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# OFFICE OF FAMILY INDEPENDENCE

## CHILDCARE AND PARENT SERVICES

### BASIC POLICY TRAINING



### PARTICIPANT GUIDE

# TABLE OF CONTENTS



## **INTRODUCTION**

Introductions  
Outline  
Objectives  
Expectations  
Agency Mission and Values  
Goals of DHR/DFCS Staff  
CAPS Basic Principles

## **APPLICATION PROCESS**

Goals  
Objectives  
Inquiry/Screening  
Wait List Process  
Application Process  
Interviewing Requirements  
Forms at Application  
Standard of Promptness (SOP)  
Social Security Numbers and Unique Identifiers  
Certification Period  
Completion of Application Process  
Notification  
Verification

## **PROGRAM REQUIREMENTS**

Outline  
Objectives  
Basic Eligibility Criteria  
Family Unit  
Eligible Children  
Immunization  
State Approved Activities  
Income  
Fee Assessment  
Transitional Child Care

# TABLE OF CONTENTS

## **LINKING FAMILY TO THE PROVIDER**

- Outline
- Objectives
- Case Manager's Role
- Parental Choice
- Types of Care/Child Care Settings
- Registration Fees/Reimbursement Rates
- Negotiating Care/Rate
- Cross-County and Out-of-State Placements
- First Day of Service/Attendance

## **PROVIDER ENROLLMENT & MANAGEMENT**

- Overview
- Provider Requirements
- CPS Screening
- Enrolling Informal Providers
- Uniform Accounting System (UAS) Codes
- Child Care Certificate, Form 77
- Invoicing Process

## **CAPS IN SUPPORT OF SOCIAL SERVICES**

- Overview
- Child Protective Services
- Court Ordered Supervision
- Children in DFCS Custody
- Supplemental Supervision

## **CASE MANAGEMENT**

- Overview
- Reviews
- Recertification
- Changes
- Suspension
- Transfers
- Terminations
- Sanctions
- Notification
- Provider Management
- Monitoring
- Fair Hearings

# INTRODUCTION



## PARTICIPANT GUIDE

## OUTLINE

Introductions

Outline

Objectives

Expectations

Agency Mission and Values

Goals of DHR/DFCS Staff

CAPS Basic Principles

## OBJECTIVES

By the end of this module, participants will:

- Be able to describe the goals and expectations of the CAPS training program.
- Be able to apply the values and beliefs to the CAPS program.
- Be able to list the basic CAPS principles.

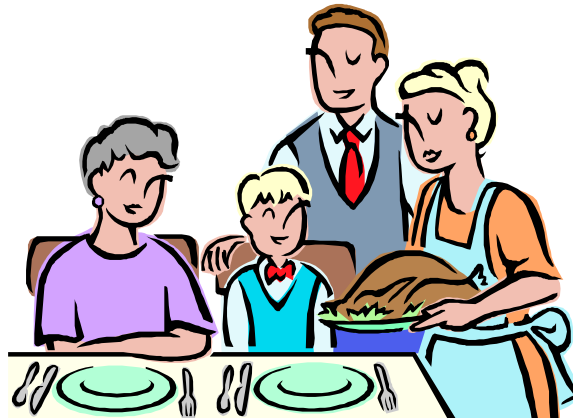
## TRAINER EXPECTATIONS OF PARTICIPANTS



- **Be attentive and use time wisely.**
- **Be respectful of other peoples' opinions.**
- **Be courteous, only one person may talk at a time.**
- **Be punctual – in the mornings, after lunch, and after breaks.**
- **Be respectful of others' learning needs.**
- **Participate in all exercises and activities.**
- **Ask questions if instruction is unclear. Address all questions to the trainers.**
- **Ask for help when needed.**
- **Consult trainers concerning decorum issues.**
- **Examine your current interpersonal style and be willing to learn new skills.**
- **Be prepared for class, i.e., read all assigned material and bring needed materials to class.**

**Trainers may add other expectations to this list.**

# BELIEFS FOR RIGHT WORK RIGHT WAY SERVICE MODEL



- ❖ Welfare is not good enough for any family.
- ❖ There is dignity in work whether with the head or hand.
- ❖ Families are capable and responsible for making change happen.
- ❖ Productive partnerships empower families to take charge of their lives.
- ❖ If we want adults to take primary responsibility for the quality of their families' lives, we must encourage self-sufficiency.
- ❖ With proper preparation, support, and supervision, we can help our customers create a more secure employment future for themselves.
- ❖ We can best serve families by telling them, and ourselves, the whole truth as we see it about their strengths and challenges.



## THE DEPARTMENT OF HUMAN RESOURCES SERVICE MODEL



### OUR MISSION:

To strengthen Georgia's families – supporting their self-sufficiency and helping them protect their vulnerable children and adults by being a resource to their families, not a substitute.

### VALUES:

- Do not accept welfare and total dependence on government for any family.
- Expect adults to work.
- Be a resource and support, not a substitute, for families.
- Expect every consumer to invest/participate in their own recovery.
- Serve people as close to home, family, and community as possible.
- Give customers as much control over getting the information they need as technologically possible.
- Use data and information to help make decisions.
- Do not accept “business as usual” – it’s not good enough.
- Spend government money like it’s our own.
- Treat customers as if they were our own family.
- Make it faster, friendlier, easier for people to deal with us.
- Reward our workforce for performance.
- Deliver services as if we were not the only one who could do that work.

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# Goals of DHR/DFCS Staff



❖ **Working/Self-Sufficient Customers:**

Increase the number of DHR families achieving self-sufficiency through work or work related activity.

❖ **Home/Community-Based Services:**

Increase the supply and use of home and community-based human services.

❖ **Technology Access:**

Increase customer and staff access to information that improves productivity.

❖ **Employee Engagement:**

Improve DHR employee engagement with customers.

❖ **Prevention:**

Increasing the number of Georgia citizens engaging in healthy, pro-social behavior.

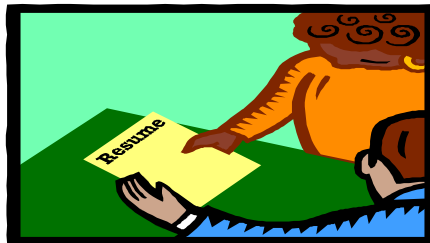
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## CAPS BASIC PRINCIPLES



- Parents are responsible for their children's support and well-being. This includes selecting and arranging child care.
- Child care supplements the care and protection children receive from their parents.
- Child care is for less than 24 hours per day in a setting selected by the parent.
- Child care is subsidized for low-income families so they may participate in a training program, attend school, or maintain employment.
- Parents of children receiving child care retain their rights and responsibilities.
- CAPS funds may not be used to pay for child care when the provider selected is an employee of DFCS.

# Application Process



## Participant Guide

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## OUTLINE

Inquiry/Screening

Wait List Process

Application Process

Interviewing Requirements

Forms at Application

Standard of Promptness (SOP)

Social Security Numbers and Unique Identifiers

Certification Period

Completion of Application Process

Notification

Verification

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## OBJECTIVES

By the end of this module, participants will:

- Be able to distinguish between inquiry and application processes.
- Be able to determine the standard of promptness for applications.
- Be able to state who can apply for child care services.
- Be able to identify the forms required at application/certification.
- Understand the requirements to notify applicants/recipients.
- Be able to list the interviewing requirements.
- Be familiar with verification requirements.

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## INQUIRY/SCREENING PROCESS

All individuals seeking child care, except those referred by TANF or Foster Care, must submit Form 66, Inquiry/ Screening for Child Care Services to determine if they are potentially eligible for service.

