

Child Care Management Agency of North Central Alabama
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Florence AL 35630
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CHILD CARE ASSISTANCE APPLICATION

Instructions:

Please read the application carefully. Complete all sections of the application. Answer each question completely and to the best of your ability. List everyone in your household. Please print clearly.

The child care application asks you to give us the social security number for everyone in your household. Social security numbers will help us to process your case more quickly. We will only use your social security number in the administration of the Child Care Subsidy Program to help us verify your income, make changes in your case, and assemble research data. Your SSN may also be used in program reviews. If you do not want to give us the social security number for a member of your household, your application for child care will not be denied and services will not be withheld because you do not give us a social security number.

If you should choose not to give the social security number for some members of your household, you must still answer questions about his or her income and answer the other questions on this form. This application must include:

- Copy of state issued ID
- Birth certificates for all children under the age of 18 in your household
- Proof of residency (lease, current utility bill, current bank statement, etc.)
- Verification of employment (check stubs/payment receipts for 4 weeks, 1099 form, etc.)
- Verification of unearned income (if applicable — SSI/SSA award letter, check stubs, etc.)
- Current school schedule (if applicable)

CHILD CARE FACT SHEET

For Persons Applying For or Receiving Child Care Services

WHO IS ELIGIBLE FOR SERVICES?

You may be eligible for services if you are making your home in Alabama and are employed and/or enrolled in school/training and making no more income than is allowable (see Initial Eligibility Monthly Income Scale).

WHAT IS THE ALLOWABLE INCOME AND HOW MUCH IS THE WEEKLY FEE?

Income is gross income before taxes, social security or any other deductions are made. Regulations allow for no deductions to gross income. Family income includes wages from employment, SSI, SSA, etc. Weekly gross income is multiplied by 4.333 to compute monthly income.

WHO IS INCLUDED IN A FAMILY?

Family means the basic family unit consisting of an adult and his or her spouse (including common law), children under 18 years of age, and minor parents under 18 years of age and their children, related by blood, marriage, or adoption, who are residing in the same household. A member of this basic family unit temporarily out of the home continues to be considered as part of the family.

Considered as separate families are:

- Related persons 18 years of age or over, other than spouses, who live together.
- Unrelated persons 18 years of age or over who live together.
- Children for whom the Department of Human Resources has custody of and who are in foster care.
- Individuals under 18 years of age who are married.

INITIAL ELIGIBILITY MONTHLY INCOME SCALE AND PARENTAL FEE CHART

		Weekly Fee Per Child:								
		0-100% FPL	101-110% FPL	111-120% FPL	121-130% FPL	131-140% FPL	141-150% FPL	151-160% FPL	161-170% FPL	171-180% FPL
		\$0.00	\$18.00	\$21.00	\$24.00	\$27.00	\$30.00	\$33.00	\$36.00	\$39.00
Family Size:	2	\$0-1643	\$1644-1808	\$1809-1972	\$1973-2136	\$2137-2301	\$2302-2465	\$2466-2629	\$2630-2794	\$2795-2958
	3	\$0-2072	\$2073-2279	\$2280-2486	\$2487-2693	\$2694-2900	\$2901-3108	\$3109-3315	\$3316-3522	\$3523-3729
	4	\$0-2500	\$2501-2750	\$2751-3000	\$3001-3250	\$3251-3500	\$3501-3750	\$3751-4000	\$4001-4250	\$4251-4500
	5	\$0-2928	\$2929-3221	\$3222-3514	\$3515-3807	\$3808-4100	\$4101-4393	\$4394-4685	\$4686-4978	\$4979-5271
	6	\$0-3357	\$3358-3692	\$3693-4028	\$4029-4364	\$4365-4699	\$4700-5035	\$5036-5371	\$5372-5706	\$5707-6042
	7	\$0-3785	\$3786-4164	\$4165-4542	\$4543-4921	\$4922-5299	\$5300-5678	\$5679-6056	\$6057-6435	\$6436-6813
	>=8	\$0-4213	\$4214-4635	\$4636-5056	\$5057-5477	\$5478-5899	\$5900-6320	\$6321-6741	\$6742-7163	\$7164-7584

Note: All new applicants must enter under the Initial Eligibility Monthly Income Scale.

