



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# Pennsylvania Application for Subsidized Child Care

Child Care  
**WORKS**

If you want help in paying your child care costs, you must complete this application. This is an application for subsidized child care. This application is also available in Spanish. If you need help with reading and/or completing this application, please contact your local ELRC agency.

如果您需要钱用于托儿服务，您必须填写此申请。这是一个育儿补充应用程序。此应用程序也提供西班牙语。如果您需要帮助阅读或完成本申请，请联系您当地的ELRC组织。

បើលោកអ្នកត្រូវការជំនួយបង់ថ្លៃមើលកូន លោកអ្នកត្រូវតែបំពេញក្រដាសដាក់ពាក្យសុំនេះ។ នេះគឺជាក្រដាសដាក់ពាក្យសុំប្រាក់ជំនួយថ្លៃមើលកូន។ បើលោកអ្នកការជំនួយដើម្បីអាននិង ឬបំពេញក្រដាសដាក់ពាក្យសុំនេះ សូមទាក់ទងអង្គការ ELRC ដែលនៅតាមតំបន់លោកអ្នក។

Если вам требуется помощь в оплате детского сада для вашего ребенка, вы должны заполнить данную форму. Эта форма - заявление на субсидированное обслуживание вашего ребенка в детском саду. Если вам нужна помощь в чтении и/или заполнении данной формы, обращайтесь в бюро ELRC по месту жительства.

Nếu quý vị muốn được trợ cấp để trả chi phí trông nom sản sóc con em quý vị, quý vị cần điền chi tiết vào mẫu đơn này. Đây là mẫu đơn xin hưởng trợ cấp trông nom sản sóc trẻ em. Nếu quý vị cần trợ giúp để đọc/hay điền đơn này, xin liên hệ cơ quan ELRC nơi quý vị cư ngụ.

Si necesita ayuda para pagar los gastos de guardería de su hijo, complete este formulario. Es una solicitud para recibir cuidado infantil subvencionado. Si necesita ayuda para leer o completar esta solicitud, comuníquese con la oficina de ELRC de su localidad.

# Subsidized Child Care

The subsidized child care program helps low-income families pay their child care cost. You must live in Pennsylvania; apply in the county where you live and have a child or children who need child care while you are working or attending an education or training program.

By completing this application, the Early Learning Resource Center (ELRC) will be able to determine if you and your family are eligible to receive subsidized funding to help pay for your child care services.

You may submit your completed application by mail, fax or hand-deliver to the local ELRC. If you wish, you may complete a subsidized child care application on-line at [www.compass.state.pa.us](http://www.compass.state.pa.us).

**Note:** After you submit your completed application, you will be asked to show documents to verify your information. The ELRC will let you know the exact information/documents you need and the time period you will have to submit all required information.

## Here are some of the basic requirements:

<b>Residency</b>	Do I have to live in Pennsylvania?	YES
<b>Employment/Training or Education Program</b>	Do I have to work or train a certain number of hours per week?	YES - At least 20 hours per week, which can include 10 hours of work and 10 hours of training.
	I am a teen parent; do I have to be enrolled in school?	If you are a teen parent, you must be enrolled in school full-time.
<b>Income</b>	Are there income guidelines?	Yes - See the inserted chart.
<b>Cost</b>	Do I have to pay for child care services?	YES - The copay is based on your income and family size.

**Income Guidelines:** The Income Guidelines change every year based on the Federal Poverty Income Guidelines (FPIG). The inserted chart will show you the maximum amount of income by family size for subsidized child care. Some family expenses may be deductible.

If you are not sure you meet the income guidelines, please complete the application and we will let you know if you qualify.

**How to complete this application:** Please follow the instructions in each section and remember to sign and date the application affidavit on page 7 before you submit your application. **If you need help completing this application, please contact the ELRC.**

1

**Tell us about you:** Enter your first and last name, home address, telephone numbers and email address. Please check the box if you are experiencing homelessness, live in temporary housing, or in a shelter. If so, you can give us a location where we can send your information or you can pick it up from the ELRC.

