

Iowa Department of Human Services
Child Care Assistance Review

Date

Case Number

Worker Name

Worker Phone No.

Instructions

It is time to review your eligibility for Child Care. Please fill out this form and return it with the following information:

- Proof of your family’s gross income and work hours for the past 30 days.
- If you are attending school, a copy of your official school schedule.

If this information is not returned to the office listed above by your child care assistance will end on

If you have questions about this form or your review, please call the worker listed at the top of this form. **Please remember to sign this review form.**

Information About Your Family

List all the people who live in your home, including yourself.

Need child care? Yes/No	Special needs? Yes/No	Name (First, Last)	Relationship to you	Sex	Birth Date	Social Security Number (Optional)	Citizen Yes/No	If alien, status?	Name of School District
			Self						

Tell us if your mailing or living address changed from the address shown above:

Mailing Address			Living Address		
City	State	Zip	City	State	Zip
Phone Number			Other Phone Number		

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)?

Information About Your Child Care Needs

Parent/Guardian:	Parent/Guardian:																																																
Do you need child care while you work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need child care while you work? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																
List the start and end times of the days you work. (If your schedule varies, give an example of your typical work week.)	List the start and end times of the days you work. (If your schedule varies, give an example of your typical work week.)																																																
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Do your daily hours vary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do your daily hours vary? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																
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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: _____
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
When will your job search start?	When will your job search start?
How many days will you search each week?	How many days will you search each week?
Is either parent temporarily unable to work, attend training, or care for the children due to a medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of parent: _____	

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.

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?
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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? _____

Has anyone ended a job in the last 30 days? 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 Food Assistance, 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

Please tell us about your child care provider.

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: _____

If this is a new provider, tell us when you started using 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: _____

If this is a new provider, tell us when you started using 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: _____

If this is a new provider, tell us when you started using this provider: _____

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

Signature

Did you remember to attach your pay stubs and/or school schedule?

I certify, under penalty of perjury, that:

- The answers that 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	Phone Number	Today's Date
Email Address		

You Have the Right to Appeal

You, or the person helping you, may request an appeal hearing if you do not agree with any action taken on your case. For Food Assistance, you can appeal in person or by telephone. For all other programs, you must appeal in writing. To appeal in writing do **one** of the following:

- Fill out an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **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 DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS 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 DHS 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 Human Services (DHS) 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 DHS has discriminated against or harassed you, you can send a letter of complaint to: Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E Walnut, Des Moines IA 50319-0114 or via email contactdhs@dhs.state.ia.us

Things You Need to Know

Within 10 days of the date the change happens, you must tell DHS 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 your 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 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