CONTINUING ELIGIBILITY MONTHLY INCOME SCALE AND PARENTAL FEE CHART

		Weekly Fee Per Child:	
		181-190% FPL	191-200% FPL
		\$42.00	\$45.00
Family Size:	2	\$2959-3122	\$3123-3287
	3	\$3730-3936	\$3937-4143
	4	\$4501-4750	\$4751-5000
	5	\$5272-5564	\$5565-5857
	6	\$6043-6378	\$6379-6713
	7	\$6814-7192	\$7193-7570
	>=8	\$7585-8005	\$8006-8427

Note: All continuing applicants must have a family income that does not exceed the \$45.00 column in order to be eligible at recertification.

INCOME CUTOFF - ENDS PARTICIPATION PRIOR TO END OF 12 MONTH ELIGIBILITY PERIOD

Family Size:	2	3	4	5	6	7	>=8
	\$4258	\$5260	\$6262	\$7264	\$8266	\$8454	\$8642

CHILD CARE ASSISTANCE APPLICATION • CMA of NCA PO BOX 18396 Huntsville AL 35804

WAITING LIST

INITIAL APPLICATION

RE-CERTIFICATION

PARENT INFORMATION:

Applicant's Name _____ SSN (Optional) _____ Date of Birth _____ Race _____ Sex _____
 Single _____ Divorced _____
 Married _____ Separated _____ Spouse Name _____ Spouse SSN (Optional) _____ Date of Birth _____ Race _____ Sex _____
 Residential Address _____ City _____ County _____ State _____ Zip _____
 Mailing Address _____ City _____ County _____ State _____ Zip _____
 Telephone: Hm/Cell _____ Wk _____ Currently receiving Family Assistance (FA) benefits? Yes ___ No ___ Date last FA check received _____
 Applicant's Language _____ Currently in school/training? Yes ___ No ___ High School Student? Yes ___ No ___ Name of School _____
 Circle current classification: Freshman Sophomore Junior Senior Highest grade completed: GED ___ High School ___ Vocational/Trade ___ Junior College ___ 4-Year ___
 Applicant's Employer's Name _____ Other Employer's Name _____ Circle one: 2nd Job Other Household Member
 Spouse's Employer's Name _____ Email: _____

HOUSEHOLD INFORMATION: List EVERYONE living in the home including applicant, spouse and all children.

	NAME	SSN (Optional)	DOB	Sex	RELATIONSHIP TO APPLICANT/ PARENT	WAGES (PAY) PER HOUR	HOURS WORKED PER WEEK	UNEARNED INCOME (Source, Gross Amount & How Often) SSI, Social Security, Unemployment Comp., Family Assistance, Child Support, etc.
1.								
2.								
3.								
4.								
5.								

Do you or any household member have assets valued at more than one million dollars? Yes ___ No ___ If yes, list your assets and their value: _____

	NAME OF CHILD(REN) WHO NEED CHILD CARE	DAYS CARE IS NEEDED							Where Will Child Receive Care If Application Is Approved	NAME OF SCHOOL CHILD ATTENDS (If applicable)
		M	T	W	T	F	S	S		
1.										
2.										
3.										
4.										
5.										

I certify that the information given is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

DHR-CMA-3001 (February 1, 2023)

