

CHILD CARE ACTION NOTICE

This notice is to inform you as the parent or responsible adult (RA) of a change which is about to take place in your child care service. Please read this action notice carefully, front and back, because it is very important to you.

To Parent/RA: _____ **Child's Name:** _____
Address: _____ **Date of Birth:** _____
 _____ **Gender:** male female
Telephone:() _____ **Race:** H/L AI/AN Asian B NH/PI W
Payment by: Parent Agency **County:** _____

Parent must pay the following fee beginning:			County Case No.: _____		
<u>Type of Care</u>	<u>Monthly Parent Fee</u>	<u>Daily Parent Fee</u>	DCS ID No.: _____		
Full Time	\$ _____	\$ _____	EIS ID No.: _____		
3/4 Time	\$ _____	\$ _____	Cat. Code _____ Need Code: _____		
1/2 Time	\$ _____	\$ _____	Child eligible for: <input type="checkbox"/> SCC <input type="checkbox"/> Smart Start		
			Child enrolled in More at Four: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Number of responsible adults: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2		

Transportation payments begin on _____ and end on _____

Days/Hours Child Care is Needed: M T W Th F S S From _____ a.m./p.m. Until _____ a.m./p.m.
 (Circle days and enter times.) M T W Th F S S From _____ a.m./p.m. Until _____ a.m./p.m.
 M T W Th F S S From _____ a.m./p.m. Until _____ a.m./p.m.

Dates School Age Care is Needed: From _____ Through _____ Before/After School/Summer
 1) Enter dates: month/day/year. From _____ Through _____ Before/After School/Summer
 2) Circle type of care needed. From _____ Through _____ Before/After School/Summer

Comments: _____

Description of Action (✓):	Effective Date:
<input type="checkbox"/> Eligibility from _____ through _____	Type of Change: <input type="checkbox"/> Parent Fee
<input type="checkbox"/> Termination of family eligibility period will end on _____	<input type="checkbox"/> Hours of Care
<input type="checkbox"/> Payment to current provider will end on _____	<input type="checkbox"/> Shift
<input type="checkbox"/> Provider chosen is not approved. Comments: _____	<input type="checkbox"/> Other:
<input type="checkbox"/> Transportation payments begin on _____ and end on _____	

Check (✓) if attachments are included for additional children.

Attention Parent: *If your child care payments stop or are changed, you have 60 days or until _____ to ask for a hearing. If you do not ask for a hearing by then, you cannot have a hearing. If the hearing decision is in your favor, you will receive retroactive benefits to cover the benefits that you missed. How to ask for a hearing is explained on the back of this form. Please read your rights and responsibilities on the back of this form.*

To Provider: _____
Name: _____
Address: _____
From LPA Child Care Social Worker (Name): _____ **Telephone:**() _____
Agency Name: _____ **Date Sent:** _____
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TO PARENT:

This information serves to notify you of action taken regarding the child care assistance being provided for the child or children listed on the reverse side of this **Child Care Action Notice (DCD-0450)**. Please keep this form for your records.

RELEASE OF INFORMATION

The information on this form is necessary to provide eligibility and payment information for child care services. Your signature on the **Child Care Voucher (Form DCD-0446)** gives your consent for information to be released to the child care provider which you select. This also applies to any future changes which affect your child care plan or the payment for your child care assistance. The child care provider has signed an agreement to keep all information confidential. The pink copy of this form is given to your child care provider.

HOW TO GET A FAIR HEARING

You are reminded that you have a right to request and obtain a fair hearing if you disagree with the decisions about your child care assistance as stated on this form. The hearing will establish whether this action was correct and will give you benefits if it was wrong. If you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency (LPA) within **sixty (60) calendar days** after the effective date of the action taken. The effective date is stated on the reverse side of this form. You may ask for the hearing either orally or in writing.

A hearing will be scheduled for you with an official of the local purchasing agency. The hearing will be held within five (5) calendar days of your request unless you postpone it for good reasons. If you have good cause, the hearing may be delayed up to ten (10) additional calendar days. If you are dissatisfied with the decision made at that hearing, you might have a second hearing with an impartial official from the **NC Department of Health and Human Services**.

YOUR RIGHT TO BE REPRESENTED

At either of these hearings, you may have someone such as a relative or friend represent you. You may have an attorney represent you, but you must pay for his/her services yourself unless free legal services are available in your community. If you are interested in free legal services, contact your child care social worker or call **Information and Referral at 1-800-662-7030**.

CHILD CARE ASSISTANCE MAY CONTINUE

If your child care payments were stopped or changed for any reason other than lack of public child care funds, **you may** keep receiving child care until the local hearing decision is made, provided you ask for a fair hearing on or before the date shown on the reverse side of this form. However, if your hearing shows that the action stated on this form is correct, then you will have to repay the cost of the child care received while you waited for the hearing. If you do not want to continue to receive services as before, you may ask your child care social worker to change or stop the services.

REPORT CHANGES WITHIN 5 WORKDAYS!

Changes in your situation may affect the amount of benefits you receive. You must report all changes to your child care social worker of your local purchasing agency within **5** workdays. North Carolina state law requires that anyone who gets or tries to get assistance for himself or someone else by intentionally saying something that is untrue, or intentionally misrepresenting something as true, or intentionally not giving all necessary information may be guilty of a misdemeanor or felony. You may also have to repay all child care assistance after the changes occurred if you did not report the change on time to your child care social worker. Be careful! Ask your child care social worker if you are not sure whether a change is important to report.

YOUR RIGHT TO SEE YOUR RECORD

You and/or the person(s) speaking for you have the right to ask to see your child care record and any other information to be used at the hearings. Your child care social worker can provide you with free copies of this information. You may see this information again at your hearings.

DO YOU UNDERSTAND YOUR RIGHTS AND YOUR RESPONSIBILITIES?

Do you understand how to get a hearing? If you have any questions or want more information, please contact your child care social worker as soon as possible.

Yellow Copy: Parent Copy

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**DCD-0450
Rev. 1/04**

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Agency Use Only: CHILD CARE SYSTEM CATEGORY CODES:							
SCC		SCC-WORK FIRST			FUND SOURCE		
009 With regard to income		005 Work First Family Assistance without countable income		15 Smart Start	25 SCC		
019 Without regard to income		006 Work First Family Assistance with countable income		20 Foster Care	71 Work First		
020 Foster Care Recipients		055 Teen Parent - Work First Family Assistance			85 EMERGY		
054 Teen Parent		017 Non-WF Family Assistance employed with countable income					
		018 Non-WF Family Assistance non-custodial parent with countable income					
NEED CODES: Children without Special Needs							
Post-Sec.							
Child Care:	Seek Employment	Employed	CPS	Educ./Training	Develop. Needs	CWS	HS Educ./GED
Full Time	801	811	821	831	841	851	871
3/4 Time	802	812	822	832	842	852	872
1/2 Time	803	813	823	833	843	853	873
Transportation	809	819	829	839	849	859	879
NEED CODES: Children with Special Needs							
Post-Sec.							
Child Care:	Seek Employment	Employed	CPS	Educ./Training	Develop. Needs	CWS	HS Educ./GED
Full Time	401	411	421	431	441	451	471
3/4 Time	402	412	422	432	442	452	472
1/2 Time	403	413	423	433	443	453	473
Transportation	409	419	429	439	449	459	479

Refer to Subsidized Child Care Reimbursement Manual for explanation of codes.

Blue Copy: Local Purchasing Agency

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