IOWA | Health and Human Services

Child Care Assistance (CCA) Application

Tell us about yourself (person completing the application):

First Name:			Last Name:	
Street Address (required)	Apt. Number	City (required)	State (required)	Zip (required)
Email Address			Phone ( )	
Birth Date:			Social Security Number (Optional):	
Sex: ☐ Male ☐ Female		Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino		
Military Service: Are you currently: ☐ On active duty in the military ☐ A member of a National Guard or Military Reserve unit ☐ Not currently in the home due to being deployed			Are you a citizen? ☐ Yes ☐ No Alien Status:	
☐ My mailing address is the same as the above physical address. ☐ My mailing address is **different** from the above physical address. My mailing address is:				
Street Address (required)	Apt. Number	City (required)	State (required)	Zip (required)

Signature

I certify, under penalty of perjury, that:

- The answers I am about to give are correct and complete to the best of my knowledge.
- My answer about citizenship or alien status of each person applying for assistance is correct.

Signature (required)	Date

Tell us about any other parents/caretakers in the home

If there are no other parents/stepparents or caretakers in the home please skip this section and go to Family Information.

First Name:	Last Name:
Birth Date:	Social Security Number (Optional):
Sex: ☐ Male ☐ Female	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Military Service: Are you currently: ☐ On active duty in the military ☐ A member of a National Guard or Military Reserve unit ☐ Not currently in the home due to being deployed	Are you a citizen? ☐ Yes ☐ No Alien Status:

Family Information

Is either parent temporarily or permanently unable to work, attend training, or care for the children due to a medical condition? ☐ Yes ☐ No

Name of parent:_____

Do any of the following living arrangements apply to your family?
Do you live in a:
Motel, car or campsite? ☐ Yes ☐ No
Shelter or other temporary housing? ☐ Yes ☐ No
House or apartment, with friends or family members (shared housing)? ☐ Yes ☐ No

Tell us about all Children living in your home (If you have more household members than the space provided, please use another piece of paper and attach to the application).

Child 1

First Name:	Last Name:
What is your relationship to this child? ☐ Aunt/Uncle ☐ Foster Parent ☐ Grandparent ☐ Other Parent ☐ Parent/Stepparent	
Birth Date:	Social Security Number (Optional):
Sex: ☐ Male ☐ Female	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race: (You don't have to answer. Your answer will not affect your eligibility for child care.) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White	Is this person a citizen? ☐ Yes ☐ No Alien Status:

Does this child have special needs? ☐ Yes. (Please attach a statement from your doctor or the professional who made the diagnosis to verify special needs) ☐ No	If the child is not in school now, will they start school in the fall? ☐ Yes; answer the two questions below ☐ No; You do not need to answer the two questions below
What grade is the child starting? ☐ Head Start ☐ Kindergarten	What school will they attend?

Child 2

First Name:	Last Name:
What is your relationship to this child? ☐ Aunt/Uncle ☐ Foster Parent ☐ Grandparent ☐ Other Parent ☐ Parent/Stepparent	
Birth Date:	Social Security Number (Optional):
Sex: ☐ Male ☐ Female	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race: (You don't have to answer. Your answer will not affect your eligibility for child care.) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White	Is this person a citizen? ☐ Yes ☐ No Alien Status:

Does this child have special needs? ☐ Yes. (Please attach a statement from your doctor or the professional who made the diagnosis to verify special needs) ☐ No	If the child is not in school now, will they start school in the fall? ☐ Yes; answer the two questions below ☐ No; You do not need to answer the two questions below
What grade is the child starting? ☐ Head Start ☐ Kindergarten	What school will they attend?

Child 3

First Name:	Last Name:
What is your relationship to this child? ☐ Aunt/Uncle ☐ Foster Parent ☐ Grandparent ☐ Other Parent ☐ Parent/Stepparent	
Birth Date:	Social Security Number (Optional):
Sex: ☐ Male ☐ Female	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (You don't have to answer. Your answer will not affect your eligibility for child care.) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White	Is this person a citizen? ☐ Yes ☐ No Alien Status:

Does this child have special needs? ☐ Yes. (Please attach a statement from your doctor or the professional who made the diagnosis to verify special needs) ☐ No	If the child is not in school now, will they start school in the fall? ☐ Yes; answer the two questions below ☐ No; You do not need to answer the two questions below
What grade is the child starting? ☐ Head Start ☐ Kindergarten	What school will they attend?