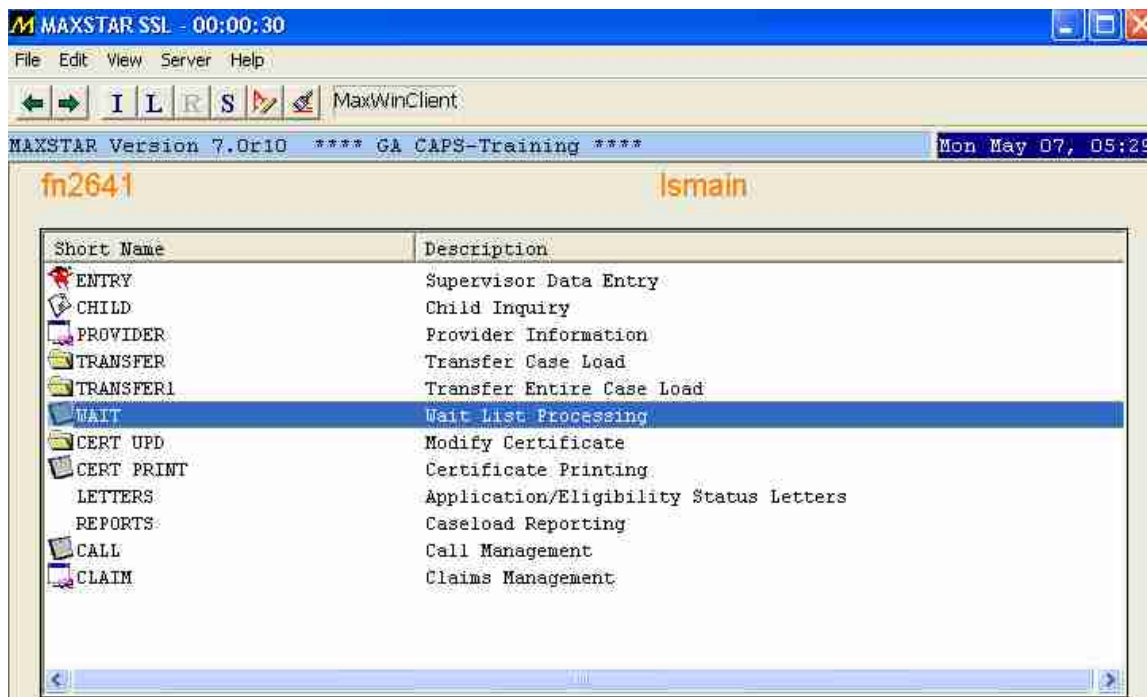
The individual must be notified within 15 calendar days of whether the family is eligible for priority service or if name will go on waiting list.

IF	THEN
Individual is seeking child care assistance in county of residence	Complete Form 66, Inquiry/Screening for Child Care Services, unless TANF or Foster Care referral.
Individual is seeking child care assistance outside county of residence.	Refer to local DFCS office in county of residence.
If individual submits Form 66 in person, by mail, by phone or in-house referral.	<ul style="list-style-type: none"><li>• Accept Form 66 and stamp date of receipt.</li><li>• Have designated staff person screen to determine if individual qualifies for priority service.</li></ul>
Family does not qualify for priority service or funds are not available to serve non-priority families.	<ul style="list-style-type: none"><li>• Add family's name to "Wait List" in MAXSTAR.</li><li>• Mail or hand-deliver a copy of the completed Form 66 within 15 calendar days of receipt, advising family that their name was added to waiting list.</li></ul>
Family qualifies for priority service or funds are available to serve non-priority families.	<ul style="list-style-type: none"><li>• Proceed with application process.</li><li>• Mail or hand-deliver completed Form 66 and Form 66A, Appointment Letter and Verification Checklist.</li></ul>
TANF or Foster Care Referral.	Proceed with application process. Family qualifies for priority service and does not go on waiting list.

## WAIT LIST PROCESS

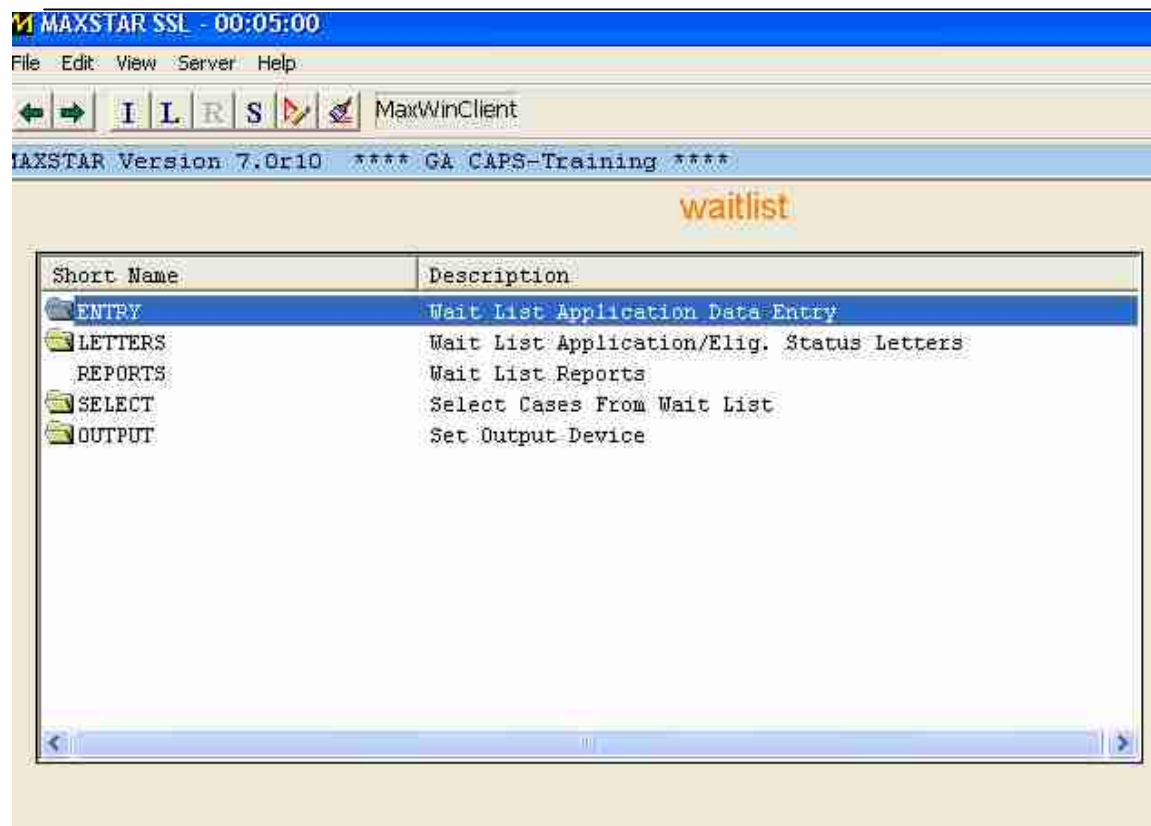


Add the family to the waiting list only if their declared gross income does not exceed CAPS maximum allowable income limits based on family size.



From the Main Menu, select Wait List Processing. Press Enter. This brings up the next screen.





From this screen, select "ENTRY – Wait List Application Data Entry." Press Enter to bring up the Characteristics Search screen.

The screenshot shows the "Characteristics Search" screen within the MAXSTAR SSL application. The title bar reads "MAXSTAR SSL - 00:19:55". The menu bar includes "File", "Edit", "View", "Server", and "Help". The toolbar contains icons for navigation and editing, with the text "MaxWinClient" to the right. Below the toolbar, a status bar displays "Characteristics Search" and "Mon May 07, 05:48". The main content area is titled "ENTER ONE OR MORE CASEHEAD IDENTIFIERS" in orange text. It contains a form with the following fields:

Last Name:	NORMANDY
First Name:	FRANCES
Casehead SSN:	
County:	
Case Manager ID:	
CAPS Case ID:	

At the bottom of the form, there are two buttons: "Search" and "Exit".

This allows the user to search to see if a family is already included on the wait list or in the system. If the family is not in the system, complete the two data entry screens to add the family's name to the waiting list.

