



File Checklist

Club: _____ Person taking Application: _____

Club Directors approval: _____ Date turned in to Admin: _____

_____ **Completed Application**

_____ **30 days of paycheck stubs** (If they get paid weekly we need 4 check stubs. If they get paid bi-weekly we need 2 check stubs. If they get paid twice a month we need 2 check stubs.) **or Employment Verification Form**

_____ **Child Support verification** (copy of order/agreement, payment history, or statement)

_____ **Child Care Referral Form and Foster License** (if applicable, Placement Letter optional)

_____ **Social Security number** (if available we need a copy of SSN card for verification)

_____ **Birth Certificate(s)**

_____ **Proof of U.S citizenship for child**

_____ **Picture ID** (all parent(s)/guardian(s) in household)

_____ **Proof of Residency**

_____ **Client Agreement**

****If child is over age 13 but has an IEP, send copy of first page of IEP for coverage beyond 12 years old.**

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Child Care and Development Program

FILL IN ALL BLANKS FOR EVERYONE WHO CURRENTLY LIVES IN THE HOME WITH YOU, WHETHER YOU CONSIDER THEM HOUSEHOLD MEMBERS OR NOT. *If you need additional space, please use a second application or separate piece of paper.*

PLEASE ENTER RACE/ETHNICITY/MARITAL STATUS CODES FOR EACH HOUSEHOLD MEMBER IN THE BOXES BELOW:

Ethnicity: **H** = Hispanic/Latino **N** = Non-Hispanic/Latino

Race: **A**–Asian; **B**–Black or African American; **I**–American Indian or Alaska Native; **N**–Native Hawaiian or Pacific Islander; **W**–White

Marital Status: **S**–Single; **M**–Married; **N**–Separated; **D**–Divorced; **W**–Widowed

ADULTS:

Legal Name	Relationship to You	Sex	Date of Birth:	State or Country of Birth	Social Security Number	Race	Ethnicity	Marital Status
	Self							

CHILDREN (Under the age of 18):

Legal Name	Relationship to You	Sex	Date of Birth	State or Country of Birth	US Citizen Y/N	Social Security Number	Race	Ethnicity	Need Child Care?
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address				City		State		Zip	
Mailing Address				City		State		Zip	
Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>		Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>		E-Mail Address					

Please Answer the Following Questions About Your Household:

<p>1. Is your Family Homeless (lack a fixed, regular, and adequate nighttime residence)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain: _____</p>
<p>2. Is any household member in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name: _____ Active Duty or Reserve? _____</p>
<p>3. Is any adult (or minor parent) in your household unable to work and/or attend a training program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name: _____ Reason: _____</p>
<p>4. Do any of the children in the household have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name: _____ Reason: _____ Current IEP or IFSP for child? _____ Name: _____ Reason: _____ Current IEP or IFSP for child? _____ Name: _____ Reason: _____ Current IEP or IFSP for child? _____</p>

5. Is any household member, including a minor child, temporarily out of the home? Yes No
 If Yes, Name: _____ Reason: _____ Expected date of Return: _____
6. Is any household member pregnant? Yes No
 If Yes, Name: _____ Anticipated Delivery Date: _____
7. Has any household member received TANF cash benefits? Yes No
 If Yes, Name: _____ When: _____ Where: _____
8. Is anyone currently disqualified from any DWSS program for an intentional program violation (IPV)? Yes No
 If Yes, Name: _____ Program: _____ Start Date: _____
9. Does your household have assets with a value over one million dollars (\$1,000,000)? Yes No
 If Yes, Name: _____ Type of Asset: _____
10. Do you expect any other changes in the next six (6) months? Yes No
 If Yes, Please Explain: _____
11. Is anyone paying all or part of your expenses (rent, utilities, child care, etc.) for you? Yes No
 If Yes, who: _____ Amount paid: _____ How Often: _____
 Are you expected to repay this money? Yes No
12. Are both parents of the children living in the home? Yes No

If No, Please Complete the Information Below About the Child(ren)'s Mother and/or Father that does not live with you.