Child 4

First Name:	Last Name:
What is your relationship to this child? ☐ Aunt/Uncle ☐ Foster Parent ☐ Grandparent ☐ Other Parent ☐ Parent/Stepparent	
Birth Date:	Social Security Number (Optional):
Sex: ☐ Male ☐ Female	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race: (You don't have to answer. Your answer will not affect your eligibility for child care.) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White	Is this person a citizen? ☐ Yes ☐ No Alien Status:

Does this child have special needs? ☐ Yes. (Please attach a statement from your doctor or the professional who made the diagnosis to verify special needs) ☐ No	If the child is not in school now, will they start school in the fall? ☐ Yes; answer the two questions below ☐ No; You do not need to answer the two questions below
What grade is the child starting? ☐ Head Start ☐ Kindergarten	What school will they attend?

Other family members in household

Name	Birthdate	Relationship to Applicant

Information about your child care needs (Parent 1)

Parent/Guardian Name:

Do you need child care while you work?

☐ Yes, please fill out information in the section called Employment Information
☐ No, you do not need to fill out the section called Employment Information

Employment Information

List the start and end times of the days you work. (If your schedule varies, give an example of your typical work week.)

	Start	End	Start	End
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Do your daily hours vary?
☐ Yes ☐ No

Do your work days vary?
☐ Yes ☐ No

How many hours do you work each week? _____ How many days do you work each week? ____

How many hours do you work each day? _____

If you work overnight hours, do you need child care to sleep?
☐ Yes ☐ No

Do you need child care while you attend school?
☐ Yes, please fill out information in the in the section called Parent School Information
☐ No, you do not need to fill out the section called Parent School Information

Parent School Information

Are you a full-time student?
☐ Yes ☐ No

Do you have a bachelor's degree?
☐ Yes ☐ No

Enrolled in graduate school?
☐ Yes ☐ No

School name: _____ Date school starts: _____

Do you need child care to look for a job?
☐ Yes, please fill out information in the section called Job Search Information
☐ No, you do not need to fill out the section called Job Search Information

Job Search Information

Date you will start your job search? _____ How many days will you search each week? _____

Information about your child care needs (Parent 2)

Co-Parent/Co-Guardian Name:

Do you need child care while you work?
☐ Yes, please fill out information in the section called Employment Information
☐ No, you do not need to fill out the section called Employment Information

Employment Information

List the start and end times of the days you work. (If your schedule varies, give an example of your typical work week.)

	Start	End	Start	End
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Saturday				

Do your daily hours vary?
☐ Yes ☐ No

Do your work days vary?
☐ Yes ☐ No

How many hours do you work each week? _____ How many days do you work each week? ____

How many hours do you work each day? _____

If you work overnight hours, do you need child care to sleep?
☐ Yes ☐ No

Do you need child care while you attend school?
☐ Yes, please fill out information in the in the section called Parent School Information
☐ No, you do not need to fill out the section called Parent School Information

Parent School Information

Are you a full-time student?
☐ Yes ☐ No

Do you have a bachelor's degree?
☐ Yes ☐ No

Enrolled in graduate school?
☐ Yes ☐ No

School name: _____ Date school starts: _____

Do you need child care to look for a job?
☐ Yes, please fill out information in the section called Job Search Information
☐ No, you do not need to fill out the section called Job Search Information

Job Search Information

Date you will start your job search? _____ How many days will you search each week? _____

Monthly Family Income

List your family income below. You must tell us about all money the people in your household get. If you leave a space blank, we will take that to mean there is no money of this kind. Please use an additional sheet of paper, if needed. If you are not the parent/step-parent of the child needing care, list only the child's income.

List all jobs the people in your household have.

Job 1

Person Working:	Employer Name and Phone Number
How much is this person paid per hour? _____	How often is this person paid? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Other (explain): _____ _____ _____
Does this person get tips? ☐ Yes; weekly amount: $_____ ☐ No	

Job 2

Person Working:	Employer Name and Phone Number
How much is this person paid per hour? _____	How often is this person paid? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Other (explain): _____ _____ _____
Does this person get tips? ☐ Yes; weekly amount: $_____ ☐ No	

Job 3

Person Working:	Employer Name and Phone Number
How much is this person paid per hour? _____	How often is this person paid? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Other (explain): _____ _____ _____
Does this person get tips? ☐ Yes; weekly amount: $_____ ☐ No	

Job 4

Person Working:	Employer Name and Phone Number
How much is this person paid per hour? _____	How often is this person paid? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Other (explain): _____ _____ _____
Does this person get tips? ☐ Yes; weekly amount: $_____ ☐ No	

Will the amount of money you reported from jobs stay about the same?
☐ Yes ☐ No

Explain: _____

Other regular income or ongoing financial support your household receives:

☐ Odd jobs Who gets the money? _____ How much per month _____	☐ Unemployment or Worker's Compensation Who gets the money? _____ How much per month _____
☐ Social Security or SSI Who gets the money? _____ How much per month _____	☐ Veterans Benefits, Pensions or Retirement Who gets the money? _____ How much per month _____

☐ Child Support or Alimony Who gets the money? _____ How much per month _____	☐ Money from Friends or Relatives Who gets the money? _____ How much per month _____
☐ Other (explain): Who gets the money? _____ How much per month _____	

Are you receiving SNAP, FIP, or medical assistance? ☐ Yes ☐ No

Resources (Assets)

Assets are things like homes, cars, campers, stocks and bonds, or cash.