MAXSTAR SSL - 00:35:40

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry WAIT LIST ENTRY Mon May 07, 06:04

CAPS Case ID: 248603 CM ID: wait

Last: NORMANDY First: FRANCES Middle: G

SSN: 888-24-8603 DOB: 01/02/1960 Sex: F Race: 1

Address Line 1: TWO PEACHTREE STREET Home Phone: (912) 555-9988

Address Line 2: Work Phone: (912) 777-3456

City: BAXLEY

Zip Code: 31513

County: 001

TANF Status: A Gross Monthly Income: 12,890.00

Family Unit: 4 Inquiry Receipt: 05/07/2007

Added to Wait List: 05/07/2007

Case Closed: Selected From Wait List:

Closure Reason: Wait List Review: 05/04/2008

Annual Income: 0.00 Subsidy Level: 1 Updateable: N Priority: 0

Screen 1 of 2

The system automatically populates the case manager ID field with “wait.” Enter all information for the casehead, including name, DOB, address, county, etc.

Enter all known income amounts. Enter the family unit size.

The “Added to Wait List” field automatically populates with the date the record is created.

The screenshot shows a software window titled 'MAXSTAR SLE - 00:37:35'. The menu bar includes 'File', 'Edit', 'View', 'Server', 'Maxstar', and 'Help'. The toolbar contains icons for 'EXIT', 'Save', 'Print', 'Find', 'Help', 'Undo', 'Redo', 'Cut', 'Copy', 'Paste', 'Delete', 'Insert', 'Zoom In', 'Zoom Out', 'Full Screen', and 'Exit'. The main window is divided into three sections: 'Data Entry' (left), 'CARE NEEDED/ETHNICITY' (center), and a date/time display 'Mon May 07, 06:06' (right). The 'Data Entry' section contains the following fields: 'Casehead: NORMANDY, FRANCES G', 'CAPS Case ID: 248603', and 'CM ID: wait'. The 'CARE NEEDED/ETHNICITY' section contains the following fields: 'Infants Needing Care: 1', 'Protective Services: N', 'Toddlers Needing Care: 1', 'Preschool Needing Care: 0', 'Block Grant: 4', and 'Schoolage Needing Care: 1'. Below these fields is a section titled 'ETHNIC QUESTIONS' with the following fields: 'American Indian or Alaskan Native: N', 'Native Hawaiian or Other Pacific Islander: N', 'Black or African American: N', 'Hispanic or Latino: N', 'White: Y', and 'Asian: N'. The bottom of the window shows 'Screen 2 of 2'.

On Screen 2, enter the number of children needing care by age group. Enter the ethnicity of the casehead.

The case is now added to the Wait List.

Proceed with the application process.

**NOTE: To remove** a person from the Wait List, enter the date of removal on Screen 1 in the "Selected From Wait List" field. Record the case number. Exit the Wait List Entry and return to the Main Menu. Select Data Entry and enter the case number on the Characteristics Search screen. On Screen 1 of the case, remove "wait" from the CM ID field and enter the new CM ID. Enter all information in the case needed to determine eligibility for child care services.

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## APPLICATION PROCESS

All applicants must complete and sign an application for child care services in the county where they reside, during a face-to-face interview. The process begins when an individual submits the Inquiry/Screening for Child Care, Form 66. It ends when the Case Manager has linked the child with the child care provider.

- The application process includes:
  - Interviewing the applicant;
  - Verifying information;
  - Determining eligibility;
  - Linking the family to a child care provider; and,
  - Certifying care within the required standard of promptness.
- The following persons may apply for child care service:
  - Parents (natural, adoptive or step).
  - Guardians or responsible persons (serving in a parental role).
  - Social Services CM for children in Supplemental Supervision.
- The local DFCS office shall provide the applicant information on:
  - The types and locations of reasonable, accessible child care;
  - Assistance that is available to help parents select or make the appropriate child care arrangements;
  - Criteria for service;
  - Rights, responsibilities and obligations of applicants/clients of service; and
  - The responsibilities and obligations of the local county department.

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## INTERVIEWING REQUIREMENTS

The CM must conduct a face-to-face interview with the applicant prior to approval.

The CM is to:

- Inform the applicant about the program verbally and by using appropriate information pamphlets and other printed materials.
- Discuss all points of eligibility with the applicant during an interview.
- Verify information required to determine eligibility for CAPS services.
  - Make requests for verification verbally and in writing.
  - Require the applicant to provide the name of sources from which the CM can obtain verification.
  - Inform the application of any contacts that the CM will make with the sources.
  - Give five calendar days to obtain the verification.
  - Give additional time within the SOP to provide information, if the applicant requests.
  - Consider verification received for one program as received for all programs, if it meets CAPS program requirements.
  - Accept the applicant's statement as verification for some eligibility criteria, when appropriate.
  - Assist the applicant in obtaining verification.
  - Do not require verification if the applicant's statement establishes ineligibility.
- Document the case record with the results of the interview.

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## FORMS AT APPLICATION

<b>Form Number</b>	<b>Form Name</b>	<b>Purpose of Form</b>
57	<i>Child Care Referral and Application for Supplemental Supervision</i>	<i>Referral &amp; application from Social Services to CAPS for children in Supplemental Supervision to receive subsidized child care services.</i>
60	<i>Application for Child Care Services</i>	<i>Required form for applicants. Is system-generated.</i>
Included on Form 60	<i>Rights and Responsibilities</i>	<i>Provides info to A/Rs regarding their rights and responsibilities in the CAPS program.</i>
62	<i>Disposition and Parent Information</i>	<i>Provides info to applicant/client and the provider of agency action taken which affects child care services.</i>
NPP	<i>HIPAA Notice of Privacy Practices</i>	<i>Provides info to A/R concerning the agency's rules regarding security and privacy of confidential health information</i>
77	<i>Child Care Certificate</i>	<i>Describes the terms of the agreement between the provider, the parent, and DFCS.</i>
452	<i>Form 452 (system generated)</i>	<i>Used to record, chronologically, all contacts or actions taken with or on behalf of the applicant/client.</i>



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## STANDARD OF PROMPTNESS (SOP)

Standard of Promptness (SOP) is the amount of time the worker has to approve or deny services.

SOP to complete an application is \_\_\_\_\_.

The date of application is the \_\_\_\_\_.

To calculate the SOP – start the count \_\_\_\_\_.

If the SOP falls on a weekend or holiday, complete the application by the last workday prior to the weekend or holiday.

Case Managers must devise a method to track the SOP.

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## Social Security Numbers & Unique Identifiers

Applicants for subsidized child care services are not required to disclose their Social Security Numbers (SSNs) or the SSNs of family unit members.

MAXSTAR assigns unique identifiers to clients and children in care if SSNs are not used.

IF	THEN
Applicant or client fails or refuses to disclose or provide SSN.	<ul style="list-style-type: none"><li>• Assign unique identifier.</li><li>• Do not deny or withhold benefits.</li></ul>
Applicant or client voluntarily discloses SSN.	<ul style="list-style-type: none"><li>• Verify the SSN.</li><li>• Document Case Activity Log.</li></ul>
TANF applicant or recipient	<ul style="list-style-type: none"><li>• Verify the SSN using SUCCESS data.</li><li>• Document Case Activity Log.</li><li>• Include a copy of the SUCCESS screen print in the case record.</li></ul>
Non-TANF applicant or recipient	<ul style="list-style-type: none"><li>• Document Case Activity Log.</li><li>• Make photocopy of SS card and file in record.</li></ul>
Informal provider enrolling with DFCS	<ul style="list-style-type: none"><li>• Must submit SS card for 1099 income tax purposes.</li><li>• Make two photocopies of SS card.</li><li>• Follow procedures for sending information to state provider management agent.</li></ul>



## CERTIFICATION PERIOD

- Assigned when?
- For how long?
- Starts when?
- When does the recertification period begin?