Attach Additional Pages, if Necessary.

Child's Name	Name and Address of Parent not residing in the Household	Receive Child Support?	Amount	How Often	Received through which medium?
	Name: _____ Address: _____ Phone: () _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
	Name: _____ Address: _____ Phone: () _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
	Name: _____ Address: _____ Phone: () _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement

INCOME/BENEFITS (OTHER THAN EMPLOYMENT INCOME): Please attach verification of income received in the previous 30 days

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 01- TANF | <input type="checkbox"/> 08- Worker's Compensation | <input type="checkbox"/> 15- WIC | <input type="checkbox"/> 22 - Supplemental Security Income (SSI) |
| <input type="checkbox"/> 02- SNAP | <input type="checkbox"/> 09 - Temporary Disability Insurance | <input type="checkbox"/> 16 - Tips | <input type="checkbox"/> 23 - Social Security Disability Benefits |
| <input type="checkbox"/> 03- Housing Assistance | <input type="checkbox"/> 10 - Educational Assistance/Pell Grants | <input type="checkbox"/> 17 - Dividends | <input type="checkbox"/> 24 - Social Security Survivors Benefits |
| <input type="checkbox"/> 04- Foster Care Payments | <input type="checkbox"/> 11 - Unemployment | <input type="checkbox"/> 18 - Royalties | <input type="checkbox"/> 25 - Social Security Retirement Benefits |
| <input type="checkbox"/> 05- Veteran's Benefits | <input type="checkbox"/> 12 - Contributions or Loans | <input type="checkbox"/> 19 - Interest | <input type="checkbox"/> 26- Pensions/Retirement Trusts |
| <input type="checkbox"/> 06- Lump Sum Payments | <input type="checkbox"/> 13 - Railroad Retirement | <input type="checkbox"/> 20 - Winnings | <input type="checkbox"/> 27 - Adoption Subsidies |
| <input type="checkbox"/> 07- Military Allotments | <input type="checkbox"/> 14 - Insurance Settlements | <input type="checkbox"/> 21 - Alimony | <input type="checkbox"/> 28 - Medicaid |

Other: _____

Income Type #	Who Receives the Income	Amount	How Often	Income Type #	Who Receives the Income	Amount	How Often

EMPLOYMENT: Please list current employer **and** any employer each household member has worked for since your last application for child care assistance. This includes self-employment, in-kind activities and odd jobs.

Household Member	Start Date/End Date	Employer Name Address and Telephone Number	Average Weekly Hours	Rate of Pay	How Often Paid	Schedule/Shift
		Name: Address: Phone: ()			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Commission	Schedule: <input type="checkbox"/> Varies <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun From: To:
		Name: Address: Phone: ()			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Commission	Schedule: <input type="checkbox"/> Varies <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun From: To:

TRAINING/EDUCATION: If any of the adults in the household are students participating in a training program or attending school, please complete the following. In addition, please provide verification of your schedule.

Student Name	Training Site/School Name Address and Phone	Beginning Date	End Date	Schedule
	Name: Address: Phone: ()			
	Name: Address: Phone: ()			

CHILD'S SCHOOL INFORMATION:

Child's Name	Name of School	School Schedule/School Track	Current Grade Level

CHILD CARE PROVIDER:

Child or Children's Names	Provider Name Address and Phone Number
	Name: Address: Phone: ()
	Name: Address: Phone: ()

YOUR RIGHTS

Anyone who has been denied, terminated, or had benefits reduced will receive a notice and instructions for requesting a hearing if you do not agree with the action taken. You can request a hearing by writing your local child care office, Division of Welfare and Supportive Services (DWSS) district office or administration office. You can also request a hearing by signing and returning the Notice of Appeal you receive. You must request a hearing within 90 days of the notice date or within 14 days if you want continued benefits while your hearing is pending a decision.