Do you have over one million dollars ($1,000,000) in assets?
☐ Yes ☐ No

Child Care Provider Information

How long does it take for you to get from your child's provider to work or school? _____

Provider 1

Provider name:	Phone:
Street:	City:
State:	Zip:
Will this provider watch your children in your own home? ☐ Yes ☐ No	Is this provider a Head Start preschool program? ☐ Yes ☐ No

List the children who will be cared for by this provider:

Provider 2

Provider name:	Phone:
Street:	City:
State:	Zip:
Will this provider watch your children in your own home? ☐ Yes ☐ No	Is this provider a Head Start preschool program? ☐ Yes ☐ No

List the children who will be cared for by this provider:

Is Provider 2 a backup provider? (A backup provider only cares for your children when your usual provider is not available.)
☐ Yes ☐ No

Provider 3

Provider name:	Phone:
Street:	City:
State:	Zip:
Will this provider watch your children in your own home? ☐ Yes ☐ No	Is this provider a Head Start preschool program? ☐ Yes ☐ No

List the children who will be cared for by this provider:

Is Provider 3 a backup provider? (A backup provider only cares for your children when your usual provider is not available.)
☐ Yes ☐ No

Required Documentation

The following documents are needed to process your application

Employment:

For all jobs please send the following documents:

Send 30 days of pay stubs that show gross wages, and the number of hours worked, or other proof of income and hours worked for the last 30 days.

If applicable, for new jobs, send proof showing hire date, first pay date, hourly rate, and weekly number of hours worked.

If applicable, for jobs stopped, send proof of the last date employed.

If applicable, for proof of tips, send pay stubs showing tips, employer's statement, or your tip records.

School:

For all parents/caregivers attending school:

Attach a copy of your class schedule that includes enrollment dates and class times.

OPTIONAL Release of Information

Help Us Help You!

You do not have to sign this, but it will help us get information we need to help you, without having to get your signature on specific requests.

You should know that:

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may stop.
- We may be able to use the release below to get the information we need. **But you still have to provide information we request or ask us for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

Print and sign your name below to give us permission to get needed information.

Release of Information

I hereby authorize any person or organization to give the Iowa Department of Health and Human Services requested information about me or other members of my household.

A copy of this release is as valid as the original.

This release does not apply to protected health information.

This release is good for 12 months from the date signed.

_____	_____
Your Name (please print clearly)	Other Adult Name (please print clearly)
_____	_____
Signature or Mark	Signature or Mark
_____	
Date	

You Have the Right to Appeal

An appeal is a request for a hearing regarding a decision made by the Department. You can appeal in person, by telephone, or in writing for Child Care Assistance. To appeal in writing, you must do **one** of the following:

- Complete an appeal electronically at https://hhs.iowa.gov/programs/appeals, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.

Send or take your appeal to the **Appeals Bureau,** Division of Compliance and Administration, Iowa Health and Human Services, 321 E 12th Street, Des Moines, IA 50319. If you need help filing an appeal, ask your county HHS office. You can represent yourself. Or, you can have a friend, relative, lawyer, or someone else act on your behalf. You may contact your county HHS office about legal services. You may have to pay for these legal services. If you do, your payment will be based on your income. You may also call Iowa Legal Aid at (800) 532-1275. If you live in Polk County, call (515) 243-1193.

You Will Not Be Discriminated Against

It is the policy of the Iowa Department of Health and Human Services (HHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status.

If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Health and Human Services, Bureau of Human Resources, 321 E. 12th St., Des Moines, IA 50319-0114 or via email inclusion@hhs.iowa.gov

Things You Need to Know

Within 10 days of the date the change happens, you must tell HHS about changes, such as:

- Income, including a change in your hourly rate and when income starts or stops
- Work hours
- Mailing or living address
- Class schedule
- Someone moving in or out of the house
- Change in child care provider

We ask for social security numbers, but you don't have to provide them. Eligibility cannot be denied for failure to provide social security numbers. If provided, social security numbers may be used to verify income and need for assistance or for statistical purposes.

The Quality Control unit or Investigations unit may review your case. They may contact other people or organizations to get proof of your information. By signing this application, you give permission to release confidential information to the Quality Control unit or Investigations unit. You must cooperate with them to keep your benefits.

If you receive any Child Care Assistance benefits in error, you will have to pay back those benefits.