Data Entry		CASE MILESTONES		Fri May 11, 02:16	
Casehead: NATIONS, DAVID A.		CAPS Case ID: 248603		CM: FN2641	
Date Income Verified:	<input type="text"/>	Record Created: 05/08/2007			
Case Active:	05/08/2007	Gross Fam Inc: \$0.00			
Application Received:	<input type="text"/>	Major Program:			
Missing Info Reason 1:	<input type="text"/> N/A	Care Priority: 0			
Missing Info Reason 2:	<input type="text"/> N/A	Subsidy Level: 1			
Application Complete:	<input type="text"/>	Fam Unit Size: 4			
Case Disposition:	<input type="text"/>	Family Fee: \$0			
Denial Reason 1:	<input type="text"/> N/A	Waive Fam Fee: <input type="text"/> N			
Denial Reason 2:	<input type="text"/> N/A	Waive End Date: N/A			
Review Due Date: 11/30/2007		Eligible: <input type="text"/> N			
Review Compl Date:	<input type="text"/>	Case Closed:	<input type="text"/>		
Recert App Received:	<input type="text"/>	Close Reason:	<input type="text"/> N/A		
Recert Completed:	<input type="text"/>	Change Reason 1:	<input type="text"/> N/A		
Recert Due: 05/04/2008		Change Reason 2:	<input type="text"/> N/A		
Press <Ctrl V> To Link To Child Records and Issue Certificate.					
Screen 8 of 8					

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## COMPLETION OF APPLICATION PROCESS

The application process is complete when:

- The applicant voluntarily withdraws the request for service; or
- The case manager documents loss of contact or death of applicant; or
- The case manager determines that the applicant is eligible or ineligible and properly enters the disposition code, date and other required data into MAXSTAR.

If eligible:

1. Enter required data on Screen 8, Case Milestones.
2. Print the application for child care services.
3. Complete any blank areas on the application.
4. Obtain the client's signature.
5. Sign the application form.
6. File application, supporting documentation, and verification in the case file.
7. Send notification to the client.

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## NOTIFICATION

At the time the case is completed, all applicants receive Form 62, Disposition and Parent Information, advising them of the disposition of their application.

- All CAPS applications receive adequate notice, which:
  - Is written communication that includes a statement of the action taken.
  - Includes the explanation of the individual's right to request an administrative hearing.
  - Includes the circumstances under which services may be continued if a hearing is requested.
- Send a copy of Form 62, Disposition and Parent Information to notify providers of case actions.
- Notify related program Case Manager(s).

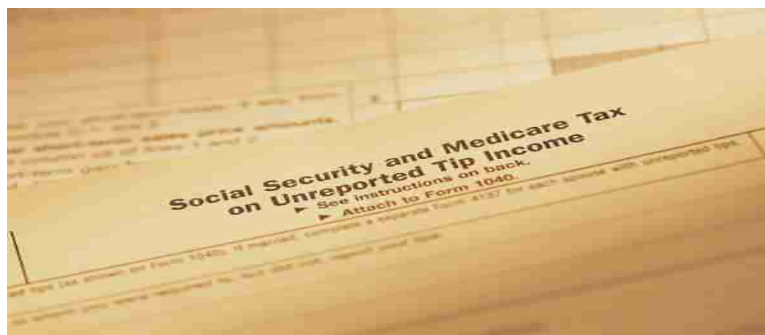
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## VERIFICATION

**Statement = Accept Client's Statement**  
**V = Verify by Third Party Source**

Criteria	Verification Requirement for CAPS
Active participation in state approved activity	V
Age	Statement
Citizenship	V (for children receiving care) Accept statement re: adult's citizenship
Gross income	V
Marital Status	Statement
Number in family unit	Statement
Open Court Ordered Supervision case	V (if applicable)
Open CPS case	V (if applicable)
Public Assistance Status	V
Reason for TANF ineligibility	V
Relationship	Statement
Residency	Statement
Social Security Numbers	V (if voluntarily provided)
Special needs (of child)	V

# PROGRAM REQUIREMENTS



## PARTICIPANT GUIDE

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## OUTLINE

Objectives

Basic Eligibility Criteria

Family Unit

Eligible Children

Immunization Requirements

State Approved Work Activities

Income

Fee Assessment

Transitional Child Care (TCC)

## OBJECTIVES

At the end of this module, participants will:

- Be able to explain the CAPS program to the A/R.
- Be able to determine which children are eligible for CAPS.
- Be familiar with immunization requirements.
- Be able to determine applicable income for CAPS.
- Be able to determine if applicants meet participation requirements.
- Understand the exceptions to participation requirements.

## BASIC ELIGIBILITY CRITERIA

A recipient of child care services must meet the following criteria:



1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_





## FAMILY UNIT

**Definition:** Parent/Guardian or responsible person and any minor child in the home for whom they are responsible.

Examples:

- Husband, wife and their children
- Husband, wife and his/her children from a previous relationship
- Grandparents and their grandchildren
- Aunt and her niece
- Aunt, uncle, their nephew, and young cousins.
  
- **A minor parent and child or children.**
  
- **Two adults residing together with a child or children in common.**
  - Man, woman, his child, her child, their child
  - Man, woman, his child, their child, her nephew
  
- **Two adults residing together with no child/children in common.** (Each is a separate family unit.)
  - Adult female with children, living with her parents
  - Two sisters, each with children, living in the same house.
  - Man living with his girlfriend and her child.

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**NOTES:** A husband and wife is ALWAYS one family unit, whether or not there is a child in common.

Georgia does not recognize as legal:

- Common law marriages as of 7-1-97
- Same sex marriages

One person can be a family unit. However, the person would not be eligible for child care since there are no eligible children.

## **ELIGIBLE CHILDREN**

Care can be subsidized for clients who have eligible children. Eligible children meet citizenship and immunization requirements and are:

- Under age 13; or
- Under age 18, if physically or mentally incapable of caring for themselves, or under court ordered supervision.

Care can continue through the month in which the child turns 13 or 18.

Accept and document the A/R's statement of the child (ren)'s age.

## IMMUNIZATION REQUIREMENTS

Immunizations must be current for each child receiving child care services.

IF	THEN
Children have medical conditions that do not allow immunizations	<ul style="list-style-type: none"> <li>• Require Certificate of Immunization from medical provider. Note expiration date.</li> <li>• Document Case Activity Log.</li> <li>• Continue application process.</li> </ul>
Parents object to immunizations based on religious grounds.	<ul style="list-style-type: none"> <li>• Require written statement (dated and signed) from parent declaring they refuse immunization on religious grounds.</li> <li>• Document Case Activity Log.</li> <li>• Continue application process.</li> </ul>
Child is in a regulated care, public school setting or TANF recipient	<ul style="list-style-type: none"> <li>• CM does not need to see Certificate of Immunization.</li> <li>• Inform parent to take the Certificate of Immunization to the provider at enrollment or within 30 days of the initial day of service.</li> <li>• TANF CM is to verify for TANF recipients.</li> <li>• Document Case Activity Log.</li> <li>• Continue application process.</li> </ul>
Child in an informal child care setting, not school age or TANF	<ul style="list-style-type: none"> <li>• Review Certificate of Immunization.</li> <li>• Enter Immunization status and due date on Child Information Screen.</li> <li>• Document Case Activity Log.</li> </ul>
Immunization is current	<ul style="list-style-type: none"> <li>• Continue with enrollment.</li> </ul>
Immunization is not current	<ul style="list-style-type: none"> <li>• Complete Form 62, Disposition and Parent Information giving 30 days to update immunization or schedule appointment for it.</li> <li>• Enter Immunization due date on Child Information Screen.</li> <li>• Document Case Activity Log.</li> <li>• Continue application process.</li> <li>• Review in 30 days.</li> </ul> <p>Note: Cannot create a certificate for care past the date that the immunization is due.</p>
Immunization is not current in 30 days or appointment not scheduled	<ul style="list-style-type: none"> <li>• Terminate care for the child whose immunization is not current.</li> <li>• No additional notice is needed to parent.</li> <li>• Certificate will expire for that child.</li> <li>• Update child's eligibility status on the Approve Need for Care Screen.</li> <li>• Document Case Activity Log.</li> </ul>

MAXSTAR SSL - 00:01:20

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry CHILD INFORMATION Fri May 11, 03:45

Casehead: N/A CAPS Case ID: Child #:

CHILDREN IN HOUSEHOLD UNDER AGE 13, UP TO 18 IF SPECIAL NEEDS

Name Last: [ ] First: [ ] Mid: [ ]

