



I. INSTRUCTIONS

A. OVERVIEW

You and your family are currently receiving child care services. To continue receiving services, please complete this form with your current information and return to the address below. You must report all changes in your family size, income, need for care, and providers used. Failure to submit this form by the due date will result in case closure and the loss of child care assistance. If you no longer need child care assistance, please contact your worker.

Agency _____ Phone _____
 Address _____ Worker _____

B. IMPORTANT DEADLINES



You must complete and return your status check form with all required verifications no later than ___ / ___ / ___, or your child care case will close on ___ / ___ / ___.



If your child care case is closed, you must reapply for services.

C. REQUIRED VERIFICATIONS Your renewal cannot be approved unless you submit verification of the following:

1. NEED FOR CARE VERIFICATIONS:

- a. **School or Training Program**-You must verify school attendance with a letter from the school, copy of your school schedule, and a copy of your most recent grades.
- b. **Work** – You must provide one month’s worth of pay stubs for each person who works. If you are newly employed and have not received one month’s worth of pay stubs, you must have your employer complete the New Employment Verification Form (ECE-CC-1B).
- c. **Court Ordered Child Care** – You must attach a copy of the court order.
- d. **CPS Safety or Treatment Plan** - A copy of the plan must be received which lists days and hours care is requested and any special requirements such as a waiver of fee payment.
- e. **WV WORKS** – Verification of participation in a qualifying WV Works activity from your WV Works worker.

2. CHILD SUPPORT – If you are applying for child care assistance, and the children in your home have an absent parent, you must show proof of child support received or pursued.

- a. All biological parents applying for child care must show proof of child support received or pursued from each absent parent of each child in the household under the age of 18.
- b. Applicants shall be given 6 months to seek child support or initiate procedures to establish an order if there has never been a child support order in place, a new child is born, or if child support has not

been received in 12 months without good cause. Acceptable documentation of pursuit of child support shall consist of:

- 1.) Documentation from the Bureau of Child Support Enforcement.
- 2.) Documentation of filing with Family Court.
- 3.) Documentation that child support is being pursued through a private attorney.
- 4.) Letter from the payee and copies of 1 months worth of checks received.

c. Exceptions to this requirement may be granted if good cause is established. Check with your child care worker for details.

3. PROOF OF WEST VIRGINIA RESIDENCY – If you have moved since your last application/renewal, you must submit proof of West Virginia residency in order for your renewal to be approved. Acceptable proofs of residency include:

- a. WV utility bills with a WV service address
- b. WV property tax bill or receipt indicating a WV residence address
- c. WV mortgage documents or homeowner insurance documents for a WV residence or proof of WV home ownership with a WV residence address
- d. WV W-2 Form not more than 18 months old with the applicant's name and WV residence address
- e. WV weapons permit with a WV residence address
- f. WV Motor Vehicles registration card that contains a WV residence address
- g. WV Voter's registration card with a WV residence address
- h. WV school enrollment form if applicant is under age 18 with the applicant's WV residence address
- i. WV Homestead tax exemption with a WV residence address
- j. Residential rental and/or lease agreement with a WV address

4. VERIFICATION OF INCOME RECEIVED

a. For each person who works, you must attach either:

- 1.) Copies of that person's most recent pay stubs for at least one month's time, or
- 2.) A completed "New Employment Verification Form" which shows monthly gross income or hourly wage and average number of hours worked weekly.
- 3.) If income varies and there have been no changes in hourly wage or salary, three months of pay stubs may be sent in.
- 4.) If a person is self-employed, net income must be reported and verified by business and/or tax records.

b. If you receive child support, you must send in either:

- 1.) A copy of your divorce or child support decree, or
- 2.) A copy of monthly child support checks, or
- 3.) A written statement from your child's parent showing the amount of monthly support payments.

c. Other income: you must send in copies of check stubs or award letters to verify any other income received. (TANF, SSI, etc.)



REMEMBER – If you do not return required supporting verifications with your status check, your child care case will be closed, and you will have to reapply for services.

II. IDENTIFYING INFORMATION - Head of Household

Name:						Gender: (M/F)	
Maiden Name:		Social Security # (* Optional)				Birth Date:	
Mailing Address:							
City:		State:		Zip:		County:	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated		Phone Number:				
	<input type="checkbox"/> Single <input type="checkbox"/> Live-in		Business/Message Phone:				
	<input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____						

*Under the Privacy Act, §7(a), States are prohibited from denying an individual any right, benefit, or privilege provided by law because of the individual's refusal to disclose his or her Social Security Number unless disclosure is required by federal statute.

III. OTHER FAMILY MEMBERS: You must report any changes in family composition. Be sure to list any new persons living in the home. Failure to accurately report all household members will result in case closure.