**Proof of address** can be a lease, utility bill, a deed, a rental agreement, state photo ID, driver's license, voter's registration card, or mail that you have received showing your address.

**Benefits** Please check yes or no to answer the question if you receive benefits or have received benefits within the last six months such as TANF cash benefits, Supplemental Nutrition Assistance Program (SNAP) benefits, or housing assistance.

What is your first name?		What is your last name?		Middle initial:
What is your address?				Apt. number:
City:	State:	ZIP code:	On what date did you become a resident of PA?	
<input type="checkbox"/> <b>If you are experiencing homelessness</b> , live in a shelter, transitional housing, or share housing because you cannot afford your own housing, check this box.			How can we get information to you if you do not have a permanent address?	
What is the primary language spoken in your home?			What is your telephone number?	
What is the primary language you read in your home?			Cell: _____	
What language would you like to receive information in?			Home: _____	
What is your military status?			Work: _____	
<input type="checkbox"/> Non-veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> National Guard/Reserves			Where should we call you if we have any questions?	
What is your email address?			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
What is the best time to call you?				
<b>Benefits:</b>				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you currently receive TANF cash assistance?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you received TANF cash within the last six months?		
		If yes, where? <input type="checkbox"/> PA <input type="checkbox"/> Other state: _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you currently receive SNAP?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you receive Medical Assistance?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you receive CHIP?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you currently receive housing assistance?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you receive WIC?		

**2 List all members of your household and their relationship to you.** Enter the first and last name including the middle initial of all members of your household for whom you are responsible. Enter their date of birth, their sex M (male) or F (female). If you list your Social Security number (SSN), it will only be used to identify your case. What is the household member's relationship to you? Is this family member related to the second adult? Check the race and ethnicity of each family member; you may select all that apply. (Turn to page 10 to add more names.)

**Proof of family composition** can include a birth certificate, a custody order, a medical record or a written statement from a physician, or a school record. If you are a foster parent, you must submit a letter from the county Department of Human Service (DHS) or Children Youth and Families (CYF) that approves the foster child to be in care.

FIRST NAME, LAST NAME, MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YY)	SEX (M/F)	OPTIONAL SSN	HOW IS THIS PERSON RELATED TO YOU?	IS THIS PERSON RELATED TO THE SECOND ADULT?	ETHNICITY (CHECK ONLY ONE)
<b>You</b>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other						
<b>Spouse/Parent of child needing care</b>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other						
<b>Child</b>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other						
<b>Child</b>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other						
<b>Child</b>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other						
<b>Child</b>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other						
<b>Child</b>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other						

**3 Tell us about your children who need child care services.** List the name of your child or children living in your home who need child care or early learning services. (Turn to page 10 to add more children.)

Check the box **Yes** or **No** to answer if your child is a U.S. Citizen or in the United States lawfully and admitted for permanent residence. Check **all days** that you need child care services. The ELRC will discuss your child care schedule with you at your face-to-face meeting.

List name of child needing service:	Is the child a U.S. Citizen or in the U.S lawfully?	Check the days that your child needs child care services. The ELRC will discuss your child care schedule to make sure you receive the services you need.							
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday							
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday							
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday							
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday							
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday							

**Immunization Certificate:**

I certify that my child(ren) listed below has/have received their age appropriate immunizations (shots):

I certify that my child(ren) listed below does/do **NOT** have age appropriate immunizations (shots) because of:  Religious beliefs; or  A medical condition of the child.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Additional Information About Your Child:** Please check all boxes that may tell us about your child: If your child is learning English as a second language, transfers to different schools because the parent or guardian is a migrant worker, if there is an absent parent who may be incarcerated or deceased, or if the child was referred by a health/mental health service.