SSN: [ ] Special Needs: [ ]

SUCCESS #: [ ] Relation To Casehead: [ ] N/A

Child DOB: [ ] Race: [ ]

Gender: [ ] White: [ ] N/A

Immuniz Due: [ ] Asian: [ ] N/A

Immunization: [ ] American Indian or Alaskan Native: [ ] N/A

Citizenship: [ ] Native Hawaiian or Other Pacific: [ ] N/A

Hispanic or Latino: [ ] N/A

Black or African American: [ ] N/A

[Images]

Blank Record

MAXSTAR SSL - 00:24:25

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry Approve Child Need for Care Fri May 11, 04:08

Casehead: NATIONS, DAVID A. Case ID: 248603 Child #: 1

Child Name: NATIONS, JASON SSN: 772-48-6031 DOB: 02/25/2000

Need for Care: [N] Not Needed First Begin Care:

Highest Fee: [Y] Yes Incomplete/Denied Reason Code: [ ]

P	CERT #	Begin Care	End Care	Prov ID	\$ Approved Child Fee	\$ to Prov

Press <CtrlV> For Certificate; <PgDn> For Next Child; <CtrlU> To Get To Case

Screen 2 of 2 Record 1 of 1

## STATE APPROVED ACTIVITIES

ACTIVITY	DEFINITION	REQUIREMENTS
<b>EMPLOYMENT</b>	<p>Work performed in exchange for federal minimum wages/salary;</p> <p>Must be regular and predictable;</p> <p>Must be needed so parent can accept and maintain employment;</p> <p>Lack of child care would leave child unsupervised.</p>	<p>Average of 25 hours per week if single parent family;</p> <p>Average of 35 hours per week each if two parent family;</p>
<b>EDUCATION (school)</b>	<p>Full-time enrollment and attendance at a middle or high school by a <b>minor parent or an adult up to end of age 21 birth month.</b></p>	<p>Full time is defined by the institution.</p> <p>Does not require 25/35 hours of participation.</p> <p>May receive child care while participating in additional work activities.</p> <p>Assess the need for summer care at the end of the school year. If student is <b>not</b> working but will return to school at end of summer, suspend child care.</p> <p>Student can receive child care if working 25/35 hours per week and care is needed.</p>
<b>GED</b>	<p>General Equivalency Diploma is approved educational activity</p>	<p>Minor parents must attend full time as defined by program.</p> <p>Adults must participate in GED or a combination of GED and other work activity an average of 25/35 hours per week.</p>
<b>TRAINING (vocational)</b>	<p>Full time enrollment and attendance in a vocational program leading to a specific job or career.</p>	<p>Must participate 25/35 hrs. per week. Limited to 12 months as only activity.</p> <p>Do not consider study time in meeting minimum weekly participation hours.</p> <p>After 12 months, 25/35 hours per week employment required.</p> <p>Verify previous months of training supported by CAPS.</p>

## **PARTICIPATION IN APPROVED ACTIVITIES**

The CM must determine that the family needs child care services.

- The parent must:
  - Be actively participating in state approved employment, education or training activities. Active participation includes situations where the parent is temporarily home due to mandatory work, training or school site closings
  - Be meeting the requirements of a TANF Family Service Plan (TFSP);
  - Be participating in TANF Applicant Job Search;
  - Need care as part of a child protective services safety plan, or a court order for supervision.
- Child care must be needed to allow the parent to continue participation in employment, training, or school to ensure the child's safety.
- In families with a single parent, the person is required to participate in one or more state approved activities an average of 25 hours per week.
- In families with two parents, both parents are required to participate in one or more state approved activities an average of 35 hours per week each.

## EXCEPTIONS TO PARTICIPATION

Some families may not be required to participate in employment, training, or school an average of 25/35 hours per week if:

- Applicants/recipients are meeting participation requirements as listed on their TFSP and need CAPS as a support service.
- CAPS is needed for a family with an open Child Protective Services (CPS) case or a Court Ordered Supervision case and CAPS is part of the case/safety plan.
- CAPS is needed for some Transitional Child Care (TCC) clients.
- CAPS is needed for some parents to attend middle school or high school.
- Supplemental Supervision clients do not have to meet the 25/35 hours per week work requirement.
- Grandparents Raising Grandchildren (GRG)
  - **Who meet all eligibility criteria to receive priority services:**
    - Be age 60 or older or under age 60 and receiving SSI or RSDI disability (in two grandparent households only one grandparent has to meet this requirement);
    - Reside with a grandchild under age 5
    - Receive TANF child/payee only benefits for grandchild(ren);
    - Have household income below 160% of the Federal Poverty Level

## INCOME



Applicants/clients must have limited income to be eligible for CAPS services.

- There are no deductions from income in the budget calculation.
- The annual gross applicable income of the family unit must be equal to or less than the maximum allowable income for the family unit size.
- Do not count the earnings of a child (under age 18) in CAPS budget.
- Use “representative” income (that which is normal/usual) in the budgeting process.
- Use the “average pay” to determine appropriate income when some pay periods are non-representative.
- Document ALL income in the case record.
- Complete an Income Worksheet (in the system) for each source of income in the home.
- Verify applicable income at initial application, at six month review, when clients report changes and at recertification.

There are some instances where income waivers are granted. These will be discussed in later sections.



## INCOME SOURCES

This list is inclusive of all applicable income. Refer to the CAPS manual for additional information.

This chart provides an alphabetic listing of the following:

- ▶ Applicable source or type of income
- ▶ Whether the income is earned or unearned
- ▶ A description of the income

SOURCE/TYPE	DESCRIPTION
ALIMONY	<b>UNEARNED</b> - money paid by a spouse pending or after a legal separation or divorce
BOARDER INCOME	<b>EARNED</b> - direct payments for food and related shelter expenses, less the cost of doing business
CAPITAL GAINS	<b>UNEARNED</b> - proceeds from the sale of capital goods or equipment
CHILD SUPPORT	<b>UNEARNED</b> - Maintenance allowance paid by the absent parent.
DISABILITY PAYMENT	<b>UNEARNED</b> - income paid by an insurance company or a source other than an employer (excludes SSI)
DIVIDENDS	<b>UNEARNED</b> - share of profits received by a policy holder or shareholder.
INTEREST	<b>UNEARNED</b> - Income received on investments
MILITARY ALLOTMENTS	<b>UNEARNED</b> - Payment received by a family unit member who is dependent or spouse of a military staff person.
NET INCOME FROM SELF-EMPLOYMENT (FARM)	<b>EARNED</b> - Gross receipts minus operating expenses for the operation of a farm by a person on his own business, professional enterprise, or partnership.
NET INCOME FROM SELF-EMPLOYMENT (NON-FARM)	<b>EARNED</b> - Gross receipts minus expenses from one's own business, professional enterprise, or partnership.
REGULAR LOTTERY PAYMENTS	<b>UNEARNED</b> - a sum of money received because of purchasing a winning ticket in a game of chance.
RENTAL INCOME	<b>EARNED</b> - Money received on property owned and rented to others
RETIREMENT/PENSION	<b>UNEARNED</b> - A sum of money paid regularly as a retirement benefit
ROOMER INCOME	<b>UNEARNED</b> - Direct payments for room only
SOCIAL SECURITY (RSDI)	<b>UNEARNED</b> - Retirement, Survivors, Disability Insurance (RSDI) benefits received from the Social Security Administration (SSA).  It also includes railroad retirement insurance checks from the U. S. government.