If you request a hearing, you will be notified of the hearing date, time and location in writing ten (10) days prior to the scheduled hearing. You may be represented at a conference/hearing by anyone whom you have given written authorization. This written authorization must be given to the DWSS office before the conference/hearing. Please contact us if you need information on legal services that may be available to you at no cost.

If you disagree with your hearing decision, you can appeal your case to your local District Court of the State of Nevada.

AUTHORIZATION/RESPONSIBILITY

The Child Care and Development Program is funded by State and federal grants. Any information provided on this form can be investigated. Criminal prosecution and other penalties may be applied to you and/or other adult members of your household according to state and federal law. If you make a false or misleading statement, misrepresent, hide or withhold facts to get or keep child care assistance, your benefits may be reduced/denied/terminated. Additionally, you may not be eligible for future assistance, and you are responsible to pay back all monies, services and benefits for which you were not entitled. Information provided is strictly confidential and is used only to determine eligibility for child care assistance.

By signing below, you authorize the Child Care and Development Program and/or the Division of Welfare and Supportive Services to make any investigation concerning you or other members of your household or your children’s legal/putative parent(s) that is necessary to determine eligibility for child care assistance administered by the Child Care and Development Program.

By signing below, you authorize the release of information about your household members to the Child Care and Development Program including, wage information, information made confidential by law or otherwise, and patient information privileged under NRS 49.225 or any other provision of law or otherwise. You release the holder of such information from liability, if any, resulting from disclosure of the required information. A reproduced copy of this authorization legally constitutes an original copy.

By signing below, you acknowledge that you understand the questions on this application and the penalty for hiding or giving false information. In addition, you understand that if you make a false or misleading statement, hide or withhold facts to get or keep child care assistance, your benefits may be reduced, denied, or terminated and you may be disqualified from program participation, criminally prosecuted, or otherwise penalized according to state and federal law.

In addition, by signing below, you confirm that the provider(s) listed above reflect the choice made by you, the parent/caretaker, and you agree to indemnify and hold harmless the State of Nevada, the Child Care and Development Program, their officers, agents, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of, or in any way connected with the provider chosen by you.

I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability.

Signature or Mark of Applicant (Parent/Guardian)	Date	Signature or Mark of Spouse/Second Parent/Guardian of Child(ren)	Date
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2850 Lindell Rd.
Las Vegas, NV 89146
702-253-2813
702-367-9522 fax

Employers Name and Address

Date _____
Parents Name _____
SSN _____

Authorization: I authorize you to release to the Boys & Girls Clubs of Henderson the requested information.

Parents signature _____ Date _____

Employment Verification

The Boys & Girls Club of Southern Nevada is required to verify the income, employment status and scheduled work hours for members of families applying for subsidized child care services. Please provide the information for each of the items listed below and return to the above address. If our identifying information (name, Social Security Number or address) does not agree with your records, please indicate the change.

RE: _____
Name _____ Social Security Number _____

Employee's Address _____

1. Date hired: _____ Date started work if different than hire date: _____

2. Current Rate of Pay \$ _____ per _____ hour _____ date _____ week _____ month _____ year _____

3. How many hours do you anticipate the employee working per week? _____

4. How often is/ was paycheck issued? daily weekly bi-weekly semi-monthly monthly
What day of the week are regular paydays? _____ Date of first paycheck: _____

5. Does this employee work overtime? Yes No Estimated hours _____ per _____

6. Does this employee receive commissions? Yes No Estimated amount _____ per _____

7. Will "tips" be received? Yes No Estimated Amount \$ _____ per _____

8. Will bonuses be received? Yes No Estimated Amount \$ _____ per _____

9. If the employee has a set schedule, please indicate which days the employee is scheduled to work:
Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

If the employee has a varied schedule, what is the maximum number of scheduled days per week? _____

