

# **Care 4 Kids Redetermination**

Care 4 Kids = 1344 Silas Deane Highway = Rocky Hill, CT 06067

Care 4 Kids is the child care assistance program for the State of Connecticut. This form will give us the information we need to see if you are eligible for continued assistance from Care 4 Kids.

- 1. Fill out this Redetermination. If you need help, call 1-888-214-5437 or visit www.ctcare4kids.com.
- 2. Fill out the Parent Provider Agreement (PPA) with your child care provider. New providers to the Care 4 Kids program must complete a W-9 form and return it with the completed PPA.
- 3. Provide all necessary information. Submit a copy of the requested information with your Redetermination.
- 4. If you have chosen a child care provider, include the completed PPA with your Redetermination. Please make sure you sign and date your Redetermination and PPA.
- 5. If you need help finding a licensed child care provider, call 2-1-1 Child Care at 2-1-1 or 1-800-505-1000.

Information that you provide on this form must be checked before you can continue receiving Care 4 Kids. The following documents can be used to prove the information you provide is true.

- Income from Employment Copy of your most recent pay stubs or a statement from your employer.
- Self-Employment Recent tax records and tax returns, or receipts of business income and expenditures.
- Social Security Income Current award notice, copy of current check or statement from social security.
- Child Support Paid Cancelled check, money order, or wage stub showing deduction.
- Foster Care Payment Foster care stipend check or award letter from Department of Children and Families.
- Rental Income You Receive From Someone Else Business records or income tax records.

# SECTION 1: HEAD OF HOUSEHOLD INFORMATION

The head of household is the parent or adult legally responsible for the child(ren) and currently receiving Care 4 Kids benefits. If the parent is under the age of **18** and living with an adult, the adult is considered the applicant and must fill out and sign this Redetermination.

				/ / /
FIRST NAME	M.I.	LAST NAME		DATE OF BIRTH
STREET ADDRESS				FLOOR/APARTMENT NUMBER
			()	
СІТҮ	STATE	ZIP	PRIMARY PHONE	WORK PHONE
	Is this r	edeterminatio	on for child care assistance	e for a foster child? 🛛 Yes 🖵 No
SOCIAL SECURITY NUMBER (OPTIONAL)				
Sex: Gerale Male Mari			Single 🛛 Separated 🖵 🛛	Divorced

Marque aquí si desea recibir cartas y formularios en español. (Check here to receive letters and forms in Spanish.)

#### SECTION 2: CHILD(REN) INFORMATION

To be eligible, children must be under age 13. Children with special needs may be eligible up to age 19.

#### CHILDREN FOR WHOM YOU ARE REQUESTING CHILD CARE ASSISTANCE

**KEY:** A (Asian) B (Black/African Decent) C (White) N (Native American/Alaska Native) P (Native Hawaiian/Other Pacific Islander)

Child's Name (First Name, Middle Initial, Last Name)	Date of Birth	Relationship to Applicant	Sex	ls child Hispanic?	Social Security Number (optional)	Is child a U.S. citizen?	Race (circle all that apply)	Is child up to date with shots? (immunizations)
1.	//		Пм Г	VES		YES NO	ABC NP	U YES
2.	//		Пм Г	VES		YES	ABC NP	VES
3.	//		□ M □ F	VES		VES	A B C N P	VES

## SECTION 2, CONTINUED: CHILD(REN) INFORMATION

Child's Name (First Name, Middle Initial, Last Name)	Date of Birth	Relationship to Applicant	Sex	ls child Hispanic?	Number	Is child a U.S. citizen?	Race (circle all that apply)	Is child up to date with shots? (immunizations)
4.	//		Пм Г	YES		YES	A B C N P	VES
5.	//		Пм Г	VES		YES	ABC NP	VES

Do any of the above children have special needs? U Yes No If YES, provide name(s):\_\_\_\_