Yes  No Are any of the above children learning English as a second language?  
If yes, what is the child's name? \_\_\_\_\_

Yes  No Have any of the above children attended a Head Start or Early Head Start program?  
If yes, what is the child's name? \_\_\_\_\_

Yes  No Have any of the above children been referred to PA Pre-K Counts from another health or mental health agency?  
If yes, what is the child's name? \_\_\_\_\_

Yes  No Have any of the above children moved from one school district to another because their parent or guardian is a migrant worker?  
If yes, what is the child's name? \_\_\_\_\_

Yes  No If any of the above children have an absent parent, is the parent:  Deceased  In the military  Incarcerated (prison)  
 Not living in the same household  Whereabouts unknown  
If yes, what is the child's name? \_\_\_\_\_

**4 Employment/Education/Training:** Check Yes or No if you are employed or enrolled in an education or training program. Please check Yes or No if you need child care while you are working or while you are attending the education or training program. You must submit proof of the days and hours you are working or enrolled in an education or training program.

**Proof of employment/education or training** must include a letter or a form (see enclosed) that shows the name of your employer, school or training program. It should state your actual days and daily schedule (such as Monday - Friday 9 AM - 5 PM) and your total number of hours weekly. If you are employed, the form should also include how often you are paid: weekly, bi-weekly (26 pays), twice a month (24 pays), monthly or annually. The letter or form must be signed and dated by your employer or authorized school representative.

EMPLOYMENT	Is this person employed?	Is this person self-employed?	Place of employment or self-employment:	Does this person need child care while working?
Yourself	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse/Live-In Parent of Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
TRAINING	Is this person in a training program?	Place of training:		Does this person need child care while attending the training program?
Yourself	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse/Live-In Parent of Child	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATION - If you are a teen parent:**

Yes  No Are you enrolled in elementary, middle school, high school, or a GED program?  
 Yes  No Do you need child care while you are attending your education program?

5

**Income and Expenses:** Answer the question **Yes** or **No** if you or someone in your home receives income (**do not list the earned income of minor children**). Check all the boxes of income types that are received. If income you receive is not listed, write the source in Other. List the name, type of income, amount, and how often the income is received.

**Proof of income may include** pay stubs showing your gross earnings, an employer statement showing gross earnings and how often you are paid, a letter from the government agency for SSI or Social Security Benefits, unemployment compensation letter, child support or alimony letter showing the amount and how often it is paid and if you are self-employed, you may submit your tax returns for the previous year and all supporting documentation.

**Proof of expenses paid out** may include medical bills for the last three month period, a court-order for child support payments paid for a child not living with you or alimony payments.

Yes  No Does anyone in your home receive income? If Yes, check all that apply:

Wages       SSI       Rent       Unemployment compensation       Child support  
 Social Security       Room and Board       Workers Compensation       Spousal support       Commission  
 Alimony       Union pay       Interest       Other: \_\_\_\_\_

NAME OF PERSON WHO RECEIVES INCOME:	TYPE OF INCOME:	HOW OFTEN DO YOU RECEIVE INCOME?	HOW MUCH INCOME DO YOU RECEIVE?	DATE LAST RECEIVED:

Yes  No Do you or your spouse/live-in parent of the child needing care; have medical expenses that were not paid by insurance within the past 90 days, which will continue for the next six months? Proof of medical expenses may include doctor bills, hospital bills, dental bills, health care premiums, bills for medication, prosthetic devices, and/or bills for durable medical equipment.

Yes  No Do you or your spouse/live-in parent of the child needing care, pay child support or alimony to someone who does not live with you? If YES, attach proof of child support or alimony you are ordered to pay.

Yes  No **ASSETS:** Do you have assets over one-million dollars?

## Voter Registration Preference Question (Optional)

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes  No OR  I am already registered to vote where I live now.

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

**To register, you must:**

1. Be at least 18 on the day of the next election.
2. Be a citizen of the United States for at least one month PRIOR TO THE NEXT ELECTION;
3. Reside in Pennsylvania and the voting district at least 30 days prior to the next election.

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

If you would like help filling out the 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. Please contact the ELRC if you would like help. 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 Secretary of the Commonwealth, PA Department of State, Harrisburg, PA 17120. **(Toll-free telephone number 1-877-VOTESPA.)**

6

**Permission to Share:** Your information will be reviewed and a determination of subsidized eligibility will be made. However, if you are not eligible for subsidized child care, you may be eligible for another Pennsylvania early learning program such as Pre-K Counts, Head Start or Early Head Start.

