

CHILDCARE ELIGIBILITY DETERMINATION

Participant Name: _____ Participant ID#: _____

To receive Child Care Assistance participant must bring in the following documentation:

- (a) Childcare Documentation
 - Daily-Weekly Cost Form
 - Center’s Payment Policy
 - Documentation to show that they have tried to get help with child care from other entities (DHS, TEA ...)

I certify that I Do Do Not receive childcare assistance from another organization.

I certify that the information provided is true and complete to the best of my knowledge. I am also aware that the information I provide is subject to review and verification and I may have to provide additional documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment. I allow release of information for verification purposes and understand that it will be used to determine eligibility. I further acknowledge that if I am overpaid, even though no fault of my own, those monies will be returned to West Central Arkansas Planning and Development District Inc. **I am also aware that if I move I will have to submit new house/rent/utilities verification before payments can continue.**

Participant’s Signature

Date

The above information has been verified and copies of proof are attached

Amount of Childcare Assistance Allowed: _____

Staff Signature

Date

Original: Administration Office Copy: Career Advisor File