## INCOME SOURCES

<b>TRUST FUND</b>	<b>UNEARNED</b> - Monies in a trust that are distributed to the family including any dividend that is reinvested in the trust.
<b>UNEMPLOYMENT COMPENSATION BENEFITS (UCB)</b>	<b>UNEARNED</b> – Benefits received from the Department of Labor (DOL) by unemployed individuals. It includes any strike benefits received from union funds.
<b>VETERAN’S BENEFITS</b>	<b>UNEARNED</b> – Disability and/or survivors benefits received from the VA by a veteran or a spouse or a dependent of a veteran.  It is also money paid periodically by the Veteran’s Administration to disabled members of the armed forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, as well as so-called refunds paid to ex-servicemen as GI insurance premiums.
<b>WAGES</b>	<b>EARNED</b> – Wages/salary received in exchange for work performed as an employee, including armed services pay, consideration of tips, commissions, piece rate payments, advances of wages/salary, vacation pay, overtime, sick pay, strike benefits, contract employment, and cash bonuses which equals to minimum wage prior to deductions.
<b>WORKER’S COMPENSATION</b>	<b>UNEARNED</b> - Money received periodically from private or public insurance companies for injuries incurred at work. The employer and not the person must have paid the cost of this insurance.

## COMPUTING INCOME

Use gross income from the most recent four weeks prior to the application date when computing the family's income.

### STEPS:

1. Complete an Income Work Sheet on each source of income in the family unit.
2. Verify applicant's gross income for the four (4) most recent weeks. Wages should equal at least federal minimum wage.
3. Verify the number of hours that the client participated in approved activities for the same four most recent weeks.
  - If the client is newly employed, a statement from the employer is required. The statement should include projected earnings and hours.
  - If client is employed and the most recent pay periods are not indicative of what the client usually earns, the CM may use the average pay to determine what is representative (normal/usual).
  - Disregard the non-representative pay period and document the Case Activity Log. Explain why the pay amount is not representative and will not be used to compute income.

Examples: when the client works overtime, the client is on sick leave, etc.)

4. Enter the representative hours and income in the Family Income Worksheet.

Example: if the client is paid semi-monthly and one pay stub is not representative, disregard the non-representative pay stub.

The CM has the option to contact the employer to verify hours and income:

- a. When the client states that none of the pay stubs are representative;
  - b. When there is doubt that the pay stubs are an accurate representation of normal income and hours;
  - c. When a change occurs that affects hours/wages, etc.
  - d. If the employer's statement is unavailable, or if the client's hours vary too much for the employer to accurately project, the CM can average all the client's pay stubs for the past three months. Use this average for the client's average pay. Use the same method for the number of hours worked.
  - e. To obtain, the average pay, add all the earnings for the past three months and divide by the number of pay periods included.
5. Compare the annual gross income to Form 73 to determine if family is eligible. If income is less than or equal to the "maximum allowable income" for the family unit size, the family is eligible. If income exceeds maximum allowable amount, the family is ineligible.

NOTES:

1. When computing income for self-employed individuals in families with *one* parent, the weekly income must be at least 25 hours multiplied by federal minimum wage.
2. When computing income for self-employed individuals in families with *two* parents, the weekly income must be at least 35 hours per adult multiplied by federal minimum wage.

MAXSTAR SSL - 00:05:10

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry FAMILY INCOME WORKSHEET Fri May 11, 05:10

Casehead: NATIONS, DAVID A. CAPS Case ID: 248603

Whose	Income	Describe	Income	Income	** Per Week **
Income:	Category	Other Income	Period	Verified	Travel
C	10	David's Earning	W	Y	5.00
Casehead:	Wages/Salary		Weekly		

Pay Stub Information

	Work	Income/Pay
	HRS	Amount
Income or Pay Stub #1:	30.00	\$155.00
Pay Stub #2:	40.00	\$210.00
Pay Stub #3:	40.00	\$210.00
Pay Stub #4:	30.00	\$30.00

Total Hours: 35.00      Income Amt: \$151.25      Annual Income: \$7,865.00

<CtrlU> For Case      Total Case Inc: \$5,980.00

Screen 1 of 1    Record 2 of 2

start [Icons] 5:10 PM

## FEE ASSESSMENT

Most CAPS eligible families participate in the cost of care by paying assessed fees.

Fees are:

- Assessed by the system based on the family's size and yearly gross income as entered by the CM.
- Assessed when the initial application for child care is approved.
- Assessed when recertification occurs.
- Assessed when there is a change in the family's circumstances that affects the amount the family should pay.
- Assessed when former TANF clients receive Transitional Child Care (TCC).
- Assigned to one child in the family unit (usually the youngest)
- Paid to the provider weekly.
- Permitted to be waived during extreme hardship periods.



### NO FEES ARE ASSESSED FOR:

- Families where parent is a TANF applicant or recipient.
- Families where the responsible adults are participating in the Food Stamp E&T program.
- Children in DFCS custody.
- Minor parents attending middle or high school.

### FEES MAY BE WAIVED:

- By the county director or designee.
- For clients needing immediate assistance due to unforeseen hardships.
- Within the current certification period.
- For a period not to exceed 60 days.
- On an equitable and fair basis.

## TRANSITIONAL CHILD CARE (TCC)

Transitional Child Care (TCC) is provided for families who received a TANF benefit but became ineligible for TANF due to an employment related reason.

- TANF case manager makes the determination as to why the TANF client was ineligible for TANF (must be an employment related reason.)
- If a TANF applicant or recipient received cash assistance or a support service AND is denied payments due to employment related reasons they may be eligible for TCC.
- Employment related reasons include:

- Must apply for TCC within \_\_\_\_\_ of ineligibility for TANF.
- Must meet CAPS \_\_\_\_\_, based on family size and yearly gross income.
- Can receive as TCC for \_\_\_\_ months ONLY.

- The eligibility worker forwards documentation to the CAPS case manager. Documentation of the TANF determination should be in the CAPS case record and include:
  1. That client received a TANF support service;
  2. The number of hours the client is working at the time of TANF ineligibility;
  3. The rate of pay at time of TANF ineligibility.
  4. That the 25/35 hours a week minimum requirement is met.

**EXCEPTION:** If the TCC client was determined ineligible for TANF based on less than the 25/35 hours of weekly employment, then the client must maintain the number of hours that resulted in ineligibility for TANF. Childcare would only be subsidized for the number of hours the client is employed.



# LINKING FAMILY TO PROVIDER



## Participant Guide

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## OUTLINE

Objectives

Case Manager's Role

Parental Choice

Types of Care

Child Care Settings

Registration Fees

Reimbursement Rates

Negotiating Care/Rate

First Day of Service/Attendance

---

## OBJECTIVES

At the end of this module, participants will:

- Understand the concept of parental choice.
- Be able to inform parents of the types of care and child care settings available.
- Be able to apply the policy regarding registration fees.
- Know how reimbursement rates are set.
- Understand the conditions under which to negotiate the child care rate.
- Know the CAPS attendance policy.

- ☐ Case managers are to work with eligible families to arrange for the type of care and the amount of care that best meet the needs of the family and DHR.
  
  
  
  
  
  
  
  
  
  
- ☐ Case managers are to help parents evaluate whether the child care program will meet the family's needs.

## **PARENTAL CHOICE**

- Parent selects his/her own child care resources.
- Parental choice prevails, except:

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## **TYPES OF CARE**

Full time	3 or more days per week.
Part time/occasional	Per day care needed for teacher workdays, snow days, holidays; used for school aged children.
Before/after school	Care for school age children before and/or after school.
Summer care	Full-time care per week for school age children during summer. Not for winter/spring breaks.

## **CHILD CARE SETTINGS**

- Licensed/commissioned centers;
- Licensed/commissioned group homes;
- Registered family day care homes;
- Out-of-home non-relative providers;
- In-home or out-of-home relatives
- Exempt providers
- Other child care resources (Early Head Start, Head Start, Pre-K)

---

## REGISTRATION FEES



- Applicable to regulated providers only.
- Must be part of regulated provider's policies and procedures.
- Maximum of \$50 per child per calendar year
  - Exceptions:
    - Supplemental Supervision cases.
    - When good cause is established for changing providers.

## REIMBURSEMENT RATES

- Established following federal regulatory requirements.
- Based on a statewide child care market rate survey.
- Based on type of care, age of child, and "zone" where care is provided.
- Based on client's residence, if care is provided outside of Georgia.
- County pays the difference between the DFCS rate and assessed fee.
- Parent is responsible for the assessed fee.
- Cannot exceed maximum DFCS rate.
  - Exception: Supplemental Supervision, UAS 557 cases.

