




# Redetermination Form

Care 4 Kids ▪ 1344 Silas Deane Hwy ▪ Rocky Hill, CT 06067-1342

**Deaf and hearing-impaired individuals may use TTD/TTY line 1-877-455-9169**

It is time to complete your redetermination for the Care 4 Kids Program. The purpose of this form is to collect information we need to determine if you are eligible to continue to receive child care benefits from the Care 4 Kids program.

To complete your redetermination, follow these easy steps:

- **Complete this redetermination form.** If you have any questions or need help, call **1-888-214-5437**.
- **Complete the parent provider agreement form (PPA),** with your child care provider. If your provider is new to the Care 4 Kids program, your provider also needs to fill a W-9 form and return it with the completed PPA. Each provider must complete a separate PPA so, if you have more than one provider or need another PPA, call **1-888-214-5437**.
- **Provide all needed Verification.** Follow the **CHECKLIST**  to see what verifications are required. If you send copies of the requested verifications with your redetermination, we can process your redetermination faster. Do not send original verifications. Care 4 Kids will not return original documents. If you do not have all the verifications, you may still send in your redetermination form but you must send the required information as soon as possible.
- **Send your completed redetermination form, the parent provider agreement and all verifications** to the Care 4 Kids address at the top of this page. Be sure to put enough postage on your envelope. **Please make sure your redetermination and PPA are signed and dated.**
- **Note:** If you need help finding a licensed child care provider, call 2-1-1 Child Care at **211 or 1-800-505-1000**.

Certain information that you have given on this form must be verified before Care 4 Kids can continue assistance. The following list will give you an idea of the documents that may be used to prove your statements.

**Income from Employment** – You may use copies of the most recent pay stubs.

**Self-Employment** – You may use tax records, your last tax return or receipts of business income and expenditures.

**Social Security Income** – Current award notice, copy of current check or statement from social security

**Work Schedule** – Time card or statement from employer on company letterhead verifying your schedule

**Child Support Paid** – Copy of cancelled check, money order or wage stub showing deduction

**Foster Care Payment** – Copy of foster care stipend check or your award letter from Department of Children and Families

**Rental Income** – Copy of leases, business records or income tax records

**CHECKLIST**  **Do not forget to send in verifications requested**

## Section 1: Head of Household Information (Tell us who you are) ◀

The head of household is the parent or an adult responsible for the child(ren). If the parent is under the age of 18 and living with an adult, the adult is considered the head of household and must complete and sign this redetermination form.

Have you ever applied for cash, medical or food stamp assistance from the **Department of Social Services (DSS)**? **(Answering this question will not affect your eligibility.)**

If **yes**, what is your DSS client ID number? \_\_\_\_\_

First name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Social Security Number (optional) \_\_\_\_\_ Is this redetermination for child care assistance for a foster child?  Yes  No

Sex:  Female  Male Marital Status:  Married  Single  Separated

Race: (circle all that apply) **AA** - American Indian/Alaskan Native **A** - Asian **B** - Black  
**NP** - Native Hawaiian/Pacific Islander **W** - White **U** - Unknown

Hispanic:  Yes  No  Marque aquí si desea recibir cartas y formularios en español.  
(Check here if you want to receive letters and forms in Spanish.)

## Section 2: Children Information (Tell us about all the children living in your home) ◀

**TABLE A: CHILDREN WHO NEED CHILD CARE**

- In this section, please list only those children who need child care assistance from this program.
- To be eligible, most children must be under age 13. Children with special needs may be eligible up to age 19. Special needs may include a physical or mental impairment, a severe behavioral disturbance or developmental delay. Special needs must be confirmed by a health care professional and the child must need extra supervision, care or assistance in the child care setting.
- All children in Care 4 Kids must be up-to-date on their shots (*immunizations*).
- By law we need to ask your child's race. Identify your child's race by circling **all the races that apply** in the column "Race of Child" in **TABLE A**.

**KEY - AA** - American Indian/Alaskan Native **A** - Asian **B** - Black **NP** - Native Hawaiian/Pacific Islander **W** - white **U** - unknown

First name, middle initial, last name	Date of birth	Relationship of child to Applicant	Sex	Is this child Hispanic?	Social Security Number (optional)	Is this child a US citizen?	Does this child have special needs?	Race of child	Is this child up to date with shots?
1.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>AA</b> <b>NP</b> <b>A</b> <b>W</b> <b>B</b> <b>U</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>AA</b> <b>NP</b> <b>A</b> <b>W</b> <b>B</b> <b>U</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>AA</b> <b>NP</b> <b>A</b> <b>W</b> <b>B</b> <b>U</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>AA</b> <b>NP</b> <b>A</b> <b>W</b> <b>B</b> <b>U</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>AA</b> <b>NP</b> <b>A</b> <b>W</b> <b>B</b> <b>U</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**TABLE B: CHILDREN UNDER 18 IN HOME WHO DO NOT NEED CHILD CARE**

- Please list any other children under 18 living in your home who do not need child care.