**We are asking your permission to share your application with another Pennsylvania early learning program such as Pre-K Counts, Head Start or Early Head Start if you are not eligible for subsidized child care.**

By signing below, you are giving us permission to share your application and all documents you submitted with another early learning program that may meet the child care needs of you and your family.

**We will discuss this with you before sharing your information.**

Yes I give permission to the reviewer of this application to share my application and all documents I have submitted with one or more of the early learning programs to determine if I am eligible for their services.

I understand that my information will be reviewed again and that the program will contact me in writing or by telephone to inform me of my status or if I need to submit additional information.

No I do not give permission to the reviewer of this application to share my application with other early learning programs.

Parent/Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

7

**Release of Information:** By my signature below, I am giving the ELRC permission to contact reliable sources to verify information. This release is also permitting the ELRC to contact people on my behalf when they are unable to reach me.

I hereby authorize and request the disclosure to the Early Learning Resource Center (ELRC) to contact reliable sources for knowledge of information pertinent to verification of: identity; residence; employment; education and training activities; family size and composition; care and control of child(ren) residing with a grandparent, aunt or uncle; reasons for subsidy suspension; income; and any additional information pertinent to eligibility for the Subsidized Child Care Program for myself and/or those individuals on whose behalf subsidy benefits are paid. I understand that the information obtained will be used only for purposes directly related to the determination or eligibility for the Subsidized Child Care Program.

Parent/Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ELRC Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the event I cannot be reached, I give the ELRC permission to contact the person(s) identified below:

NAME	TELEPHONE NUMBER	RELATIONSHIP TO YOU

The above names shall remain active until I contact the ELRC to remove them from my list of alternate contact names.

8

**Affidavit:** An affidavit is a sworn statement of fact. By signing this affidavit, you are saying that the information you entered in this form is true. The affidavit is the legal way to swear that your statements are fact. The parent or person applying for the early learning program should sign and date this application. Your signature validates the information you entered into the form.

I affirm that I have read or have had this application read to me in full and that I have received a written copy of my Rights and Responsibilities form on page 8. All information I have given is true, correct and complete to the best of my ability, knowledge and belief. I understand that the information in this application will be used to determine my eligibility for subsidized child care and may be used for Pre-K Counts, Head Start or Early Head Start, if my permission is given. I understand that information contained in this application may be shared with other Department of Human Services programs and the Office of the Inspector General. Further, I understand that I can be penalized by fine or imprisonment or subsidized child care ineligibility for making false statements or for my failure to report a change that I am required to report. I understand that changes are listed on the subsidized child care Rights and Responsibilities form on page 8. I understand that if I receive child care for which I was not eligible, I will be required to pay back the cost of the subsidized child care I received during the period of time when I was ineligible.

Parent/Caretaker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Caretaker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ELRC USE ONLY**

PELICAN Record # \_\_\_\_\_

Meets subsidy requirements effective: \_\_\_\_\_ Applicant notified in writing.

Does not meet subsidy requirements effective: \_\_\_\_\_ Applicant notified in writing.

Reason for ineligibility: \_\_\_\_\_

ELRC Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Date and Time Stamp**  
Application received in ELRC office:



9

## Rights and Responsibilities: You have the right to be treated fairly and with respect.

Your rights and responsibilities will be reviewed and discussed with you in detail by a person from the ELRC.

### I understand that:

- The information in this form will be kept confidential.
- I may pick any **eligible** child care provider for my children. An eligible provider meets the requirements of the Subsidized Child Care Program and agrees to follow the Department of Human Services rules.
- I may need to pick another provider if my provider is not eligible to participate in the Subsidized Child Care Program.
- I will be told in writing when a change causes my family to lose help in paying for child care and that I may ask for hearing if I disagree with a decision that the ELRC has made.
- I must give the ELRC true and complete information and proof of information as requested.
- I must contact the ELRC **within ten days** following the date:
  - My family's gross monthly income exceeds income limits based on the flyer the ELRC provided me for reference;
  - The child no longer has a need for care or is no longer residing in the household.
  - A parent or caretaker in my family becomes an owner or director of a child care facility;
  - My family's assets are over \$1 million; or
  - I adopt my foster child.
- It is important that I contact the ELRC **immediately** if there is a change to:
  - My address;
  - My telephone number;
  - Who is providing child care for my child(ren); or
  - The number of days and hours my child needs care.

