

CalWORKs Stage 1 Child Care Request

Requested Child Care Start Date: _____ **Retroactive Reimbursement Requested** **Yes** **No**

Please complete the following information to request CalWORKs child care services.

Participant:

Case Name: _____

Case Number: _____

Address: _____

Home Phone #: _____

Other Phone #: _____

Please check the box that applies: Single parent household Two-parent household

Please list the information on all adults in the family unit.

1. Name: _____

Sex: _____

SSN: _____

Relationship to Participant: _____

2. Name: _____

Sex: _____

SSN: _____

Relationship to Participant: _____

Child care is needed for (Check all that apply):

Employment School/Training Orientation Appraisal Job Club Diversion

Other GAIN/CalWORKs activity: _____

Participant's relationship to children:

Parent Guardian Grandparent Foster Parent

Other: _____

Provider Information:

I know who I want to care for my child(ren).

1. Name of Provider: _____

2. Provider's relationship to child(ren): _____

3. Child care will be provided at:

Child's home Provider's home

Center (Please indicate provider's address including city and zip code.)

I need referrals for licensed care for my child(ren).

I am not sure about options for child care and need more information.

I have child(ren) with specials needs.

Participant's Rights and Responsibilities:

- I may be eligible for paid child care while I work or attend an approved Welfare-to-Work activity.
- I can request assistance to find and choose a child care provider, who must meet certain requirements.
- I must inform the County or local child care agency as soon as I have a need for paid child care. CalWORKs will help me pay for child care only after I request paid child care.
- I must request paid child care within 30 calendar days from the first day I receive services from my child care provider, so that my child care provider can be paid for the services provided to me.
- I understand that if I choose a license-exempt child care provider, and he/she is not exempt from TrustLine requirements, he/she must be TrustLine-registered before any payments for subsidized child care can be made, unless he/she is an exempt aunt, uncle, grandparent, or school. The provider may be eligible for retroactive payment for up to 120 calendar days from the date the provider was TrustLine-registered.

Child Care Provider Site Visits

I understand that County staff may be visiting the site where my child care is provided and that my provider is requested to cooperate in answering questions to certify hours of approved child care and verify the children's presence at the child care site when the County staff visits my provider's facility/home or my home where child care is provided during the hours when child care is approved. I understand my provider's lack of cooperation will not in of itself result in interruption or termination of my child care.

Person completing request for child care:

Parent/Participant: **I declare under penalty of perjury under the laws of the United States and the State of California that the information contained on this is true and correct to the best of my knowledge.**

Signature:**Date:**

R&R/APP Child Care Agency:

EW/GSW/CCC/CCH/CCM

Other:

Signature:**Date:**

PLEASE COMPLETE THIS SECTION IF YOU ARE COMPLETING THIS REQUEST ON BEHALF OF A PARTICIPANT

Name:**Phone:****E-mail address/Fax# (Optional):****For DPSS staff only:****District/Region:****File#:****Is PA 129 on file?****No****Yes****If so, PA 129 was signed/refused to be signed:**