First name, middle initial, last name	Date of birth	Sex	Relationship of child to Applicant	Social Security Number (optional)
1.		<input type="checkbox"/> M <input type="checkbox"/> F		
2.		<input type="checkbox"/> M <input type="checkbox"/> F		

Do any of the children listed above have their own children living in your home?  YES  NO

If YES, please list the names of the under 18 parent(s) and the name(s) of their children:

Under 18 Parent(s): \_\_\_\_\_ Child(ren): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 3: Adult Information (Tell us about all other adults living in your home) ◀**

**TABLE C: ADULTS IN THE HOME OTHER THAN THE APPLICANT**

- Please list all other adults **over 18**, excluding yourself, living in your home. Include your spouse and any relatives and non-relatives who live in your home.
- If more space is needed, please write the information on another piece of paper and attach it to the redetermination form.

First name, middle initial, last name	Date of birth	Sex	Relationship to Applicant	Social Security Number (optional)	Is this person unable to provide child care because of a disability?	Is this person a parent of child living in the home?
1.		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of child _____
2.		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of child _____

**Section 4: Child Support Paid (Tell us about Child Support you pay) ◀**

If you or another adult living in your home pays Child Support for a child who does not live with you, that amount may be deducted from your income when determining income eligibility for assistance. Do any adults in your home pay Child Support?  YES  NO

If YES, payment is made to \_\_\_\_\_ payment is made by \_\_\_\_\_

What is/(are) the name(s) of the child(ren) for whom you pay Support? \_\_\_\_\_

How much is paid? \$ \_\_\_\_\_ per \_\_\_\_\_ date payments started \_\_\_\_\_  
 (time period)

 Please send us verification that you pay Child Support.

## Section 5: Work/Education/Training Activities ◀

- Please list, yourself, all parents and other adults who are working, in training or in school. Include parents or other persons responsible for the children in the home and their spouses.
- Be sure to include work, training or school information. Also, fill out information and schedule for each activity (i.e., working, in training, in school) a parent/adult participates in.

### 1. Name of Parent or Other Adult: \_\_\_\_\_

Type of Activity:     Work     Education     High School     Self-Employed     Training  
 Other(describe) \_\_\_\_\_ Do you work at home?     Yes     No

Name of Employer/Program/School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Start Date of Work/Program/School: \_\_\_\_\_ Name of Employment Services Case Manager, if any : \_\_\_\_\_

#### PARENT/ADULT SCHEDULE BY DAY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start time*	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
End time*	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

\* - Fill in the time you are required to start the activity and the time the activity ends, including meal and break times

If workdays or hours of work vary, please explain: \_\_\_\_\_

How long does it take you to **get to** this activity **from the** child care setting? \_\_\_\_\_

How long does it take you to **get from** this activity **to the** child care setting? \_\_\_\_\_

Do you take public transportation to or from this activity?     Yes     No

### 2. Name of Parent or Other Adult: \_\_\_\_\_

Type of Activity:     Work     Education     High School     Self-Employed     Training  
 Other(describe) \_\_\_\_\_ Do you work at home?     Yes     No

Name of Employer/Program/School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Start Date of Work/Program/School: \_\_\_\_\_ Name of Employment Services Case Manager, if any : \_\_\_\_\_

#### PARENT/ADULT SCHEDULE BY DAY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start time*	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
End time*	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

\* - Fill-in the time you are required to start the activity and the time the activity ends including meal and break times

If workdays or hours of work vary, please explain: \_\_\_\_\_

How long does it take you to **get to** this activity **from the** child care setting? \_\_\_\_\_

How long does it take you to **get from** this activity **to the** child care setting? \_\_\_\_\_

Do you take public transportation to or from this activity?     Yes     No


## Section 6: Income Information (Tell us about your family income) ◀

 Please send us verification of all income your family receives (See page 1, for a list of documents you can use to verify your family's income)

- Please list all the income your family receives including:
  - Gross earnings **before taxes or deductions** for all parents and adult family members in your home
  - Unearned income **before deductions** for all adults & children in your home (*such as SSI, Social Security, etc.*)

