of the program: _____ Contact Person: _____

CHILD CARE PROVIDER

If you choose an In-Home or Informal provider, payment cannot begin until the date your provider completes and submits required documentation to the office of Child Care Services. See the "Frequently Asked Questions" sheet for more information on required documents and for information about provider types. You may also call 1-800-227-3020.

If you have more than one child care provider, please fill out the information for each. If you need more room, please attach a separate sheet of paper listing the same information for each additional provider.

Provider #1 Name: _____ Provider Phone: _____

Provider address: _____ City: _____ Zip Code _____

Provider ID Number _____ Cost of care per child: \$ _____

Type of provider (circle): **Regulated** **In-Process** **In-Home** **Informal Care** **Relative (list relationship to child)** _____

Does this provider care for all your children? ☐ Yes ☐ No (if no, list those cared for): _____

What days and hours does this provider care for your children? _____

When did the provider begin caring for your children? _____

Provider #2 Name: _____ Provider Phone: _____

Provider address: _____ City: _____ Zip Code _____

Provider ID Number _____ Cost of care per child: \$ _____

Type of provider (circle): **Regulated** **In-Process** **In-Home** **Informal Care** **Relative (list relationship to child)** _____

Does this provider care for all your children? ☐ Yes ☐ No (if no, list those cared for): _____

What days and hours does this provider care for your children? _____

When did the provider begin caring for your children? _____

RIGHTS AND RESPONSIBILITIES

Please read each bullet and sign at the bottom of the page.

- I declare under the penalties of perjury that this application is true and correct.
- I understand that it is my responsibility to provide proof of income and other requested information needed to determine eligibility for this program and that failure to do so can result in my application being denied.
- I understand that if determined eligible, it is my responsibility to notify Child Care Services in writing within ten (10) days whenever I have a permanent change in employment or school status; a change in child care provider(s) or child care arrangements; an address change; or if my monthly gross household income exceeds the limit defined on the back of the child care certificate.
- I understand that I am responsible for payment of any child care expenses not covered by Child Care Services and that failure to pay may mean loss of my child care assistance.
- I understand that if I receive assistance to which I am not entitled as a result of providing false information, I must repay the cost of that assistance.
- I understand that I have the right to appeal any decision made by Child Care Services and that the request must be made within 30 days of my denial or benefit notice.

TO WHOM IT MAY CONCERN:

I hereby authorize any person, agency, or institution to supply information concerning myself or my family as requested by the Department of Social Services and to allow inspection and reproduction of records in their possession by any duly authorized representative of the Department of Social Services.

I further authorize the Department of Social Services to release such information to cooperating State or Federal agencies.

I herewith release any person, agency or institution from any and all liability to myself or to my family for supplying such information.

This authorization is given only in connection with its use by the Department of Social Services in administration of the Child Care Services program and for no other purpose.

Signature of Applicant	Date
Printed Signature	
Signature of Spouse/Parent to Applicant's Child/Guardian if in the home	Date

Mail or Fax Completed Application to:

**Child Care Services, Department of Social Services, 910 E Sioux Avenue, Pierre SD 57501-3940
Fax: (605) 773-7294**

Discrimination Prohibited: State and federal laws prohibit discrimination in all Department of Social Services' programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. To file a complaint of discrimination write: DSS Division of Legal Services, 700 Governors Drive, Pierre SD 57501-2291 or call: (605)773-3305.

Child Care Assistance Frequently Asked Questions

KEEP THIS SECTION FOR YOUR RECORDS

Who is eligible for child care assistance?

You may be eligible for child care assistance if you meet one of the following criteria:

- You are working at least 80 hours per month and are within the established income guidelines.
- You receive Temporary Assistance for Needy Families (TANF) and are in an approved work activity.
- You are a vocational/technical student in a program running two years or less and your school and work equal 80 hours per month.
- You are a college student who attends school a minimum of 80 hours per month or a combination of both work and school for a minimum of 80 hours per month.
- You are attending a college, university or technical institute a minimum of 12 semester credit hours.
- You are a high school or GED student.

For two-parent households, both parents must meet work or work/school requirements. In addition, you must have at least a 30-day need for child care. Child care assistance is not available for anyone pursuing education beyond a bachelor's degree.

