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|  | **Tennessee Department of Human Services**  **APPLICATION FOR CHILD CARE PAYMENT ASSISTANCE/SMART STEPS** |

# Please review the following information prior to applying for child care payment assistance through the Department of Human Services. Child Care Payment Assistance through the State of Tennessee is a family need, eligibility based program. Submit this completed application at your local TDHS County office (<https://www.tn.gov/content/tn/humanservices/for-families/child-care-services/child-care-assistance-office-locator.html>).

**\*\*Your application will be added to the online system and processed in the order it was received, along with other applications sent by customers, whether online or on paper.**

**\*\*Applications cannot be processed until all required documents have been submitted. Please submit your documents with this application.**

**\*\*If additional documents are required you will receive an email with steps on how to submit them. Failure to submit documents correctly, could result in the denial of your application and you may have to reapply.**

# Interpreter services [are](http://tfli.org/) available through the Tennessee Language Center at <https://tfli.org/>.

1. **In order to determine Child Care Payment Assistance Eligibility, the following verifications are required:**

Valid ID - At least one (1) of the following for each parent/guardian residing in the home:

* Driver’s License
* State issued ID
* Voter’s Registration Card (Tennessee)
* I-94 card
* Passport

**Verification of Current Residence** - At least (1) of the following must be in the parent/guardian’s name:

* Rent/ lease agreement
* Mortgage receipt
* Utility bill
* Other proof of address (If you are living with someone – please have that person write a signed and dated letter that will need to include their name, the address and phone number where that person can be reached.)

**Verification of Citizenship** - At least one (1) of the following for each child needing care:

* A birth certificate
* A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561)
* INS (immigration papers for people who were not born in the U.S.) and A Certificate of Naturalization (DHS Forms N-550 or N-570)
* Hospital, clinic, or doctor records showing place of birth
* A report or Certification of Birth Abroad of a U.S. citizen
* A U.S. Citizen ID card, adoption papers, or a military record
* A U.S. Passport

**Verification of Non-Parental Relationship:** (Please provide one of the following documents: Court Orders, Guardianship Papers, Kinship Care Agreements, or other documents.)

* To verify your non-parental relationship to the child requiring care (e.g., grandparent, aunt/uncle, foster parent, legal guardian).

**Verification of Income** – Provide one (1) of the following for each parent/guardian:

* All paychecks received in the last sixty (60) days
* For new employment (worked less than 60 days or returning to work from extended leave) employer signed and dated statement on company letterhead including: employee name, start date, date of first check, rate of pay, hours to be worked per week, and pay frequency
* For new employment (worked less than 60 days or returning to work from extended leave) [HS-3550 Proof of Income/Insurance form.](https://www.teamtn.gov/content/dam/teamtn/human-services/forms4/hs-3550.pdf)

**Verification of Self-Employment Income:** Provide one (1) of the following for each parent/guardian:

* If your business has been in operation more than one year, submit Tax Form 1040 Schedule C in addition to the hour’s attestation portion of the Self-Employment Reporting form and Verification Form HS-3177.
* If your business has been in operation less than a year but greater than 60-days, submit the Self-Employment Reporting form and Verification Form HS-3177.
* If your business has been in operation for less than 60-days, submit the predicted hours and income attestation portion of the Self-Employment Reporting form and Verification Form HS-3177.

**Verification of Child Support** - (This only applies if you pay child support)

* Court Order
* Payment Records

**Verification of Attendance and Enrollment in an Education Program, Including Online Schools** - (This only applies if the applicant attends school)

* Please provide your current semester's schedule showing your name/school's name, current classes/dates attending, and credits for each class. You may also provide a statement on the school's letterhead verifying if you are a full or part-time student, dates starting, and an ending/anticipated graduation date. This statement must be signed/dated by the school's representative completing it.