Persons with Income →	Name _____	Name _____	Name _____	Name _____
<b>Wages</b>	\$ _____ * per wk bwk sm mo (circle one)	\$ _____ * per wk bwk sm mo (circle one)	\$ _____ * per wk bwk sm mo (circle one)	\$ _____ * per wk bwk sm mo (circle one)
<b>Self-employment</b>	\$ _____ per week or month (circle one)	\$ _____ per week or month (circle one)	\$ _____ per week or month (circle one)	\$ _____ per week or month (circle one)
<b>SSI</b>	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
<b>Social Security</b>	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
<b>Rental Income</b>	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
<b>Unemployment Compensation</b>	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
<b>DCF Stipend</b>	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
<b>Other Income</b> <i>(e.g. pensions, worker's compensation, veterans benefits, dividends /interest (if over \$600/year))</i>	\$ _____ Type: _____ * per wk bwk sm mo (circle one)	\$ _____ Type: _____ * per wk bwk sm mo (circle one)	\$ _____ Type: _____ * per wk bwk sm mo (circle one)	\$ _____ Type: _____ * per wk bwk sm mo (circle one)

\* per: **weekly** (wk), **bi-weekly** (bwk), **semi-monthly** (sm), **monthly** (mo)

 Please send copies of your **MOST RECENT** paycheck stub(s) with this redetermination. Processing of your redetermination will be delayed if the most recent pay stubs are not submitted

- If you are paid **once a week**, send copies of the last four paycheck stubs.
- If you are paid **every other week or twice a month**, send copies of the last two paycheck stubs.
- If you are paid **once a month**, send a copy of the last paycheck stub.
- If you are **self-employed**, send a copy of your most recent state or U.S. tax return, including the schedules **or** your most recent quarterly state or U.S. tax filing.

Do you receive Food Stamps?    YES    NO (Answering this question will not affect your child care benefit.)

Do you receive housing assistance?    YES    NO (Answering this question will not affect your child care benefit.)

Do you receive child care assistance from another source?    YES    NO

If YES, from whom: \_\_\_\_\_ How much? \$ \_\_\_\_\_ How often? \_\_\_\_\_

## Section 7: Parent's Rights & Responsibilities ◀

- Please read the following section carefully or have it read to you. If there is anything you do not understand, you may call **Care 4 Kids** at **1-888-214-KIDS (5437)** and ask that it be explained to you.
- When you have read the section or had it read to you, please sign in the space provided at the bottom of this page.
- You have certain rights and there are certain rules you need to follow.
- You have the right to file an application, withdraw an application or discontinue your participation in **Care 4 Kids** at any time. You have the right to choose any eligible child care provider.
- You have the right to be treated fairly by **Care 4 Kids** without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs or disability. You have the right to request forms and notices in Spanish. All non-English speaking participants have the right to the services of an interpreter.
- You have the right to ask for a review of any decision made by **Care 4 Kids** on your application/enrollment. You have the right to speak to a supervisor or mediator and the right to request a hearing from the Department of Social Services (DSS).

### I understand and agree that:

- I must report any changes in my situation to **Care 4 Kids** within 10 days of the change, including but not limited to changes in address, income, household size, child care provider, hours of employment or training, additional hours of care, etc.
- **Care 4 Kids** may verify the information I have given on this form. I understand that if I am eligible for **Care 4 Kids**, benefits will not begin any earlier than 15 days before the date the redetermination is received.
- The information on this form is confidential. DSS or its agent will only use this information to administer a DSS program. Information may be shared with others as permitted by law.
- **Care 4 Kids** employees may provide my child care provider with information about my eligibility for **Care 4 Kids** and the amount of the **Care 4 Kids**' payment.
- On request, **Care 4 Kids** may be required to provide information on program applicants and participants to law enforcement officials.
- The child care arrangement is between my provider and me. DSS and **Care 4 Kids** are not responsible for the child care arrangement.
- The Department of Social Services may conduct an unscheduled home visit.
- **Care 4 Kids** may not pay the full amount charged by my provider. I am responsible for paying all additional provider charges.
- Providers must meet state health, safety and licensing requirements to be eligible for payment.
- I may be required to repay any benefits received in error, including administrative errors. I may be subject to criminal prosecution for fraud if I knowingly supply any false information to **Care 4 Kids** or fail to report changes on time. I may also be disqualified from the program. In order to remain eligible, I must cooperate with the Care 4 Kids and DSS quality control process.

**Head of Household please read and sign:** I have read my rights and responsibilities or have had them read to me in a language I understand. I certify under penalty of perjury that all the information provided is true and correct to the best of my knowledge.

Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_

Did another person help you fill out this form?  YES  NO

If yes, printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

## CHECKLIST Do not forget to send in all verifications requested

Mail this redetermination to: **Care 4 Kids • 1344 Silas Deane Hwy • Rocky Hill, CT • 06067-1339**

The Connecticut Department of Social Services sponsors the Care 4 Kids program.  
All Department of Social Services programs are administered in a non-discriminatory manner,  
consistent with equal employment opportunities and affirmative action requirements.