

DIVISION OF WELFARE AND SUPPORTIVE SERVICES

Child Care and Development Program

Application for Child Care Assistance

"Working for the Welfare of ALL Nevadans"

Who Can Apply

Anyone can apply for child care assistance for their child. No person will be discriminated against for any reason (such as race, age, color, religion, sex, disability, political belief, sexual orientation, or national origin) in any Division of Welfare and Supportive Services (DWSS) program. To file a complaint, please contact the Chief of the Child Care and Development Program (CCDP) located at 1470 College Parkway, Carson City, Nevada 89706. You can also file a complaint at any DWSS district office or child care office and your complaint will be forwarded to the Child Care Chief.

Eligibility

The following must be verified to see if you are eligible for Child Care Assistance.

- Proof of:
 - Citizenship for all children applying for child care;
 - Identification for all adult household members;
 - Nevada residency;
 - All income;
 - Relationship for all household members;
 - Custody;
- Purpose of Care – every required adult (and minor parent) must be in an approved activity, such as working, looking for work, going to school or training, participating in DWSS approved activities related to preparation for employment, or other activities authorized by the CCDP;
- Documentation for any child(ren) in your home who has a special need.

Social Security Numbers

You will be asked to provide Social Security Numbers (SSN) for all persons (including yourself) who are applying for assistance; SSNs are used to verify your income and resources and to conduct computer matching with other agencies. It is also used to gather workforce information, conduct investigations, recover overpaid benefits and to ensure duplicate benefits are not received. Providing or applying for a SSN is voluntary. You are not required to provide a social security number and your eligibility will not be denied due to the failure to provide a SSN for required household members. If you do not want to provide your social security number, please write "refused" in the social security number fields on the application. If you provide a social security number on the application, you must provide verification.

Selection of a Child Care Provider

You must also select a child care provider that meets the needs of your family. Parents are encouraged to work with the Child Care Resource and Referral and to visit more than one provider before making a decision. Your provider must meet the following:

- Must not be the natural or adoptive parent or guardian to the child, whether or not they live with the child;
- Must not live in the same house as the child;
- Must not have an active child care case for their own child(ren);
- Providers must be enrolled with the CCDP and in good standing;

Important Information – The CCDP may send information that requires you to respond. You should make arrangements for your mail if you are away from home so you can respond by the due date. If you do not respond by the due date and/or we lose contact with you, your case may be terminated.

Special Accommodations

This application is available in English and Spanish. Please contact us if you need a Spanish version or an interpreter.

Acomodaciones Especiales

Esta solicitud está disponible en inglés y español. Por favor comuníquese con nosotros si necesita una versión en español o un intérprete.

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FILL IN ALL BLANKS FOR EVERYONE WHO CURRENTLY LIVES IN THE HOME WITH YOU, WHETHER YOU CONSIDER THEM HOUSEHOLD MEMBERS OR NOT. *If you need additional space, please use a second application or separate piece of paper.*

PLEASE ENTER RACE/ETHNICITY/MARITAL STATUS CODES FOR EACH HOUSEHOLD MEMBER IN THE BOXES BELOW:

Ethnicity: **H** = Hispanic/Latino **N** = Non-Hispanic/Latino

Race: **A**–Asian; **B**–Black or African American; **I**–American Indian or Alaska Native; **N**–Native Hawaiian or Pacific Islander; **W**–White

Marital Status: **S**–Single; **M**–Married; **N**–Separated; **D**–Divorced; **W**–Widowed

ADULTS:

Legal Name	Relationship to You	S e x	Date of Birth:	State or Country of Birth	Social Security Number	Race	Ethnicity	Marital Status
	Self							

CHILDREN (Under the age of 18):

Legal Name	Relationship to You	S e x	Date of Birth	State or Country of Birth	US Citizen Y/N	Social Security Number	Race	Ethnicity	Need Child Care?
									<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
Home Address					City	State	Zip		
Mailing Address					City	State	Zip		
Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			E-Mail Address				

Please Answer the Following Questions About Your Household:

1. Is your Family Homeless (lack a fixed, regular, and adequate nighttime residence)? Yes No
If Yes, Please Explain: _____
2. Is any household member in the Military? Yes No
If Yes, Name: _____ Active Duty or Reserve? _____
3. Is any adult (or minor parent) in your household unable to work and/or attend a training program? Yes No
If Yes, Name: _____ Reason: _____
4. Do any of the children in the household have special needs? Yes No
If Yes, Name: _____ Reason: _____ Current IEP or IFSP for child? _____
Name: _____ Reason: _____ Current IEP or IFSP for child? _____
Name: _____ Reason: _____ Current IEP or IFSP for child? _____

5. Is any household member, including a minor child, temporarily out of the home? Yes No
If Yes, Name: _____ Reason: _____ Expected date of Return: _____

6. Is any household member pregnant? Yes No
If Yes, Name: _____ Anticipated Delivery Date: _____

7. Has any household member received TANF cash benefits? Yes No
If Yes, Name: _____ When: _____ Where: _____

8. Is anyone currently disqualified from any DWSS program for an intentional program violation (IPV)? Yes No
If Yes, Name: _____ Program: _____ Start Date: _____

9. Does your household have assets with a value over one million dollars (\$1,000,000)? Yes No
If Yes, Name: _____ Type of Asset: _____

10. Do you expect any other changes in the next six (6) months? Yes No
If Yes, Please Explain: _____

11. Is anyone paying all or part of your expenses (rent, utilities, child care, etc.) for you? Yes No
If Yes, who: _____ Amount paid: _____ How Often: _____
Are you expected to repay this money? Yes No

12. Are both parents of the children living in the home? Yes No

If No, Please Complete the Information Below About the Child(ren)'s Mother and/or Father that does not live with you.

Attach Additional Pages, if Necessary.

Child's Name	Name and Address of Parent not residing in the Household	Receive Child Support?	Amount	How Often	Received through which medium?
	Name: _____ Address: _____ Phone: ()	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
	Name: _____ Address: _____ Phone: ()	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
	Name: _____ Address: _____ Phone: ()	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement

INCOME/BENEFITS (OTHER THAN EMPLOYMENT INCOME): Please attach verification of income received in the previous 30 days

<input type="checkbox"/> 01– TANF	<input type="checkbox"/> 08– Worker's Compensation	<input type="checkbox"/> 15– WIC	<input type="checkbox"/> 22– Supplemental Security Income (SSI)
<input type="checkbox"/> 02– SNAP	<input type="checkbox"/> 9 – Temporary Disability Insurance	<input type="checkbox"/> 16 – Tips	<input type="checkbox"/> 23– Social Security Disability Benefits
<input type="checkbox"/> 03– Housing Assistance	<input type="checkbox"/> 10 – Educational Assistance/Pell Grants	<input type="checkbox"/> 17 – Dividends	<input type="checkbox"/> 24– Social Security Survivors Benefits
<input type="checkbox"/> 04– Foster Care Payments	<input type="checkbox"/> 11 – Unemployment	<input type="checkbox"/> 18 – Royalties	<input type="checkbox"/> 25– Social Security Retirement Benefits
<input type="checkbox"/> 05– Veteran's Benefits	<input type="checkbox"/> 12 – Contributions or Loans	<input type="checkbox"/> 19 – Interest	<input type="checkbox"/> 26– Pensions/Retirement Trusts
<input type="checkbox"/> 06– Lump Sum Payments	<input type="checkbox"/> 13 – Railroad Retirement	<input type="checkbox"/> 20 – Winnings	<input type="checkbox"/> 27 – Adoption Subsidies
<input type="checkbox"/> 07– Military Allotments	<input type="checkbox"/> 14 – Insurance Settlements	<input type="checkbox"/> 21 – Alimony	<input type="checkbox"/> 28 – Medicaid

Other: _____

Income Type #	Who Receives the Income	Amount	How Often	Income Type #	Who Receives the Income	Amount	How Often

EMPLOYMENT: Please list current employer **and** any employer each household member has worked for since your last application for child care assistance. This includes self-employment, in-kind activities and odd jobs.

