

Child's Name: _____ Date of Birth: _____ Gender: male female
 Parent must pay the following fee beginning: _____ Race: I A B P W Ethnicity: N U C H M P

Type of Care	Monthly Parent Fee	Daily Parent Fee	EIS ID No.: _____
Full Time	\$ _____	\$ _____	DCS ID No.: _____
¾ Time	\$ _____	\$ _____	Cat. Code: _____ Need Code: _____
½ Time	\$ _____	\$ _____	Child eligible for: <input type="checkbox"/> SCC <input type="checkbox"/> Smart Start

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.
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Dates School Age Care is Needed: From: _____ Until: _____ Before/After School/Summer
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TO PARENT OR RESPONSIBLE ADULT (RA):

This information serves to notify you of action taken regarding the child care assistance being provided for the child listed on the front of the **Child Care Voucher** and the child(ren) listed on the **continuation page** of the **Child Care Voucher**. You are responsible for paying the child care provider any parent fees set by the local purchasing agency. Also, you must notify your child care provider any time that your child/ren is going to be absent from the child care facility. Please keep this form in your files.

RELEASE OF INFORMATION

The information on this form is necessary to provide eligibility and payment information for child care services. Your signature on the reverse side gives your consent for information on this form and any future changes which affect your child care plan or the payment for your child care assistance to be given to the child care provider which you select. A copy of this form is given to the child care provider. The child care provider has signed an agreement to keep all information confidential.

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 within **sixty (60) calendar days** after the effective date of the action taken. The effective date is stated on the Child Care Action Notice (DCD-0450). You may ask for the hearing either orally or in writing.

A hearing will be scheduled for you with an official of your 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 may have a second hearing with an impartial official from the **NC Department of Health and Human Services**. You must contact the child care supervisor/coordinator within fifteen (15) calendar days of the receipt of the decision from the local hearing to request a second hearing. If the results of your state hearing are not satisfactory, then you or your attorney may submit a petition for judicial review in superior court of the county from which the case originated. The decision made by the superior court is final.

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, however, you must pay for your attorney's legal services unless free legal services are available in your community. If you are interested in free legal services, contact your child care worker or call **Careline Information and Referral Service 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 effective date of the action indicated on the Child Care Action Notice (DCD-0450). However, if your hearing shows that the action stated the Action Notice 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 worker to change or stop the services.

MUST 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 worker of the local purchasing agency within five **(5)** workdays. According to North Carolina state law, anyone who obtains or attempts to obtain 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 and a sanction may be imposed by the local purchasing agency. You may also have to repay all child care assistance after the changes occurred if you did not report the change to your child care worker on time. Be careful! If you do not know whether a change is important, ask your child care worker.

YOUR RIGHT TO SEE YOUR RECORD

If you ask, your child care worker will show you (and the person speaking for you) your child care record before your hearing. You may also see any other information to be used at the hearings, if you ask. You can get 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 worker as soon as possible.

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Agency Use Only: CHILD CARE SYSTEM CATEGORY CODES:							
<u>SCC</u>		<u>SCC-WORK FIRST</u>			<u>FUND SOURCE</u>		
009 With regard to income		005 Work First Family Assistance without countable income	15 Smart Start	72 TANF Federal			
019 Without regard to income		006 Work First Family Assistance with countable income	20 Foster Care	73 TANF (child only-200% poverty)			
020 Foster Care Recipients		055 Teen Parent - Work First Family Assistance	25 SCC	85 Emergency Care			
054 Teen Parent		017 Non-WF Family Assistance employed with countable income	55 County Funds				
070 Military (income exceeds guidelines)		018 Non-WF Family Assistance non-custodial parent with countable income	71 Work First (MOE)				
071 Military (within income guidelines)							
<u>NEED CODES:</u>		<u>Children without Special Needs</u>					
<u>Child Care</u>	<u>Seek Employment</u>	<u>Employed</u>	<u>CPS</u>	<u>Post-Sec. Educ./Training</u>	<u>Develop. Needs</u>	<u>CWS</u>	<u>HS Educ./GED</u>
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
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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
DCD-0446-2
Rev. 09/09**