Name of Household Member	Ethnicity *(1/2)	Race	Date of birth	Relationship to You	Gender (M/F)	Does this child need child care? (Y/N)	Does this child have special needs? (Y/N)

- * 1. Hispanic, Latino or Spanish Origin
- 2. Not Hispanic or Latino or Spanish Origin

IV. REASON FOR NEEDING CHILD CARE: The following information shows why you need child care.

Name of Household Member	Your Name:		Other:		Other:		Other:	
Reason for Care	<input type="checkbox"/> Working <input type="checkbox"/> Going to School /Training <input type="checkbox"/> WV Works activity <input type="checkbox"/> CPS Plan <input type="checkbox"/> Court Order for Child Care <input type="checkbox"/> Other: _____		<input type="checkbox"/> Working <input type="checkbox"/> Going to School/ Training <input type="checkbox"/> WV Works activity <input type="checkbox"/> CPS Plan <input type="checkbox"/> Court Order for Child Care <input type="checkbox"/> Other: _____		<input type="checkbox"/> Working <input type="checkbox"/> Going to School/ Training <input type="checkbox"/> WV Works activity <input type="checkbox"/> CPS Plan <input type="checkbox"/> Court Order for Child Care <input type="checkbox"/> Other: _____		<input type="checkbox"/> Working <input type="checkbox"/> Going to School/ Training <input type="checkbox"/> WV Works activity <input type="checkbox"/> CPS Plan <input type="checkbox"/> Court Order for Child Care <input type="checkbox"/> Other: _____	
Employer /School Name								
Employer /School Phone								
Start Date								
Schedule	Days	Hours	Days	Hours	Days	Hours	Days	Hours
	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	

V. PROVIDER INFORMATION: The chart below shows your provider information. Enter your children's names and the name, address, and phone number of the provider used for each child.

Child's Name	Provider's Name	Provider's Address	Are you related to this provider? If so, how?

Child's Name	Provider's Name	Provider's Address	Are you related to this provider? If so, how?

VIII. INCOME VERIFICATION: Please enter the name of the head of the household in the column marked "Your Name." Go down the column under your name and look at the income types. For example, number one is wages. Enter the amount of your wages and how often you receive it. Go down each row and enter any income you receive from other sources. If you have a second job, go to the next column and enter your name, then enter your wages from your second job on that line. Repeat for each person in your home that has income.

Name of Household Member	Your Name:		Other:		Other:		Other:	
	Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often
Income Type	List Below the Gross Amount and How Often Income is Received by Yourself and Other Household Members							
Wages (Gross)								
TANF Benefits								
Social Security Benefits								
Veteran's Benefits								
Worker's Compensation								
Disability Benefits								
Unemployment Compensation								
Retirement Benefits								
Farm Self Employment								
Non-Farm Self Employment								
Alimony								
Child Support								
Other:								

IX. SIGNATURE: Please read the statements below and sign and date the form.

1. In signing this form, I understand that I am requesting that child care services be provided for my children.
2. I understand that if I receive more benefits than I am entitled to receive, whether through my fault or through an error on the part of the agency. I must repay any extra benefits received.
3. Intentional misuse and/or billing for unapproved services will result in legal action for repayment and prosecution of fraud.
4. The information I have given is true and complete to the best of my knowledge and I agree to allow the agency to contact me or anyone else in order to verify my eligibility for child care. I agree to report any change within 5 working days which would affect my eligibility for child care services. I understand that if I intentionally do not report changes or give false information. I can be prosecuted for fraud or perjury.
5. I understand that I have the right to request a hearing or file a grievance if I am not satisfied with a decision regarding my child care case or if I feel that I have been discriminated against because of race, color, national origin, religion, or sex. I may have an attorney present at a hearing but the attorney's costs will not be paid by the agency.
6. I agree to allow the agency to obtain information from the Social Security Administration if that information is provided and used according to the Social Security Act and the Privacy Act of 1974.
7. I understand that staff of the West Virginia Department of Health and Human Resources and/or its specified contract agency are responsible for the provision of child care services, and I give my consent for information about myself and my family to be exchanged as needed between the Department and the contract agency.

Signature

Date

DO NOT WRITE BELOW THIS LINE

FOR AGENCY USE ONLY

Income Computations			Disposition
A. Earned Income	B. Earned Income	C. Unearned Income	1. Disposition of Application/Renewal
Gross Amounts	Gross Amounts	Gross Amounts	<input type="checkbox"/> Approved for day care services effective ____/____/____ at a fee of \$ ____ per day per child <input type="checkbox"/> Application Withdrawn <input type="checkbox"/> Application Denied <input type="checkbox"/> Service to be closed as of ____/____/____ <input type="checkbox"/> Certificate Mailed ____/____/____ <input type="checkbox"/> Written Closure Notice Sent ____/____/____
1. \$ _____	1. \$ _____	1. \$ _____	
2. \$ _____	2. \$ _____	2. \$ _____	
3. \$ _____	3. \$ _____	3. \$ _____	
4. \$ _____	4. \$ _____	4. \$ _____	
5. \$ _____	5. \$ _____	5. \$ _____	
a. Total \$ _____ Divided by the total number of stubs = \$ _____	a. Total \$ _____ Divided by the total number of stubs = \$ _____	a. Total \$ _____ Divided by the total number of stubs = \$ _____	
b. Multiply by monthly conversion (twice a month =2, Every other week =2.15, or once a week = 4.3) = \$ _____	b. Multiply by monthly conversion (twice a month =2, Every other week =2.15, or once a week = 4.3) = \$ _____	b. Multiply by monthly conversion (twice a month =2, Every other week =2.15, or once a week = 4.3) = \$ _____	
c. Total of above columns \$ _____ (Total Monthly Gross Income)			_____/_____/_____ (Worker Signature) (Date)