1. **Social Security numbers are not required to submit an application for child care payment assistance. However, this information may be requested when determining eligibility.**
2. **Child with Disability as defined by Office of Child Care Administration**

“Child with a disability” includes:

* 1. A child with a disability, as defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401);
  2. A child who is eligible for early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.);
  3. Child who is less than 13 years of age and who is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); and
  4. A child with a disability, as defined by the State.
* Verification of Disability may be provided by one of the following: Child approved for SSI: Social Security Disability; Documentation Statement or Assessment from medical professional; Statement from mental health professional, counselor, or therapist; IEP: Individual Education Plan

1. **Homeless - as defined by Office of Child Care Administration** “homeless children and youths”—
2. Means individuals who lack a fixed, regular, and adequate nighttime residence; and
3. Includes —
4. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.
5. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
6. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
7. migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

* Verification of Homelessness may include one of the following: Signed and Dated statement from shelter or facility; Signed and Dated statement from friend and/or family member; Current Receipts from Hotel and/or Motels.

# Military - as defined by Office of Child Care Administration

The Administration has taken a number of actions to increase services and supports for members of the military and their families. We are proposing to add a new data element to the ACF-801 to determine the family’s status related to military service. This element will identify if the parent is currently active duty (i.e. serving full-time) in the U.S. Military or a member of either a National Guard unit or a Military Reserve unit. This data will allow States and Office of Child Care (OCC) to determine the extent to which military families are accessing the Child Care and Development Fund (CCDF) program.

* Verification of Military Status may include one of the following: DD2-14 Document or Military Identification

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**Applications are not complete until all required verifications listed on the previous page are provided.**

**Check here ONLY if you need assistance providing verifications.**

**Primary Language (Check One)**

|  |  |  |  |
| --- | --- | --- | --- |
| 01 English | 02 Spanish | 03 Native, Central, South American, and Mexican | 04 Caribbean Language |
| 05 Middle Eastern and South Asian Languages | 06 East Asian Languages | 07 Native North American/Alaska Native Languages | 08 Pacific Island Languages |
| 09 European and Slavic Languages | 10 African Languages | 11 Other | 12 Unspecified |

|  |  |
| --- | --- |
| **Hours of care needed:** | Traditional hours from        am  pm to        am  pm |
|  | Non-Traditional Hours from        am  pm to        am  pm |

Applicant’s Name: Last:      First:       Middle Initial:

**(Please Print)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SS#:      -     - | | Marital Status: (Check One) | | | |
|  |  | Single | Married | Separated | Widowed |
|  |  | Sex: | Male | Female |  |
|  |  | Race: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| DOB:      /     / | |  |  | |  |

Military Service

|  |  |  |
| --- | --- | --- |
| Active: | Yes  No | Date of Service:      /     / |
|  |  |  |
| Active Reserve: | Yes  No | Location/Duty: |

**Spouse/Other Parent/Partner Name (if living in the home)**:

Last:      First:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial:

(**Please Print)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SS#:      -     - | | Marital Status: (Check One) | | | |
|  |  | Single | Married | Separated | Widowed |
|  |  | Sex: | Male | Female |  |
|  |  | Race: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| DOB:      /     / | |  |  | |  |

Military Service

|  |  |  |
| --- | --- | --- |
| Active: | Yes  No | Date of Service:      /     / |
|  |  |  |
| Active Reserve: | Yes  No | Location/Duty: |

**If homeless \*(Definition on page 3) Check here**

Address:

|  |  |  |
| --- | --- | --- |
| Street Address: | | Apt# |
| City: | State:      \_\_\_\_\_\_\_\_\_\_\_\_ Zip:      \_\_\_\_\_\_\_\_\_ County:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Email Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The preferred contact method is Email. | Home Phone:      -     - | Cell:      -     - |
| Alternate Contact Name:       Alternate Contact Phone:      -     - | | |  |

