



CCEH Children in Shelters Child Care Assistance Fund APPLICATION FORM

Date: _____

Name of Parent(s): _____

Agency Name _____

Agency is a: Emergency Shelter CT-Rapid Re-housing Program

Family Information:

Current Address: _____

Phone _____ Alternate Phone (work, cell, etc.) _____

HMIS ID# _____ Date of CAN Intake _____

Family Source(s) Of Income:

Full-time job Part-time job TANF Child Support
 SSI/SSD Unemployment /Worker's compensation
 Other (please specify) _____ No income

Total Monthly Income _____

Children in need of childcare:

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Child(ren) with special needs? Yes No
Please indicate which child and their special need:

Care 4 Kids application: required if parent is working. Shelter/Rapid Re-housing Provider is required to maintain a copy of the Care 4 Kids application in client file. If parent is not working, indicate Not Applicable.

Care 4 Kids Application submission date _____ Approval Date _____

Childcare Provider Information:

Name of Child Care Provider _____

Contact Person: _____ Phone number _____

Email: _____

Expected Dates of Childcare Assistance Coverage **(not to exceed 8 weeks):**

Start Date _____ End Date _____

Has all provider and parent information been verified by shelter or Rapid Re-housing staff?
____ Yes ____ No

Have parent, childcare provider and shelter/Rapid Re-housing staff signed agreement?
____ Yes ____ No

Weekly Charge per Child: _____

Shelter/Rapid Re-housing Staff Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Program Agreement

Agreement: Parent

By signing this agreement, I understand that:

- This agreement represents an arrangement between CCEH and the childcare provider for payment for childcare services, with the approval of the parent and shelter/Rapid Rehousing staff.
- Payment is contingent on availability of funds from the Children in Shelters program.
- I am eligible to receive childcare assistance through Children in Shelters while a resident of an emergency shelter or while participating in the CT Rapid Re-housing Program.
- I have selected the provider identified above to care for my child(ren) while I work or search for employment.
- I will report any changes in childcare arrangements, income, homeless status and address to the childcare provider and shelter/Rapid Re-housing provider within 2 business days.
- I understand that I remain responsible for paying my parent fee if approved for Care 4 Kids.

Signature _____ **Date** _____

Print Name Signed _____

Agreement: Shelter/Rapid Re-housing Provider

By signing this agreement, I understand that:

- This agreement represents an arrangement between CCEH and the childcare provider for payment of childcare services with approval of the parent and shelter/Rapid Re-housing staff.
- Payment is contingent on availability of funds from the Children in Shelters program.
- I will serve as a liaison between the parent and the childcare provider and serve as the point of contact for CCEH staff, the parent and childcare provider for all communications related to Children in Shelters.
- I will report any changes in childcare arrangements and homeless status to CCEH within 3 business days.
- I will submit Payment Request Forms and invoices to CCEH on behalf of the childcare provider according to the preference of the provider. Payment requests must be faxed to CIS Program at 860-257-1148.

Signature _____

Date _____

Print Name Signed _____

Childcare Provider Information

Name of Childcare Provider _____

Name of Director: _____

Street Address:

Mailing Address, if different from above:

Phone number _____

Contact Person: _____

Email Address: _____

Federal Tax ID #: _____

License # _____

Type of provider:

____ Licensed Day Care Center

____ Licensed Family Day Care Home

____ Licensed Group Day Care Home

____ Licensed Individual Provider

Payment information:

I will submit invoices for payment on a ____ weekly ____ bi-weekly ____ monthly basis.

Checks should be made payable to: _____

Agreement: Childcare Provider

By signing this agreement, I understand that:

- This agreement represents an arrangement between CCEH and the childcare provider for payment of childcare services with the approval of the parent and shelter/Rapid Re-housing staff.
- Payment is contingent on availability of funds from the Children in Shelters program.
- The childcare provider must maintain licensure by the Connecticut Office of Early Childhood.
- CCEH will submit payment per Children in Shelters guidelines to the childcare provider once the provider submits invoices in accordance with CCEH policy.
- If children named above leave my care, I must report these changes to the shelter/Rapid Re-housing staff within 2 business days.
- All financial questions should be directed to the shelter/Rapid Re-housing staff, rather than the parent.
- CCEH is not responsible to pay for any invoices or services rendered that have not been sent to CCEH in a timely manner; in accordance with CCEH policy (please refer to the CIS guidelines for additional information). CCEH will only pay for dates the child was in care of the provider.

Signature _____

Date _____

Print Name Signed _____

Please attach a completed and signed W-9 to this form.

CCEH Use Only

Date request received: _____

Approved _____ Denied _____ Reason for Denial _____

Person notified: _____

W-9 on File? ___ Yes ___ No

License number verified by _____ (initials) on _____ (date)