After the ELRC has determined you eligible for child care and funds are available to enroll your child(ren) in care, you need to know the following:

1. **You must pay a copayment to your provider every week.** The copayment is due to the provider on the first day of the week that your child(ren) attend(s). It is important that you pay your copayment on time. If you do not pay your copayment on time, you may lose the ELRC's help in paying for your child care.
2. Unless your child is ill, your child must attend the child care program on all the days that you told the ELRC he/she needed child care. If you need to make a change due to your work, education or training schedule, you must call the ELRC. You must report to the ELRC if your child will be absent for more than five days in a row. You could lose the ELRC's help in paying for your child care costs if your child has excessive, unexplained absences.
3. If your child is absent for more than 40 enrollment days between July 1 and June 30, you will be responsible to pay the provider the daily rate for each day of absence beginning with the 41st absence. **You must pay the provider's daily rate in addition to your weekly copayment.** For example, if your copayment is \$20/week and the daily rate is \$20, you must pay \$40 for the week that includes your child's 41st day of absence.
4. The ELRC will pay a child care center, family child care home or a group child care home **for up to 15 days when the facility is not open to care for your child.** The ELRC is unable to pay an alternate child care provider during these 15 days when your provider is not open to care for your child.
5. If the ELRC sends you a Notice of Adverse Action, it means there may be a change in your eligibility for subsidized child care. **If you do not understand what is written in the notice, you should contact the ELRC immediately.** If you disagree with a decision that the ELRC has made, you may ask for a hearing to review the decision. You must inform the ELRC that you do not agree with the decision by doing one of the following: (1) Fill out the bottom part of your notice or write a letter and then mail, fax or take the information to the ELRC; and (2) Call the ELRC to discuss the reason you do not agree with the decision and follow-up by putting your concerns in writing within seven days following the date of your telephone call with the ELRC. If you want the ELRC to continue to help pay for your child care during this process, you must mail, fax or take the bottom part of your notice or the letter that you wrote to the ELRC or call the ELRC on or before the date on the Notice of Adverse Action.
6. You may choose a new provider at any time. However, you must tell the ELRC and the ELRC must issue a new authorization before your child can begin child care with the new provider. The ELRC will authorize the transfer and continue to help pay for your child care after the transfer if: your family copayments are up-to-date **AND** you continue to be eligible for the ELRC's help in paying for your child care **AND** the new provider that you choose meets the requirements of the Subsidized Child Care Program. The new provider must also agree to follow the Department of Human Services rules. **If the ELRC does not authorize the transfer, you will be responsible for paying the total cost of child care at the new provider.**

Date discussed with parent/caretaker: \_\_\_\_\_ Initials of worker: \_\_\_\_\_

My signature below confirms that my Rights and Responsibilities were explained to me and that I have received a copy for my records:

Parent/Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

10

**Access to Other Services and Information:** By answering these questions, we will be able to send you information about other services you may need.