# Children Needing Child Care:

Were all children needing care born in Tennessee? Yes  No

**Name of child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | Date of Birth | Sex | Relationship |
| /     / | M  F |  |
| Race | SSN (optional)       /     / | Does child have a disability? (Definition on Page 2 & 3)  Yes  No | | |
| Last Name | First Name | Date of Birth | Sex | Relationship |
| /     / | M  F |  |
| Race | SSN (optional)       /     / | Does child have a disability? (Definition on Page 2 & 3)  Yes  No | | |
| Last Name | First Name | Date of Birth | Sex | Relationship |
| /     / | M  F |  |
| Race | SSN (optional)       /     / | Does child have a disability? (Definition on Page 2 & 3)  Yes  No | | |
| Last Name | First Name | Date of Birth | Sex | Relationship |
| /     / | M  F |  |
| Race | SSN (optional)       /     / | Does child have a disability? (Definition on Page 2 & 3)  Yes  No | | |
| Last Name | First Name | Date of Birth | Sex | Relationship |
| /     / | M  F |  |
| Race | SSN (optional)       /     / | Does child have a disability? (Definition on Page 2 & 3)  Yes  No | | |

**Other family members including children NOT needing Child Care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name | First Name | MI | Relationship | DOB | SSN |
|  |  |  |  | /     / | -     - |
|  |  |  |  | /     / | -     - |
|  |  |  |  | /     / | -     - |

**Applicant Employment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | | | | | |
| Employer Name: | | | | | |
| Address: | | | | Work Number      -     - | |
| Pay Frequency: (Check One) | Weekly | Every Two Weeks | Twice Monthly | | Monthly |
| Hourly Wage: $      Hours per Week: | | | | | |
| Start Date\_\_\_\_\_\_\_ End Date (if applicable):\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 2. | | | | | |
| Employer Name: | | | | | |
| Address: | | | | Work Number      -     - | |
| Pay Frequency: (Check One) | Weekly | Every Two Weeks | Twice Monthly | | Monthly |
| Hourly Wage: $      Hours per Week:  Start Date\_\_\_\_\_\_\_ End Date (if applicable):\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**Spouse/Other Parent/Partner Employment (if living in the home)**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | | | | | |
| Employer Name: | | | | | |
| Address: | | | | Work Number      -     - | |
| Pay Frequency: (Check One) | Weekly | Every Two Weeks | Twice Monthly | | Monthly |
| Hourly Wage: $      Hours per Week: | | | | | |
| Start Date\_\_\_\_\_\_\_ End Date (if applicable):\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 2. | | | | | |
| Employer Name: | | | | | |
| Address: | | | | Work Number      -     - | |
| Pay Frequency: (Check One) | Weekly | Every Two Weeks | Twice Monthly | | Monthly |
| Hourly Wage: $      Hours per Week: | | | | | |
| Start Date\_\_\_\_\_\_\_ End Date (if applicable):\_\_\_\_\_\_\_\_\_\_ | | | | | |

**Education:**

|  |  |
| --- | --- |
| Applicant | Presently Attending?  Yes  No |
| (Check One) | If yes, Where Attending: \_\_\_\_ |
| High School | Credit Hours: |
| College/University | If not currently attending, Degree/Certification Earned:     \_\_\_\_ |
| Technical School |  |
| Other |  |
|  |  |
| **Spouse/Other Parent/Partner**  **(if living in the home)** | Presently Attending?  Yes  No |
| (Check One) | If yes, Where Attending:       \_\_\_\_ |
| High School | Credit Hours: |
| College/University | If not currently attending, Degree/Certification Earned:      \_\_ |
| Technical School |  |
| Other |  |

**Do you pay child support? Yes No**

**If yes, what is monthly amount? \_\_\_\_\_\_**

**\***Books from Birth (Imagination Library): I understand by applying for child care payment assistance I am authorizing the Tennessee Department of Human Services to enroll my age eligible child(ren) (birth to age 5) in the Books from Birth program. I further understand upon enrollment my child(ren) will receive an age appropriate free book each month via mail until my child reaches age 5. I consent to share my information with Books from Birth Foundation staff and their partners for the purpose of enrolling my child in the Books from Birth program.