#### CHILDREN UNDER 18 IN THE HOME WHO DO NOT NEED CHILD CARE ASSISTANCE

First Name, Middle Initial, Last Name	Date of Birth	Sex	Relationship of Child to Applicant	Social Security Number (optional)
1.	//	ПМ ПF		
2.	//	□ M □ F		
3.	//	□ M □ F		

Do any of the children listed above have their own children living in your home? Yes No If YES, list the names of the minor parents (under age 18) and the name(s) of their children:

Parent(s) Under Age 18:

Child(ren) of Parent Under Age 18:

#### SECTION 3: INFORMATION ON OTHER ADULTS LIVING IN YOUR HOME

List all other adults over 18 living in your home. Include your spouse and any relatives and non-relatives who live in your home. This helps us determine which household members are included in your family size and if their income is counted.

First Name, Middle Initial, Last Name	Date of Birth	Sex	Relationship to Applicant	Social Security Number (optional)	Is this person a parent of child living in the home?
1.	//	□ м □ ғ			YES NO Name of Child
2.	//	□ × □ F			YES NO Name of Child

#### SECTION 4: WORK/EDUCATION/TRAINING ACTIVITIES

List all parents and other adults, including yourself, who are working, in training, or in school. Include parents or other persons legally responsible for the children in the home and their spouses. Fill out information for each activity.

1.											Do y	ou work a	t home	? 🛛 Yes 🕻	No I
	NAME	OF PARENT OR OT	THER A	DULT IN THE	HOME										
	Туре о	f Activity:		Work	🖵 Ec	ducation	🛛 Hig	h School	🛛 Sel	f-Employed		Training	🛛 Dis	abled	
	Name	of Employer/	'Prog	ram/Sch	ool										
	Addres	ss						City				State		Zip	
	Start D	ate								Phone	(	)			
					I	PARENT/	ADULT -	TYPICAL	WEEKLY	SCHEDULE					
_						(Enter sta	art time a	nd end time,	and circle	AM or PM)					
_	TIME	MONDAY		TUES	DAY	WEDN	NESDAY	THU	RSDAY	FRIDAY	,	SATUF	RDAY	SUNDA	٩Y
	Start		AM PM	:	AM PM		AN PN		AM PM	:	AM PM	:	AM PM		AM PM
_	End	:	AM PM	:	AM PM		AN PN		AM PM	:	AM PM	:	AM PM	:	AM PM

If your work schedule or activity is flexible or varies, please explain:

Daily commute to/from child care setting/activity?\_\_\_\_\_\_minutes

Do you use public transportation? 
Yes 
No

NAME (First/Last):\_\_\_

# SECTION 4, CONTINUED: WORK/EDUCATION/TRAINING ACTIVITIES

	of Employer,	-	-											
	SS						City				State		Zip	
Start D	oate								Phon	e <u>(</u>	)			
				PA	RENT/AD	ULT – T	YPICAL W	EEKLY S	CHEDULE					
		<u>,</u> г	<b>T</b> UE (20)		(Enter start t		,	1	,	<del>.,</del> 1	C 4 TI 10		<u></u>	
TIME	MONDAY		TUESDA		WEDNES		THURSI		FRIDA		SATUR		SUND	
Start	:	AM PM	::	AM _ PM	::	AM PM	:	AM PM	::	AM PM	:	AM PM	:	AI PI
End	::	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AM PM	:	AI PI
If your	work schedu	ule or	activity is	flexibl	e or varies	, please	e explain:							
Daily c	ommute to/	from	child care s	setting	g/activity?		min	utes	Do you	use pu	olic trans	oortatio	n? 🗖 Yes	
стіо	N 5: CH	411 F	סמווא ר	OR										
	other adult					nnort i	that amou	int may	he deduc	tod fro	n vour in	come	f VES nav	imor
	iother adult	iiviiig	in your no	те ра	ys china su	ρρυτ,		int may	be deduc	teu noi	n your m	come. i	n <b>n L3</b> , pay	mei