- Yes  No 1. Do you need help finding a quality child care program to meet the needs of your child and family? The ELRC can help you locate a quality child care program.
- Yes  No 2. Would you like information about Pre-K Counts? If you have a child between the ages of 3 and 4, you may be eligible for Pre-K Counts. You do not have to be employed to receive Pre-K Counts.
- Yes  No 3. Would you like information about Early Head Start or Head Start? If you are pregnant, have a child from birth up to 3 years old, you may be eligible for Early Head Start. If you have a child from 3 to 5 years old, you may be eligible for Head Start. You do not have to be employed to receive Head Start or Early Head Start.
- Yes  No 4. Does your child(ren) need health insurance? Pennsylvania's Children's Health Insurance Program (CHIP) provides health insurance to children and teens who are not eligible for or enrolled in Medical Assistance.
- Yes  No 5. Would you like information on Pennsylvania's supplemental food program for Women, Infants, and Children (WIC)? If you are pregnant, breastfeeding, not breastfeeding, or have an infant or children under age five, including foster children, you may meet the requirements to receive nutritional support from the WIC program.
- Yes  No 6. Do you need dental or vision care?
- Yes  No 7. Do you need health insurance?
- Yes  No 8. Would you like information about Pennsylvania's Home Visiting Programs? Home Visiting Programs provide resources and skills to help raise children who are physically, socially, and emotionally healthy and ready to learn. If you are: pregnant, an expectant father, a parent, a caregiver of children, or a member of a family that may be considered at-risk, you may be eligible.
- Yes  No 9. Would you like information about a child's developmental stages?
- Yes  No 10. Are you concerned about your child's development?
- Yes  No 11. Would you like information about high quality child care and Keystone STARS?
- Yes  No 12. Do you need help paying for food? (SNAP)
- Yes  No 13. Would you like information about free and reduced school meals?
- Yes  No 14. Do you need help paying for your heating, electric, or gas? The Low Income Home Energy Assistance Program (LIHEAP) helps low income families pay their heating bills. The payments would go directly to the utility company if you qualify.
- Yes  No 15. Do you need information about housing or rental assistance?
- Yes  No 16. Would you like to take classes to learn English as a second language (ESL)?
- Yes  No 17. Would you like to enroll in a program to get your high school equivalency diploma (GED)?
- Yes  No 18. Would you like to enroll in a job training program?
- Yes  No 19. Would you like information about the Earned Income Tax Credit (EITC)? You may be eligible for an EITC if you work and earn low to modest incomes. If you are eligible, you may pay less federal taxes, no taxes, or get a refund.

Continued from #2 on Page 3: Use this page to list additional children living with you.

FIRST NAME, LAST NAME, MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YY)	SEX (M/F)	OPTIONAL SSN	HOW IS THIS PERSON RELATED TO YOU?	IS THIS PERSON RELATED TO THE SECOND ADULT?	ETHNICITY (CHECK ONLY ONE)
<b>Child</b>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other						
<b>Child</b>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other						
<b>Child</b>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other						
<b>Child</b>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other						
<b>Child</b>						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other						

Continued from #3 on Page 3:

List name of child needing service:	Is the child a U.S. Citizen or in the U.S lawfully?	Check the days that your child needs child care services. The ELRC will discuss your child care schedule to make sure you receive the services you need.
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

**?** Did you answer all questions?

**?** Did you sign and date the Affidavit on Page 7?

**Remember: You can mail, hand-deliver,  
or fax this application to the ELRC.**

ELRC Region 7 ELRC Region 7  
In Partnership with STEP, Inc.  
Serving Lycoming, Clinton, and Tioga Counties  
2138 Lincoln Street  
Williamsport, PA 17701  
FAX- (570) 601-0318  
PHONE- (570) 327-5495  
TOLL FREE- 1-800-346-3020



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Employment Verification Form for:

Employee's Name: \_\_\_\_\_

First Name

Last Name

<b>Place of Employment:</b>	<b>Address of Employment:</b>	Employer's Telephone Number ( ) -
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I authorize the release of this information and give permission to the Early Learning Resource Center (ELRC) agency to verify all information contained in this form.

X \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature Date

**THIS SECTION MUST BE COMPLETED BY THE EMPLOYER**

Employer Identification Number (EIN):					
<b>EMPLOYEE INFORMATION:</b>					
Employee's Job Title:			Is the above-mentioned employee newly hired: <input type="checkbox"/> Yes <input type="checkbox"/> No		Employment Start Date: ____/____/____
<b>EMPLOYMENT INCOME:</b>					
HOURLY RATE: \$	AVERAGE DAILY TIPS: \$	GROSS PAY: \$	NEXT PAY DATE: ____/____/____	FREQUENCY OF PAY: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26 pays/year) <input type="checkbox"/> Twice a Month (24 pays/year) <input type="checkbox"/> Monthly	

THE EMPLOYEE:  Receives pay stubs  Does not receive pay stubs  Receives pay in CASH  Has access to pay information online via the following website: \_\_\_\_\_