---

### NEGOTIATING CARE/RATE

- Used for clients who work variable hours and might need more than one type of care to accommodate their schedules.
- Case Managers are to negotiate for a flat full time rate with provider.
- The negotiated rate for care 4-5 days can equal but not exceed the full time care rate per week.
- If care exceeds 5 days per week, negotiated rate may exceed full time weekly rate but not full time care rate added to the per day rate.
- The CM should explain how the rate was negotiated and what is included in the negotiated rate in the Case Activity Log.

### CROSS-COUNTY AND OUT-OF-STATE PLACEMENT

- County may link client with a provider in another county.
- County may link client with a provider in a bordering state, as long as client remains resident of Georgia.
- The client's county of residence makes the arrangements, linking the client with the provider, reimbursing the provider, and meeting reporting requirements.
- Case manager must contact agency that licenses child care, if making an out-of-state placement.
- Document on Case Activity Log that the child care provider meets (or is not required to meet) that state's regulations.



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## FIRST DAY OF SERVICE

- Begin care as promptly as possible.
- The first day of service is \_\_\_\_\_

## ATTENDANCE

The child is expected to attend the program on a regular basis. Therefore, the case manager should negotiate to purchase the type and amount of care which best meets the needs of the family.

The child must attend at least one day during the negotiated period for the provider to claim reimbursement.

- Exceptions:
  - o Personal illness of the child - one week per occurrence.
  - o Mandatory site closings – not to exceed two billable weeks per calendar year.
  - o Supplemental Supervision children – up to two weeks per calendar year when child is ill, in respite care or some other situation exists.

# Pr o v i d e r En r o l l m e n t & M a n a g e m e n t



Par t i c i p a n t   G u i d e

## **OUTLINE**

Objectives

Provider Requirements

Provider Enrollment

Uniform Accounting System (UAS) Codes

Form 77, Child Care Certificate

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## OBJECTIVES

At the end of this module, participants will:

- Be familiar with provider requirements for program participation.
- Understand how to enroll informal providers with DFCS.
- Know criteria for using each UAS code.
- Be familiar with the system-generated Child Care Certificate.

**BRIGHT FROM THE START:  
DEPARTMENT OF EARLY CARE AND LEARNING (DECAL)**

Bright From the Start: Georgia Department of Early Care and Learning (DECAL) is authorized to license, register, monitor, and inspect providers operating child care facilities and programs.

In the enrollment process, Case Managers are responsible for:

- Linking the client with an approved, legally operating child care provider.
- Enrolling informal providers with DFCS.
- CPS screening.
- Explaining the complaint process to clients.

---

## CPS SCREENING

- The client selects his/her child care arrangement.
- The CM screens within the county department where the provider's business is located to determine if there is an active CPS case on the provider.
- If there is no current knowledge, but prior knowledge of substantiated maltreatment against the provider, do not use that provider until the Social Services Supervisor submits a signed and dated statement for the CAPS case record that the CPS issues have been resolved.
- CPS findings cannot be shared with the client due to confidentiality rules. The findings must be placed in the provider's file NOT in the client's case record.
- If care is denied from a regulated provider, refer the client to DECAL for information.
- If care is denied from an informal provider, the CM may discuss the issue with the provider. Include a CPS CM or supervisor in the discussion.

## PROVIDER REQUIREMENTS

Type of Provider	# of Children	LICENSE	W-9	704	Policies/ Procedures/ Rates	HIPAA/ BAA	In Child's Home	Out of Child's Home
Lic/Reg/Com Centers	19+	Yes	Yes	Yes	Yes	Yes	No	Yes
Group Homes	7-18	Yes	Yes	Yes	Yes	Yes	No	Yes
Family Day care	3-6	Certificate of Registration	Yes	Yes	Yes	Yes	No	Yes
Exempt		Letter of Exemption	Yes	Yes	Yes	Yes	No	Yes
Relatives	Up to 6	No	Yes	No	No	No	Yes	Yes
Non- relatives	1-2	No	Yes	No	No	No	No	Yes

IF	THEN
CM discovers that certificate of registration is not current	Contact DECAL to see if provider is legally operating.
CM is unsure whether a program should be registered	Contact DECAL.
Provider is required to be licensed or registered and meets requirements	Record information and proceed with enrollment.
Licensure/registration is required but not met	Inform the client to select a different provider.
Not required to be licensed or registered	Record information and proceed with enrollment.

---

## INFORMAL PROVIDERS

Informal providers are not legally required to be licensed or registered with DECAL. They are limited in the number of children they can keep for pay. They are relatives or non-relatives of the child.

Relatives =

Informal providers must meet what criteria?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Can Foster parents become informal providers?



---

## WHAT IS ENROLLMENT?

Enrollment is the way that child care providers, who are not required to be licensed or registered with DECAL, “sign up” with DFCS to provide child care services.

### **Enrollment Process:**

- Conduct a face-to-face interview with the provider.
- Verify identity from picture ID and a Social Security Card.
- Make two copies of the ID and SS card.
- Complete Form 58, Enrollment for Informal Child Care Providers.
- Review the Brochure 59 with the applicant/client.
- Complete the HIPAA Business Associate Agreement.
- Provide and discuss the CRC Fact Sheet.
- Explain the provider packet and the documents to return to the state’s provider management agent.
- Inform the provider of DECAL’s health and safety monitoring.
- Explain that the provider must re-enroll with DFCS yearly.
- If new provider, enter required data in Provider Demographic Information Screens.
- If an existing provider, update information as needed.
- Document Case Activity Log.
- Submit informal provider documents to state’s provider payment agent.

## PROVIDER DEMOGRAPHIC INFORMATION

MAXSTAR SSL - 00:58:50

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry Provider Demograph... Sat Sep 17, 04:11

Provider #: 33250 Last Name: JOHNSON First: AMAMNDA  
Provider Type: I Informal C GA CAPS Provider DOB: 09/22/1968  
Verify #: N/A

PROVIDER HOME ADDRESS MAILING ADDRESS

Address Line 1: 44 GOVERNOR STREET Line 1: 44 GOVERNOR STREET  
Address Line 2: Line 2:  
City: COLLEGE PARK ST: GA City: COLLEGE PARK  
Zip: 30337 State: GA Zip: 30337  
Telephone: (404)652-9987  
County: 060 Fulton Payment Zone: 1

Owners Name:   
Owners Phone:   
Contact Person:   
Contact Phone:   
Email Address: None

Screen 1 of 6

County staff must complete the following information on this screen for new providers:

- The provider's **name**.
- The provider **type** must be entered to indicate the provider's licensing status.
- The provider's **DOB** must be entered for informal providers.
- The provider's **home address** is the actual location where care is being provided.
- The provider's **mailing address** will default to the home address, but can be changed if the provider wishes to use a mailing address.

The **contact person** information and **phone** number, as well as the owner's name and number will be completed by **MAXIMUS staff** to indicate who should be contacted for information.

**DO NOT ENTER CONTACT INFORMATION FOR PROVIDERS!**

## MISCELLANEOUS PROVIDER INFORMATION, SCREEN 2

MAXSTAR SSL - 01:00:10

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry Miscellaneous Prov... Sat Sep 17, 04:12

Provider #: 33250 Name: JOHNSON, AMAMNDA  
CCSR Assigned: r03883

Tax ID/SSN: 255555555 2 SSN (XXX-XX-XXXX)

Registrat Fee: [ ]  
Current Tier: 1

Web User Id: N Effective: [ ]  
Send Provider Packet: N Date Sent:  
Send Provider Pin: N Date Sent: Not Sent

Address Status: G  
Corrected By: r03883  
Date Mail Returned:  
Date Address Corrected: 09/17/2005

Screen 2 of 6

Enter the **Tax ID/SSN** must be completed with the correct information listed on the W-9 Form.

If the ID is an SSN, enter 2 in the field next to the EIN. If not, enter a 1.

The **registration fee** should be entered for all formal providers who charge a registration fee.

Once the correct address is confirmed, a '**G**' must be entered into the **address status** field.