**\*\*CLIENT DECLARATION: I certify that the above information is true and correct. I understand that I have the right to appeal. I further understand that if I willfully without any information or willfully give false information or misrepresent the circumstances of anyone for whom services are requested and thereby receive services to which I am not entitled to I will be subject to criminal prosecution under the issue of the State of Tennessee. I declare that I do not have assets in excess of $1,000,000.00. I declare that I do not have assets in excess of $1,000,000.00****.**

**I attest that all relationships of family members including but not limited to minor siblings to the children needing care child care, marriage, and emancipation are true and correct.**

**RELEASE OF INFORMATION: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get Child Care Payment Assistance. I am also saying that I have read and understand the Statement of Understanding.**

**PERMISSION TO CONTACT ME:**

**I agree that TDHS may contact me by U.S. Mail, Email, and by phone at the address and numbers indicated on my application, and leave messages when I am unavailable, as necessary to provide information about my application for assistance/services or the assistance/ services that I am already receiving.**

**Signature of Client or Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship of Representative to Client:**

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

Rights and Responsibilities

Please review the following important rules, policies and/or conditions that will apply to Tennessee Department of Human Services (TDHS) Child Care Certificate Program/Child Care Payment Assistance customers.

1. You are responsible for any notice that is sent to the wrong address due to failure to report an address change to the Child Care Certificate Program.
2. All child care providers have policies in place for all families who enroll children with their program. You are responsible for following those policies.
3. A TDHS Child Care Specialist will assist you with understanding your options, choices, and information for selecting a child care provider but will not influence your choice. You may choose any child care provider approved and enrolled in the TDHS Child Care Certificate Program. If you choose a child care provider that is not enrolled with the TDHS Child Care Certificate Program, that potential child care provider must enroll with the TDHS Child Care Certificate Program and meet all the requirements prior to the child care provider receiving payment. Making this this choice may cause a delay in receiving child care for your child/ren and you may be responsible for any fees charged by the child care provider prior to the date of the TDHS approval.
4. You may access child care provider information on the Child Care Services website at:

[**https://www.tn.gov/humanservices/for-families/child-care-services.html**](https://www.tn.gov/humanservices/for-families/child-care-services.html)**,** which includesinformation on the child care locator, Quality Rating & Improvement System (QRIS), Safe Sleep, choosing quality care, developmental screenings, Kidcentral tn, and other helpful consumer education resources.

1. You are allowed one (1) unquestioned child care provider transfer per year. It is important to have continuity of care for the growth and the development of your child/ren. It is important for your child/ren to be in a positive, stable, safe, healthy, and developmentally rich environment. Therefore, after one (1) transfer, subsequent transfer requests will be reviewed on a case-by-case basis prior to denial or approval.
2. TDHS will pay your child care provider reasonable registration fees for each eligible child including an initial enrollment and annual thereafter, if applicable. You are allowed one transfer during the eligibility period if necessary and the registration fee will be paid for that transfer only. You are responsible for any other registration fees resulting for a transfer even when good cause exists. You should pay any assigned parent co-pay fees in full before you transfer child care providers as failure to pay any outstanding fees owed may result in collection efforts by the child care provider.
3. You must notify your child care provider when your child will absent. You remain responsible to pay any parent co-pay and cost difference, if applicable, during your child’s absence.
4. You must notify the Child Care Certificate Program before, but no later than, the day you plan to stop sending your child to your current child care provider.
5. Your child’s enrollment may be terminated with the chosen child care provider after twenty (20) consecutive absences. If your child has a serious illness that requires the absence to exceed twenty (20) consecutive days, you must contact the Child Care Certificate Program.
6. You may have another child care provider care for your child(ren) if your regular child care provider is closed; including the days your child care provider is closed for state holidays. You must contact the Child Care Certificate Program at least three (3) calendar days prior to the need of the alternate child care to make the necessary arrangements.
7. You are financially responsible for payment of the full cost of child care charged by the child care provider for any days you are not eligible for child care payment assistance.
8. Should you have any concerns specific to health and safety practices of your child care provider, you may report those concerns to the Child Care Hotline by calling: 1-800-462-8261.

**Non-Discrimination**

TDHS is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CPAFB To file a program complaint of discrimination, complete the USDA Program.

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: <http://www.fns.usda.gov/snap/contact_info/hotlines.htm>.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).  
This institution is an equal opportunity provider.

You may also write Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

**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 Fair 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 payment 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 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.**