10. Normal Shift hours: From: _____ a.m. p.m. To: _____ a.m. p.m.

11. Do you expect any changes in the number of hours or rate of pay in the next six months? Yes No
If yes, please explain anticipated changes: _____

12. Does your company provide any assistance with child care costs for the employee? Yes No
If yes, how much? \$ _____ per _____

13. If this individual is **NOT** working for you at this time, please complete the following dates, if applicable.
Fired: _____ Leave of absence: _____ Date of final check? _____
Quit: _____ Expected date of return: _____ Gross Amount: \$ _____

Signature of Employer Representative _____ Title _____ Telephone Number _____ Date _____



BOYS & GIRLS CLUBS
OF SOUTHERN NEVADA

STATEMENT OF APPLICANT/RECIPIENT OR OTHER PERSON

Case Name: _____ Case ID: _____

Name of Person Making Statement: _____

Relationship to Applicant/Recipient: _____

I know I must give complete and accurate information. I understand that if I do not, my benefits may be reduced, terminated, or I may be fined and/or criminally prosecuted.

I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability.

Signature

Date

Telephone Number

Address

City

State

Zip Code



**BOYS & GIRLS CLUBS
OF SOUTHERN NEVADA**

The Child Care Subsidy Program provides assistance with the cost of child care to eligible families. Benefits are paid directly to the child care provider of the client's choice while they are in an approved work activity. Benefits are not guaranteed for any family - they are conditional upon the family's ability to qualify for services under the current eligibility guidelines, and the available funding for the service category. Clients accessing the Child Care Subsidy Program must comply with the following guidelines. Failure to do so may result in program disqualification or termination.

Please read this document carefully, as it explains your rights and the expectations of the program while you are receiving Child Care Subsidy benefits.

Client Responsibilities

Required Documentation

Complete the **Application for Child Care Subsidy** form and provide the following documentation*:

***Note:** Households who meet the definition of "homeless" will be allowed up to 90 days to provide verifications that are not readily available or easily obtainable.

- **Age** - children receiving subsidy must be under age 13;
- **Special Need** -for children who need services from age 13 to age 19;
- **Identification** – required for all countable adult household members;
- **Citizenship** – must be documented for the children being served;
- **Social Security** – proof is requested for all countable household members unless they are an undocumented non-citizen or newborn;
- **Immunizations** – current immunizations are required for all children being served;
- **Relationship** – relationship to the applicant must be established for each child;
- **Custody** – must be established when the minor is not the natural or adopted child of the applicant, or when required to determine the residency of a child member;
- **Residency** – clients must be living in Nevada to be eligible for benefits;
- **Household Composition** – Applicants must document all adult and minor persons living in the home and update their active status within the household. Household composition for the child care unit will be determined by program policy, which may exclude some household members;
- **Income** - all sources of earned and unearned income for all household members must be reported; however, some sources may not count when determining eligibility, in accordance with established guidelines;
- **Purpose of Care** - all countable adult (and minor parent) household members must be participating in an authorized activity, which may include: training, job search, employment, schooling, or other activities approved by the Child Care Subsidy Program management; and
- Provide any other documentation as requested by the Child Care Subsidy Program to substantiate information for program eligibility.

Reporting Requirements

Report the following changes to the Child Care Subsidy Program **within 10 calendar days of occurrence**:

- Household composition;
- Residence and/or mailing address;
- Child care provider;
- Schedule changes; and
- A new or increased source of income.

Failure to report these changes timely may result in an overpayment of benefits that will have to be paid back to the Child Care Program.

Covered Child Care Charges

The Child Care Subsidy Program will pay up to the allowable state maximum rate, based on the child's age, the provider type, provider's rate, and location of the facility.