How much is paid? \$

\_\_\_\_\_ How often? 🛛 Weekly 🗳 Bi-Weekly 📮 Semi-Monthly 🖾 Monthly

## **SECTION 6: INCOME INFORMATION** (Household Composition)

Send verification of all income for parents, parents of children under 18, step-parents, and children under 18. These family members are part of your household and their income will be counted when deciding eligibility. Send at least 2 weeks of your MOST RECENT paycheck stub(s). If you are self-employed, submit a copy of your most recent tax records and returns, including the schedules or receipts of business income and expenditures.

Persons with Income →	Name	Name	Name	Name
Gross Wages	\$	\$	\$	\$
(before taxes)	* per wk bwk sm mo			
and Frequency	(circle one)	(circle one)	(circle one)	(circle one)
Self Employment	\$	\$	\$	\$
	per week or month			
	(circle one)	(circle one)	(circle one)	(circle one)
DCF Stipend	\$	\$	\$	\$
	<i>per</i> month	per month	<i>per</i> month	<i>per</i> month
Social Security	\$	\$	\$	\$
Income	<i>per</i> month	<i>per</i> month	per month	<i>per</i> month
Unemployment	\$	\$	\$	\$
Compensation	<i>per</i> month	per month	per month	<i>per</i> month
Other Income (i.e. alimony, pensions, worker's compensation, veterans benefits, rental income)	\$ Type: * per wk bwk sm mo (circle one)			

Do you get food stamps? Yes No

If YES, from whom?

Do you get cash assistance from the Department of Social Services? 
Yes 
No

Do you get housing assistance? **U** Yes **U** No Do you get child care assistance from another source?  $\Box$  Yes  $\Box$  No How much? \$ How often?

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## NAME (First/Last):\_\_\_\_

## SECTION 7: PARENTS RIGHTS AND RESPONSIBILITIES

Please read the following section carefully. If there is anything you do not understand, call **Care 4 Kids** at **1-888-214-5437** and ask that it be explained to you.

- When you have read this section, please sign and date below.
- You have certain rights and there are certain rules you need to follow.
- You have the right to file an Application and/or Redetermination, withdraw an Application and/or Redetermination, or discontinue your participation in Care 4 Kids at any time.
- 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 and/or Redetermination. You have the right to speak to a supervisor or mediator and the right to request a hearing from the State of Connecticut.

#### 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 change 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.
- The Department of Labor will share unemployment compensation and wage information for applicants and household members for determination of eligibility for Care 4 Kids. OEC may disclose to its contractor confidential information from the Department of Labor concerning unemployment compensation benefits and quarterly wage information pertaining to individuals who have signed the application, only as necessary, to determine eligibility for the Care 4 Kids program.
- The information on this form is confidential. The State of Connecticut or its agent will only use this information to administer a State of Connecticut program. Information may be shared with others as permitted by law.
- Care 4 Kids will disclose information about my eligibility for Care 4 Kids to my provider.
- 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. The State of Connecticut and Care 4 Kids are not responsible for the child care arrangement.
- The State of Connecticut may conduct unscheduled visits to verify any household, employer, or provider circumstances.
- Care 4 Kids may not pay the full amount charged by my provider. I am responsible for paying all additional provider charges.
- I have the right to choose any eligible child care provider that meets the health, training, and licensing requirements.
- 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 also may be disqualified from the program. In order to remain eligible, I must cooperate with the Care 4 Kids and State of Connecticut quality control process.

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 of the information provided is true and correct to the best of my knowledge.

Applicant Signature:	Date:
Signature of other legally responsible adult living with you (i.e. spouse, child's parent,	etc.)
Other Signature:	Date:

RETURN THIS REDETERMINATION FORM TO: Care 4 Kids = 1344 Silas Deane Highway = Rocky Hill, CT = 06067 FAX: 1-877-868-0871