



Tennessee Department of Human Services

Child Care Certificate Program

Parent Agreement for Child Care Payment Assistance

Tennessee Department of Human Services

Street Address

City/Zip Code

This Agreement form is intended to help you understand some very important rules, policies and/or conditions on receiving child care payment assistance. Please ask your Child Care Specialist/Client Rep to explain any items you do not fully understand in this Agreement. **Parents who do not follow these responsibilities may lose their child care payment assistance.** A copy of the signed Agreement will be given to you.

Please read each of the following statements and initial in the space provided to the right of each statement to indicate that you understand your rights and responsibilities.

Initial

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| I understand that I am required to provide any requested information from the TDHS Child Care Certificate Program and the Families First/TANF Program to complete all reviews and re-determinations. Failure to report on time will result in termination from receiving child care payment assistance under any Child Care program. | |
| I understand I am responsible for any notice that is sent to the wrong address due to my failure to report an address change to the Child Care Certificate and the Families First/TANF programs and I further understand I will be terminated from receiving payment assistance for missing a review or re-determination appointment. | |
| I understand that I must remain actively employed, enrolled, or active in a TDHS authorized activity for a minimum of thirty (30) hours per week to receive child care assistance. | |
| I understand that I may be responsible for payment of the difference between the State Reimbursement Rate and the rate the Child Care Professional charges parents who do not receive Child Care Certificate payments for child care assistance. | |
| I understand that I am responsible for payment of other Child Care Professional fees assessed such as late pickup charges, mat fees, field trips, activity fees, supply fees, application fees, and registration fees and any other fees as specified in my agreement with the chosen Child Care Professional. | |
| I acknowledge my options, choices, and information for selecting a Child Care Professional were explained fully. The Child Care Specialist/Client Rep explained she/he could not influence or steer me into choosing a Child Care Professional. | |
| I acknowledge that I have been provided with information on choosing Child Care and have been instructed on how to access Child Care Professional information on the Child Care Services website at: http://tn.gov/human_services/topic/child-care-services , which includes information on the child care locator, Star Quality, Safe Sleep, choosing quality care, Kidcentral and other helpful resources. | |
| I understand that I am allowed two (2) unquestioned Child Care Professional transfers per year. It is important to have continuity of care for the growth and the development of my children. I realize it is important for my child/ren to be in a positive, stable environment. After two (2) transfers subsequent transfer requests will be reviewed on a case by case basis prior to denial or approval. | |

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| <p>I understand that failure to comply with the Families First/TANF Personal Responsibility Plan can result in the termination of my child care payment assistance, (Applies to Families First/TANF participants only.)</p> | |
| <p>I understand my Teen Parent (TPACC), Transitional (TCC), Smart Steps, At-Risk Child Only (ARCO), and Diversion Program Child Care (DPCC) child care eligibility period is from: _____ to _____. I also understand that payments may stop prior to this end date and that no payment will be made after this end date. (Examples of reasons case may close before end date: (a) moving out of state, (b) income causes your case to be over income limits, and or failure to keep a redetermination appointment.)</p> | |
| <p>I understand that my weekly total parent co-pay fee is \$ _____ as of _____. <u>I understand that I am responsible for paying my TDHS-calculated parent co-pay fee directly to my Child Care Professional.</u> Failure to pay parent fees for two (2) weeks could result in loss of child care services and termination by the child care agency. (Note: Parent co-pay fees do not apply to Families First/TANF participants.)</p> | |
| <p>I understand I should pay any assigned parent co-pay fees in full before I transfer Child Care Professionals.</p> | |
| <p>I understand <u>I must report the following changes</u> to the Child Care Specialist/Client Rep within ten (10) calendar days or I may be terminated from the program:</p> <ul style="list-style-type: none"> • Changes in employment or the number of work hours • Changes in home address and home or work phone numbers • Changes in household size or marital status • Changes in household income • Any medical leave needed for maternity or major surgery • Any situations that would require my child to be absent more than five days | |
| <p>I understand I must notify my Child Care Professional when my child will be absent.</p> | |
| <p>I understand I must notify my Child Care Specialist/Client Rep before, but no later than, the day I plan to stop sending my child to my current Child Care Professional.</p> | |
| <p>I understand my child may be absent five (5) days during a calendar month due to an illness or family emergency. My Child Care Professional will receive payment for those five (5) days.</p> | |
| <p>If my child is absent more than the allowable days due to a serious illness, I understand I must submit a written statement with information authorized by me from my doctor to the Child Care Specialist/Client Rep. I must file this statement within thirty (30) calendar days of the end of my Child Care Professional’s pay period in order for my Child Care Professional to receive payment for those extra days. I understand that approval of information provided to State Office will be on a case by case basis. The Child Care Professional will be notified by State Office. I will receive notification of approval from the Child Care Professional.</p> | |
| <p>I may have another Child Care Professional care for my child(ren) if my regular Child Care Professional is closed; including the days my Child Care Professional is closed for state holidays. I must contact my Child Care Specialist/Client Rep at least three (3) calendar days prior to the need of the alternate child care to make the necessary arrangements.</p> | |

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| I may be allowed up to ninety (90) calendar days of child care payment assistance to find another job if I lose my present job or my work hours are reduced. I understand I must report any job loss or changes in work hours within ten (10) calendar days to the Child Care Specialist/Client Rep to receive this allowance. | |
| I understand I am financially responsible for payment of the full cost of child care charged by the Child Care Professional for any days I was not eligible for child care payment assistance. | |
| I have been advised that I may choose any Child Care Professional approved and enrolled in the TDHS Child Care Certificate Program. My options in types of Child Care Professionals have been explained to me. I have made this choice of a Child Care Professional of my own will. | |
| I also understand that should I choose a Child Care Professional that is not enrolled with the TDHS Child Care Certificate Program, that the potential Child Care Professional must enroll with the TDHS Child Care Certificate Program and meet all the requirements prior to the Child Care Professional receiving payment. I understand making this choice may cause a delay in receiving child care for my child/ren and that I may be responsible for any fees charged by the Child Care Professional prior to the date of the TDHS approval. | |

Confidential Information

All of the personal information we have collected regarding you and your family will remain confidential **except as may be required by law.** Your Child Care Specialist will only discuss your case file with other authorized agencies. No personal information will be given to any other agency or individual without written permission from you, **except as may be required by law.**

Fair Hearing Appeal Policy

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Hearing Officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice

If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other TDHS Child Care Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.

I declare that I do not have assets in excess of \$1,000,000.00

I have read the above statements and agree to follow them. I understand that failure to uphold my responsibilities in this agreement can result in loss of child care services and my termination from the program.

Parent's Signature

Sign Date

Second Parent's Signature (when applicable)

Sign Date

Parent's Address

Child Care Specialist/Client Rep.

Received Date