Household Member	Start Date/End Date	Employer Name Address and Telephone Number	Average Weekly Hours	Rate of Pay	How Often Paid	Schedule/Shift
		<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p>			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Commission	Schedule: <input type="checkbox"/> Varies <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun From: To:
		<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p>			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Commission	Schedule: <input type="checkbox"/> Varies <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun From: To:

TRAINING/EDUCATION: If any of the adults in the household are students participating in a training program or attending school, please complete the following. In addition, please provide verification of your schedule.

Student Name	Training Site/School Name Address and Phone	Beginning Date	End Date	Schedule
	<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p>			
	<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p>			

CHILD'S SCHOOL INFORMATION:

Child's Name	Name of School	School Schedule/School Track	Current Grade Level

CHILD CARE PROVIDER:

Child or Children's Names	Provider Name Address and Phone Number
	<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p>
	<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p>

YOUR RIGHTS

Anyone who has been denied, terminated, or had benefits reduced will receive a notice and instructions for requesting a hearing if you do not agree with the action taken. You can request a hearing by writing your local child care office, Division of Welfare and Supportive Services (DWSS) district office or administration office. You can also request a hearing by signing and returning the Notice of Appeal you receive. You must request a hearing within 90 days of the notice date or within 14 days if you want continued benefits while your hearing is pending a decision.

If you request a hearing, you will be notified of the hearing date, time and location in writing ten (10) days prior to the scheduled hearing. You may be represented at a conference/hearing by anyone whom you have given written authorization. This written authorization must be given to the DWSS office before the conference/hearing. Please contact us if you need information on legal services that may be available to you at no cost.

If you disagree with your hearing decision, you can appeal your case to your local District Court of the State of Nevada.

AUTHORIZATION/RESPONSIBILITY

The Child Care and Development Program is funded by State and federal grants. Any information provided on this form can be investigated. Criminal prosecution and other penalties may be applied to you and/or other adult members of your household according to state and federal law. If you make a false or misleading statement, misrepresent, hide or withhold facts to get or keep child care assistance, your benefits may be reduced/denied/terminated. Additionally, you may not be eligible for future assistance, and you are responsible to pay back all monies, services and benefits for which you were not entitled. Information provided is strictly confidential and is used only to determine eligibility for childcare assistance.

By signing below, you authorize the Child Care and Development Program and/or the Division of Welfare and Supportive Services to make any investigation concerning you or other members of your household or your children's legal/putative parent(s) that is necessary to determine eligibility for child care assistance administered by the Child Care and Development Program.

By signing below, you authorize the release of information about your household members to the Child Care and Development Program including, wage information, information made confidential by law or otherwise, and patient information privileged under NRS 49.225 or any other provision of law or otherwise. You release the holder of such information from liability, if any, resulting from disclosure of the required information. A reproduced copy of this authorization legally constitutes an original copy.

By signing below, you acknowledge that you understand the questions on this application and the penalty for hiding or giving false information. In addition, you understand that if you make a false or misleading statement, hide or withhold facts to get or keep child care assistance, your benefits may be reduced, denied, or terminated and you may be disqualified from program participation, criminally prosecuted, or otherwise penalized according to state and federal law.

In addition, by signing below, you confirm that the provider(s) listed above reflect the choice made by you, the parent/caretaker, and you agree to indemnify and hold harmless the State of Nevada, the Child Care and Development Program, their officers, agents, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of, or in any way connected with the provider chosen by you.

I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability.

Signature or Mark of Applicant (Parent/Guardian)	Date	Signature or Mark of Spouse/Second Parent/Guardian of Child(ren)	Date
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**IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW,
WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?**

(Please check one)

YES NO

If you do not check either box, you will be considered to have decided not to register to vote at this time.

The **NATIONAL VOTER REGISTRATION ACT** provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

IMPORTANT NOTICE: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance you will be provided by this agency.

Signature

Date

CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential.

IF YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, Capitol Complex, Carson City, Nevada 89710.