

Tell Us About the People in Your Home

If both parents/step-parents or caretakers are in the home, include information for both.

Parent/step-parent or caretaker name	Birth Date	Social Security Number (optional)	Phone ()
Parent/step-parent or caretaker name	Birth Date	Social Security Number (optional)	Phone ()
Street	City	State	Zip

If needed, when is the best time to call? _____

Please answer the following questions about yourself and the other parent or caretaker if they are in the home.

Are you, or the other parent in the home, on active duty in the military? Yes No

In a national guard or reserve unit? Yes No

If yes, who? _____

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?

House or apartment, with friends or family members (shared housing)?

List all children needing child care. If you need more space, please use another piece of paper and attach it to this.

Special Needs Yes/No	Name (First, Last)	Relationship to you	Birth Date	Social Security Number (optional)	Sex	Name of School District	Ethnicity	Race	Citizen Yes/No	If Alien, Status

We have to ask the ethnicity and race of each child, but you don't have to answer. Your answer will not affect your eligibility for child care. If you answer, use the following coding:

Ethnicity: (choose one) H = Hispanic or Latino N = Not Hispanic or Latino	Race: (choose all that apply) W = White B = Black or African American A = Asian	I = American Indian or Alaska Native N = Native Hawaiian or other Pacific Islander
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Will a child not in school start school in the fall? If yes, who? _____

If you have a child with special needs, attach a statement from your doctor or the professional who made the diagnosis to verify special needs.

List all other people living in your home.

Name	Relationship to you	Date of Birth

List anyone who is not in the home due to being deployed in the military: _____

List anyone in the home who is in or expecting to go to jail or prison: _____

Information About Your Child Care Needs
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<p>Parent/Guardian:</p> <p>Do you need child care while you work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List the start and end times of the days you work. <i>(If your schedule varies, give an example of your typical work week.)</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;">Start</th> <th style="width: 35%; text-align: center;">End</th> </tr> </thead> <tbody> <tr><td>Sunday</td><td>_____</td><td>_____</td></tr> <tr><td>Monday</td><td>_____</td><td>_____</td></tr> <tr><td>Tuesday</td><td>_____</td><td>_____</td></tr> <tr><td>Wednesday</td><td>_____</td><td>_____</td></tr> <tr><td>Thursday</td><td>_____</td><td>_____</td></tr> <tr><td>Friday</td><td>_____</td><td>_____</td></tr> <tr><td>Saturday</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Do your daily hours vary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do your work days vary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How many hours do you work each week?</p> <p>How many days do you work each week?</p> <p>How many hours do you work each day?</p>		Start	End	Sunday	_____	_____	Monday	_____	_____	Tuesday	_____	_____	Wednesday	_____	_____	Thursday	_____	_____	Friday	_____	_____	Saturday	_____	_____	<p>Parent/Guardian:</p> <p>Do you need child care while you work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List the start and end times of the days you work. <i>(If your schedule varies, give an example of your typical work week.)</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;">Start</th> <th style="width: 35%; text-align: center;">End</th> </tr> </thead> <tbody> <tr><td>Sunday</td><td>_____</td><td>_____</td></tr> <tr><td>Monday</td><td>_____</td><td>_____</td></tr> <tr><td>Tuesday</td><td>_____</td><td>_____</td></tr> <tr><td>Wednesday</td><td>_____</td><td>_____</td></tr> <tr><td>Thursday</td><td>_____</td><td>_____</td></tr> <tr><td>Friday</td><td>_____</td><td>_____</td></tr> <tr><td>Saturday</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Do your daily hours vary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do your work days vary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How many hours do you work each week?</p> <p>How many days do you work each week?</p> <p>How many hours do you work each day?</p>		Start	End	Sunday	_____	_____	Monday	_____	_____	Tuesday	_____	_____	Wednesday	_____	_____	Thursday	_____	_____	Friday	_____	_____	Saturday	_____	_____
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In order to determine your need for child care assistance, attach your pay stubs from the last 30 days or a letter from your employer stating your wage and hours.

Do you need child care while you attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need child care while you attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Enrolled in graduate school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in graduate school? <input type="checkbox"/> Yes <input type="checkbox"/> No
School name:	School name:
Date school starts:	Date school starts:
If you are a student, attach a copy of your class schedule.	
Do you need child care to look for a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need child care to look for a job? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date you will start your job search?	Date you will start your job search?
How many days will you search each week?	How many days will you search each week?

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

Monthly Family Income

Send proof – Send all pay stubs or proof of income for the last 30 days. For proof of tips, send pay stubs showing tips, employer's statement, or your tip records. For new jobs, send proof showing first pay date, hourly rate, and weekly number of hours. If job stopped, send proof of the date of the last pay.

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.

Who Works?	Employer Name and Phone Number?	How Much is this Person Paid Per Hour?	How Often is this Person Paid?	Does this Person Get Tips?
		\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Yes, Weekly amount \$ _____ <input type="checkbox"/> No

List all jobs the people in your household have.

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		\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Yes, Weekly amount \$ _____ <input type="checkbox"/> No

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

If no, explain _____

Has anyone been hired for a job but not received a paycheck yet? Yes No

If yes, who? _____ Employer Name? _____

What Other Money Do People in Your Household Get?	Who Gets the Money?	How Much Per Month?
Self-Employment or Odd Jobs		
Unemployment or Worker's Compensation		
Social Security or SSI		
Veterans Benefits, Pensions or Retirement		
Child Support or Alimony		
Money from Friends or Relatives		
Other: (Including irregular or one time payments) Explain:		

Will the amount of other money people in your household get stay about the same? Yes No

If no, explain _____

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 less than one million dollars in assets? Yes No

Child Care Provider Information

Provider 1 Name		Phone ()	
Street	City	State	Zip

Will this provider watch your children in your own home? Yes No

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

Provider 2 Name		Phone ()	
Street	City	State	Zip

Will this provider watch your children in your own home? Yes No

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

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

Provider 3 Name		Phone ()	
Street	City	State	Zip

Will this provider watch your children in your own home? Yes No

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

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

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	Date
Email address	

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/how-appeal>, 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 Department of Health and Human Services, Appeals Section, 321 E. 12th St., Des Moines, IA 50319-0114. 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, gender identity, 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@dhs.state.ia.us

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.

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