Who can apply for child care assistance?

A child's parent, guardian or a person who is exercising parental control of the child can apply for assistance.

How much assistance I will receive?

Assistance is based on family size and gross income. Depending on your family income, you may be responsible for a co-payment. This co-payment will remain the same no matter how many children you have in care, the number of hours they are in care, or what your provider charges per hour.

How many hours may my child spend in child care each month?

210 hours per month is the maximum allowed per child. Monthly hours are calculated for each family based on work and school schedules and the need for child care. A certificate will be issued for the number of allowable hours per month. You are responsible for any child care costs that exceed the maximum number of allowable hours.

When will my assistance start?

Applications will be processed within 10 working days. If your application is received between the 1st and the 15th of the month, your eligibility for assistance will begin on the 1st. If your application is received between the 16th and the end of the month, your eligibility will begin on the 16th. Do not apply for assistance more than one month before your child care need begins.

How often do I need to reapply?

Review the expiration date of your certificate when you receive it. You may reapply 30 days prior to the expiration date of your current certificate. However, if you have a change in circumstances (permanent change in employment or school status, address change, a change in child care arrangements or if your income exceeds the dollar amount listed on the back of your approval certificate) you will need to notify your caseworker, in writing, within ten (10) days of the change.

How does CCS pay my child care bill?

Payments are made directly to the child care provider. Providers bill our office, using forms provided, either once or twice a month. Payments are NEVER made directly to parents.

What child care providers can I use?

It can be difficult to find an appropriate child care provider for your children. Therefore, several different types of provider types are allowed under CCS program guidelines. They include:

- **Regulated** – providers who are registered or licensed by CCS. These can include family day cares, and licensed child care programs.
- **In-Process** – providers who are in the process of becoming registered or licensed and who have submitted a signed application to the CCS licensing worker.
- **Relative** – an uncle, aunt, grandparent, great grandparent, or non-resident sibling to the child who is at least 18 years of age. Verification of the relationship between provider and the child(ren) in care is required.
- **In-Home** – a provider who comes into your home and provides care to only your children and who is at least 18 years of age.
- **Informal Care** – a provider who cares for only your children and who is at least 18 years of age.

In-home and Informal providers must meet various requirements in order for payment to begin. This includes completion of the provider forms, CPR certification including hands on testing, orientation training, and the Office of Licensing and Accreditation must have received the results of the background screenings. **Care provided prior to the date these requirements are met cannot be reimbursed by CCA.** Providers will also be required to complete a home inspection within a designated timeframe in order to remain eligible for payment to continue. If you choose a relative, in-home, or informal care provider, he/she will receive a packet with complete instructions. Your provider must complete and return the required forms before your application can be processed.

May I use more than one provider?

Yes. But every provider must meet the requirements of CCS as outlined above. You must identify how many hours your child will spend with each provider each month Please attach a sheet to your application, stating which children are at which provider and the days and hours they are there.

Why does CCS require cooperation with the Division of Child Support Enforcement for all children in the household?

Many children face poverty when adequate child support is not available. Therefore, you are required to enroll and cooperate with Child Support Enforcement in order to be considered eligible for child care assistance. This helps to ensure that all resources available to the family are fully utilized. For situations when cooperating with the Division of Child Support Enforcement is not in the best interest of the child or family, an exception can be made with appropriate documentation. You may contact CCS at 1-800-227-3020 for more information.

What if I have a child with special needs?

CCS does offer a higher reimbursement rate to child care providers who care for children with documented special needs up to age 19. The higher rate must be authorized by your CCS caseworker. Written documentation from a professional such as a physician, physician's assistant, nurse practitioner, psychologist, psychiatric social worker, special educator, physical therapist or occupational therapist is required to attest to the child's requirement for special accommodations. Your child care provider will be required to submit information as to the type of special accommodations he/she must make to provide care for your child.

A child who is under court supervision can also be considered "special needs". A copy of a court order requiring child care must be supplied to CCS.

How does the McKinney-Vento Act define homeless?

The term homeless means an individual who lacks a fixed, regular, and adequate nighttime residence; and includes individuals who:

- Share the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals or awaiting foster care placement;
- Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as regular sleeping accommodations for human beings;
- Live in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
- Are migratory and live in any of the circumstances as described above.