

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 that the submission of a social security number (SSN) is voluntary and I will not be denied services nor will services be withheld if I choose not to provide the Social Security Number for myself or other family members. Should I choose to submit the Social Security Number for myself or other family members, I understand that the social security number will only be used in the administration of the Child Care Subsidy Program to help verify my income, to help in making changes to my case, and to 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 it is my responsibility to report changes. 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 income (including wages, Family Assistance, child support, SSI, SSA, unemployment, etc.)
 - Employment for myself or other family members (including job changes, increase/decrease in number of hours worked, increase/decrease in hourly wage, lay-off, maternity/medical leave, terminations, or resignations)
 - Education or training status for myself or other family members
 - Family size or composition (marriage, divorce, 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.
 - Child in home turns 13
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. Parent fees paid must be for full weeks, not partial weeks. Parent fees will not be refunded for any partial week of service.
 - Failure to pay parent fees may result in termination from services.

- If I am terminated from childcare for not paying parent fees, I will not be eligible for childcare assistance until all parent fees are paid. I understand that after all parent fees are paid, I will be placed at the bottom of the waiting list to receive childcare assistance.
 - I agree to notify this agency if my child(ren) is absent from childcare for more than 5 days.
7. I understand that I may be required to repay the Department for any assistance I receive to which I am not entitled due to giving incorrect or false information or failing to provide information concerning changes in my circumstances within 10 days of the date of the change(s). Repayments may be deducted from current or future assistance. I also understand that should I receive benefits to which I am not entitled, I am subject to civil action to recover those benefits and that should I knowingly give any false information or withhold any information regarding my situation, I am liable for criminal prosecution for fraud.
 8. 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.
 9. I certify that all my children in need of child care are citizens or legal immigrants of the United States.
 10. I certify that I am currently residing in Alabama.
 11. *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.*
 12. *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) attendance at the child care provider.*
 13. *I understand that if my child is authorized for full-time (FT) care and attends part-time (PT) during the week, the applicable PT rate will be reimbursed to the 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