**EMPLOYMENT SCHEDULE (Please indicate the days and hours the employee works and indicate whether the hours occur during A.M. or P.M)**  
**NOTE: If the schedule varies, please give a 4-week sample schedule.**

<b>WEEK ONE</b> Dates: from _____ to _____	<b>WEEK TWO</b> Dates: from _____ to _____	<b>WEEK THREE</b> Dates: from _____ to _____	<b>WEEK FOUR</b> Dates: from _____ to _____
Mon. from _____ A.M/P.M to _____ A.M/P.M	Mon. from _____ A.M/P.M to _____ A.M/P.M	Mon. from _____ A.M/P.M to _____ A.M/P.M	Mon. from _____ A.M/P.M to _____ A.M/P.M
Tues. from _____ A.M/P.M to _____ A.M/P.M	Tues. from _____ A.M/P.M to _____ A.M/P.M	Tues. from _____ A.M/P.M to _____ A.M/P.M	Tues. from _____ A.M/P.M to _____ A.M/P.M
Wed. from _____ A.M/P.M to _____ A.M/P.M	Wed. from _____ A.M/P.M to _____ A.M/P.M	Wed. from _____ A.M/P.M to _____ A.M/P.M	Wed. from _____ A.M/P.M to _____ A.M/P.M
Thur. from _____ A.M/P.M to _____ A.M/P.M	Thur. from _____ A.M/P.M to _____ A.M/P.M	Thur. from _____ A.M/P.M to _____ A.M/P.M	Thur. from _____ A.M/P.M to _____ A.M/P.M
Fri. from _____ A.M/P.M to _____ A.M/P.M	Fri. from _____ A.M/P.M to _____ A.M/P.M	Fri. from _____ A.M/P.M to _____ A.M/P.M	Fri. from _____ A.M/P.M to _____ A.M/P.M
Sat. from _____ A.M/P.M to _____ A.M/P.M	Sat. from _____ A.M/P.M to _____ A.M/P.M	Sat. from _____ A.M/P.M to _____ A.M/P.M	Sat. from _____ A.M/P.M to _____ A.M/P.M
Sun. from _____ A.M/P.M to _____ A.M/P.M	Sun. from _____ A.M/P.M to _____ A.M/P.M	Sun. from _____ A.M/P.M to _____ A.M/P.M	Sun. from _____ A.M/P.M to _____ A.M/P.M
TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____	TOTAL # HOURS/WEEK: _____

Effective Begin Date of Schedule change: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EXTENDED LEAVE**

Is the employee on extended leave (maternity, disability, etc.)?  Yes  No Effective begin date of extended leave: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date returned from extended leave: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TEMPORARY/SEASONAL EMPLOYMENT**

Is the employee considered to be a temporary hire?  Yes  No If the employee is considered a temporary hire, what is the last date of guaranteed employment? \_\_\_\_/\_\_\_\_/\_\_\_\_

If the employee is seasonal, please give: Last day of work before break: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected date of return following break: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that the information I am providing will be used to determine the above-named employee's eligibility for subsidized child care.

X \_\_\_\_\_ Date \_\_\_\_\_

Employer's Signature Date

Please Print your name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employee Verification Form

Dear Employer:

One of your employees has requested assistance paying his/her child care costs. We must verify his/her employment with you. This information will help us determine if this employee is eligible for the subsidized child care program. The form can be returned to the employee or mailed directly to the Early Learning Resource Center (ELRC) agency.

An authorized COMPANY REPRESENTATIVE (not the employee) must complete this form.

We must have an accurate record of your employee's work schedule. Please complete the information on the back of this page. It is very important that the hours shown are specific and defined as either A.M. or P.M. (For example, 7:30 a.m. – 3:30 p.m.). If the employee's schedule varies, please give a 4-week sample schedule. **You do not need to give a 4-week sample schedule unless the employee's schedule varies from week to week.**

Thank you for your time and assistance. If you have any questions about how to complete this form, please contact the ELRC listed below.

ELRC:

**ELRC Region 7  
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Williamsport, PA 17701  
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