

Family Guidance Center of Alabama

P. O. Box 787, Opelika, AL 36803

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CHILD CARE SUBSIDY PROGRAM ALTERNATE CARDHOLDER AUTHORIZATION

Parent Name _____

Parent ID _____

GENERAL INFORMATION

The Alabama Time and Attendance System (TAS) is used to track time and attendance for a child participating in Alabama's Child Care Subsidy Program (Subsidy Program) and to process child care payments sent to child care providers registered with the Subsidy Program. The system involves the use of a swipe card, by the parent. The parent or their designated alternate cardholder-document attendance by swiping their card through a point-of-service (POS) device at the child care facility.

Parents actively participating in the Subsidy Program can be issued two (2) swipe cards; one card for the parent and one for an alternate person. The alternate person (cardholder) can be a spouse or someone else who assists the parent in taking the child to and from the child care facility. **The alternate cardholder cannot be the child care provider or anyone who is employed by, or acts on behalf of the child care provider.**

I. AUTHORIZATION OF ALTERNATE CARDHOLDER _____ New _____ Change

Complete the information below to authorize issuance of a second card for an alternate person (cardholder) to assist in recording attendance for your child.

I wish to authorize the following person as an alternate cardholder.

First Name: _____ Last Name: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Relationship to Parent: _____

I understand that the alternate cardholder is responsible for assisting in recording attendance for my child. I understand that I am responsible for all actions/swipes made by the alternate cardholder on my behalf. I certify that the alternate cardholder is not the child care provider or anyone employed by, or acting on behalf, of the child care provider.

Signature of Parent

Date

II. NO ALTERNATE CARDHOLDER

I **choose not to have an alternate** card issued for my Subsidy Program case. I understand no alternate swipe card will be issued and no alternate cardholder will be designated for my case.

Signature of Parent

Date

III. WITHDRAWAL OF ALTERNATE CARDHOLDER

I wish to **remove all prior** designated alternate cardholder information from my case. I understand that by signing this form the alternate cardholder's swipe card will be **inactivated**. Furthermore, I understand that I am solely responsible for tracking my child's time and attendance at the child care facility.

Signature of Parent

Date