Total Income: _____ Total Number in the Family: _____

CMA Worker Signature: _____ Date: _____

Child Care Parent Agreement

Parent Name _____ Case ID _____

1. I understand information given to the Child Care Management Agency is needed to determine my eligibility or continued eligibility for child care assistance. I understand all information given is confidential and any other use or disclosure will be made only for certain limited purposes allowed under State and Federal laws and regulation. Such purposes include but are not limited to, establishing eligibility, determining amount of assistance, and providing services to applicants and recipients.
2. I understand the submission of a social security number (SSN) is voluntary. I will not be denied services, nor will services be withheld if I choose not to provide the SSN for myself or other family members. Should I choose to submit the SSN for myself or other family member, I understand the SSN will only be used in the administration of the Child Care Subsidy program to help verify my income, make changes to my case, and assemble research data. I understand my SSN may also be used in program reviews.
3. I understand that any information I have given is subject to verification by an authorized representative of the Child Care Management Agency and/or the Department of Human Resources and I hereby give my permission to obtain such verification. This may involve the agency contacting child care providers, an employer, bank, school/training facility, Internal Revenue Service, Social Security Administration, Veterans Administration, Unemployment Compensation Agency, or other parties.
4. I understand I am not obligated to report changes. However, I may report changes that are beneficial to my family. I agree to notify the Child Care Management Agency (either verbally or in writing) within 10 calendar days of any change that occurs in:
 - Family size or composition (birth, death, child leaving or entering home)
 - My address and/or home phone number
 - My childcare needs, including hours, level (infant/toddler, preschool, before/after school) and amount (full-time, part-time) of care needed.
5. I agree to pay my childcare provider the weekly fee assessed by the Child Care Management Agency. The amount of this fee will be shown on my current Certificate of Child Care Award or Amendment to Certificate of Child Care/Notice of Action.
6. I understand and agree to the following policies regarding parent fee payment:
 - The full weekly parent fee is due for my child(ren) even when (s)he is absent due to sickness, vacation, or the provider is closed (approved closings only).
 - Parent fees are due on Monday for the current week and must be paid for the entire week. Parent fees will not be refunded for any partial week of service.
 - I agree to notify this agency if my child(ren) is absent from childcare for more than 5 days.
7. I understand I may be required to repay the Department for any assistance received due to providing incorrect or false information or failing to provide information concerning changes

in my circumstances within 10 days of the date of the change(s). A repayment agreement will be completed to recoup any overpayment.

8. I understand that should I knowingly give any false information or withhold any information regarding my situation, I may be liable for criminal prosecution for fraud.
9. I have been given a copy of the Civil Rights Pamphlet (at initial interview), and a statement of my rights and procedures for appeal. I understand that I may request a review and/or hearing within 60 days if I am not satisfied with any decision of the Child Care Management Agency.
10. I certify that all my children in need of child care are citizens or legal immigrants of the United States.
11. I certify that I am currently residing in Alabama.
12. I understand that my child care services are subject to termination if I give my Time and Attendance System (TAS) swipe card to my child care provider or an individual employed by the child care provider, or allow my child care provider or an individual employed by the child provider to swipe my TAS card for purposes of recording attendance.
13. I understand that my child care services are subject to termination if I do not use my Time and Attendance System (TAS) swipe card to record my child(ren)'s attendance at the child care provider

I certify that I have read and/or had read to me all the statements on this form and I understand that I must comply with the agreements and/or certifications.

Parent Signature

Date

CMA Worker Signature

Date

STATEMENT OF PARENTAL CHOICE

I, _____, hereby certify that I have made the choice of provider(s) to provide child care services for my child(ren).

I certify that parental choice has been explained to me and I understand I am free to choose any legally operating child care provider, including a licensed child care center, a licensed family or group day care home, a relative who resides outside of my home, or any other excepted from licensure child care setting, such as a YMCA.

I understand that I may change my chosen child care provider anytime by providing the Child Care Management Agency with written or verbal notice.

I understand that I have the right to have access to my child(ren) anytime upon my request to my child care provider, and if the provider fails to provide such access I should report this refusal to the Child Care Management Agency immediately.

I have discussed my child's care with this provider, and I understand that if my chosen provider charges additional rates and fees that I am solely responsible to the provider for the full amount of the additional charges, including, but not limited to, the following:

- > Late pick-up fees;
- > Any amount greater than the maximum amount of subsidy and my assigned parental fee; and,
- > Any other mandatory or optional rates and fees

I understand that these additional rates and fees are in addition to the parental fee I am required to pay as a condition of my child's eligibility for subsidy. I further understand that I am not required to select a provider that charges additional rates and fees and that I have made this choice of my own free will.

_____ Parent Signature	_____ Date	_____ Case ID
_____ CMA Worker Signature	_____ Date	