- Child care payments are made based on the parents' *approved schedule* for licensed and non-licensed providers when the parent uses only one provider, or the parent uses multiple providers with a set schedule.
- Child care payments are made based on actual attendance when the child attends Before and After School or Wraparound provider, or the parent uses multiple providers with a varied schedule.
- When a household's child care subsidy payment is based on actual attendance, clients are allowed **21 discretionary days** per child, per calendar year, to be used for absences from child care (sick days, holidays or vacation). The use of discretionary days must be authorized and signed off by the client on the approved timesheet.
- The Child Care Subsidy Program will pay for provider registration fees not to exceed the State maximum limit.

Non Reimbursable Child Care Charges

- Clients will pay any fees not covered by the Child Care Subsidy Program directly to their child care provider in the timeframe required by the provider (e.g. overages, late charges, school tuition, meals, transportation, clothing items/uniforms).
- Clients are responsible to pay their co-pays directly to their child care provider in accordance with the child care provider’s policies. Clients must have a zero co-pay balance or repayment agreement with provider prior to transferring to a new provider.
- Clients will pay all days of child care not authorized on the certificate.

Utilization of Child Care Services

- Clients are allowed to enroll with a provider of their choice (within legal and licensing requirements as well as Nevada Division of Welfare & Supportive Services and Child Care Subsidy Program guidelines).
- All clients or authorized representatives must sign the child in and out each day on the Child Care Attendance and Provider Reimbursement Timesheet provided at the child care site.
- The timesheet will also serve as the authorization to use discretionary days, if applicable. Please read the timesheet form for details.
- Clients must sign the timesheet at the end of each month verifying the information is accurate and complete in order for subsidized child care to be paid on the clients’ behalf.
- Clients must notify the Child Care Subsidy Program within 10 calendar days of changing to a new provider and/or when the status of the child care changes (provider closed, changed license, etc.). Appropriate paperwork must be completed and approved by the Child Care Subsidy Program before continued child care services are authorized.
- If using an unlicensed (Family, Friend, or Neighbor (FFN)) provider, at no time can the client and the provider have the same residence.

Termination of Subsidy Benefits

- Subsidy services may be terminated when clients fail to provide required documentation within the established timeframe.
- Subsidy services will be terminated at the time of re-application or time of discovery when family income exceeds the limits established by the State or when funding is not available.
- Division of Welfare and Supportive Services Quality Control or Investigations & Recovery may review your case as to the accuracy of subsidy benefits paid on your behalf. Failure to cooperate with Quality Control or Investigations & Recovery may result in termination. Additionally, if inaccuracies are found, these may result in an overpayment and/or termination from the subsidy program.

Overpayments/Intentional Program Violations

- Clients will be responsible to re-pay funds made to providers that resulted from untimely or inaccurate reporting of information.
- **If clients are found guilty of an Intentional Program Violation (IPV), future subsidy benefits are subject to a two (2) step percentage decrease for six (6) months for the first occurrence, and three (3) step percentage decrease for the second occurrence for twelve (12) months, and a third (3) occurrence will result in being permanently ineligible for benefits.**

Client Rights

Parents/Guardians of children participating in the child care subsidy program have the right to:

- Choose a child care provider by enrolling with an eligible legal provider that has an active subsidy agreement with the Child Care Subsidy Program on file or is otherwise eligible through licensure, regulation or registration.
- Have unlimited access to the children and to the provider caring for the children during the provider's normal hours of operation and whenever the children are in the provider’s care.
- Receive information about all client options and other policies and practices which relate to child care services, including any applicable licensing/regulatory requirements and complaint procedures.
- Make oral and written complaints regarding any child care provider and to review information regarding substantiated provider complaints.
- Appeal decisions related to denial or termination of program services with the exception of mass changes made by the Nevada State Division of Welfare and Supportive Services or end of certification periods.

By signing this document, I understand if I make false or misleading statements, conceal or withhold facts to establish or maintain program eligibility, my benefits may be reduced, denied, or terminated and I may be disqualified from program participation, criminally prosecuted, or otherwise penalized according to state and federal law.

Client Name

Client Signature

Date

Spouse/Co-Applicant Name

Spouse/Co-Applicant Signature

Date