### PROVIDER LICENSING INFORMATION

MAXSTAR SSL - 01:01:30

File Edit View Server Maxstar Help

Provider Licensing... Sat Sep 17, 04:13

Prov ID: 33250 Waiver: N/A Exempt from 1099: N

W9 Name: AMANDA JOHNSON

License Status	Required Documentation
Enrollment Date: None	W-9 Received Date: <input type="text"/>
License Surrender: <input type="text"/>	704 Title VI Compliance: N
License Revoked: <input type="text"/>	Rights & Responsibilities: N
License Suspended: <input type="text"/>	Rates: N
License Resume: <input type="text"/>	License/Exemption: N
License Expiration: <input type="text"/>	Fire Extinguisher: <input type="text"/>
Mailed to Licensing: <input type="text"/>	Smoke Detector: <input type="text"/>
CPS Screening: <input type="text"/> Clear	Monitoring Checklist: N
CPS Screening Date: 09/17/2005	Health & Safety Train: N
IRS Except Reason: <input type="text"/>	SS Card/Photo ID: Y
IRS Exception Date: <input type="text"/>	CRC Authorization: N N/A
HIPAA Received: <input type="text"/>	Finger Print Cards: N
	Original CRC Form: N
	CRC Check Fee: N
	Informal Prov Affidavit: Y

Screen 3 of 6

The Provider Licensing Info screen shows the provider's current licensing status. On this screen, the county staff must enter the following information for informal providers:

- The **CPS Screening** and **CPS Screening Date**
- **SSN Card/Photo ID** must be completed after the county has confirmed the provider's information. This includes making a copy of the SS card/photo ID and routing a copy of the documents to MAXIMUS.
- **Informal Prov Affidavit** must be completed after the county has confirmed that the provider has signed the affidavit.
- After the county receives the monitoring checklist from DECAL, the Case Manager must complete the **fire extinguisher**, **smoke detector**, and **monitoring checklist** fields.

All other information on this screen will be entered and updated by MAXIMUS.

## PROVIDER DIRECTIONS

MAXSTAR SSL - 01:03:35

File Edit View Server Maxstar Help

ENTY [Icons]

Data Entry Directions Sat Sep 17, 04:15

Provider #: 33250 Last Name: JOHNSON First: AMANDA

DIRECTIONS TO PROVIDER

Starting Point: DFCS Office

DIRECTIONS

Take a left out of office. Continue straight until you reach fork in road. Stay left, third house on right.

Screen 4 of 6

The **Starting Point** should be a familiar point that can be easily identified. Using a local landmark, major highway, or the local DFCS office as a starting point are best practices.

The **Directions** to the provider's location should be entered in the designated field.

## UNIFORM ACCOUNTING SYSTEM (UAS) CODES

<b>UAS 516</b>  (To be used in support of Applicant Services/Work First)	Use for:  TANF applicants who need child care in order to conduct job search.
<b>UAS 517</b>  (To be used in support of TANF recipients)	Use for:  TANF <b>recipients</b> who are engaged in a state approved employment, education, and/or training activity or in need of CPS.
<b>UAS 535</b>  (To be used for all Transitional Child Care clients only)	Use for: <ul style="list-style-type: none"><li>• Families who received TANF benefits but became ineligible for TANF due to employment related reasons.</li><li>• <b>TANF applicants</b> who received a TANF support service and were denied TANF due to employment related reasons.</li><li>• Individuals who received an increase in income due to a combination of employment and child support.</li></ul>
<b>UAS 544</b>  (Child Care Block Grant)	Use for:  Clients who are employed, or attending an education or training program and are not applicants/recipients of TANF.  (families with special needs children, Court Ordered Supervision, children in DFCS custody, Head Start extended day.)
<b>UAS 545</b>  (Child Care Block Grant Eligible Exceptions)	Use for: <ul style="list-style-type: none"><li>▪ Families who are eligible for priority services when there is an inquiry list.</li><li>▪ Grandparents, great-grandparents, aunts, uncles and adult siblings who are <b>TANF payees only</b> for relative children.</li></ul>

	<ul style="list-style-type: none"> <li>▪ <b>Non-TANF minors</b> who have custody of their children and are attending high school, middle school, or GED classes.</li> <li>• <b>Adults ages 18-21</b> who have custody of their children and need child care while <b>attending high school full time</b> as defined by the high school.</li> <li>• Other client populations determined “eligible exceptions” by the state office or DHR/DFCS administration.</li> </ul>
<b>UAS 555</b>  <b>(For Non-TANF Pre-K Clients)</b>	Use for:  Extended day and summer care for children in Pre-K whose parents, guardians, or responsible persons work, attend school or training and are not TANF recipients.
<b>UAS 556</b>  <b>(For TANF Pre-K Clients)</b>	Use for:  Extended day and summer care for children in Pre-K whose parents, guardians or responsible persons are TANF recipients.
<b>UAS 557</b>  <b>(For Supplemental Supervision)</b>	Use for:  Children residing in Family Foster Homes (Regular or Relative.)
<b>UAS 735</b>  <b>(For Diverted TANF Applicants)</b>	Use for: Employed individuals who meet TANF eligibility criteria, and choose to decline their TANF benefit but still need child care.

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## CHILD CARE CERTIFICATES

The Child Care Certificate, Form 77 is an agreement between the parent, provider, and local DFCS. It:

- Officially authorizes the portion of child care paid by DFCS.
- Must be completed for each child linked to a child care provider.
- Must be completed for each provider, if the child will be served by two or more providers.



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# Child Care In Support of Social Services



## Participant Guide

## OUTLINE

Objectives

CAPS in Support of Social Services table

## OBJECTIVES

At the end of this module, participants will:

- Understand how CAPS is a support to social services.
- Be able to apply CAPS policy to CPS situations.
- Be aware of the policy for Children in DFCS custody.
- Be familiar with the referral/application process for children in Supplemental Supervision.

## CAPS IN SUPPORT OF SOCIAL SERVICES

SITUATION	NEED FOR CARE	POLICY/PROCEDURES
Child lives in home with CPS client.	Child Protective Services (CPS) NO WORK ACTIVITY	<ul style="list-style-type: none"> <li>• Adult must have an open CPS case;</li> <li>• Child care must be identified in case/safety plan;</li> <li>• Adult must meet income &amp; residence criteria;</li> <li>• Fees based on family income.</li> </ul>
Child lives with relative or family friend (DFCS does not have custody.)	To allow responsible person to work, attend school or training.	<ul style="list-style-type: none"> <li>• Consider circumstances of caregiver in this situation;</li> <li>• Must be open CPS case;</li> <li>• Need for care is based on CAPS approved activity;</li> <li>• Adult must participate 25/35 hours per week;</li> <li>• Adult must meet income &amp; residence criteria;</li> <li>• Fees based on family's income.</li> </ul>
Court Ordered Supervision	To comply with court order of supervision for the child.	<ul style="list-style-type: none"> <li>• Child care must be identified in safety plan.</li> <li>• No participation requirements.</li> <li>• Family must meet residency and income requirements.</li> <li>• Fees are based on family's income.</li> </ul>
Child in DFCS custody but does NOT live in a Family Foster Home (Regular or Relative)	To allow adult/responsible person to work, attend school or training.	<ul style="list-style-type: none"> <li>• Children are not eligible for Supplemental Supervision;</li> <li>• Must be open placement case;</li> <li>• Adult must meet need &amp; residence requirements;</li> <li>• Need for care based on CAPS approved work activity;</li> <li>• Adult must participate 25/35 hours;</li> <li>• Adult's income not applicable as long as child is in DFCS custody;</li> <li>• No fees are assessed.</li> <li>• If child is removed from DFCS custody and custody is transferred to the adult, use the family's income.</li> </ul>

<b>SITUATION</b>	<b>NEED FOR CARE</b>	<b>POLICY/PROCEDURES</b>
Child lives in a Family Foster Home (Regular or Relative)	To allow the foster parent to work outside the home.	<ul style="list-style-type: none"><li>• Requires a referral (Form 57) from SSCM;</li><li>• Children should receive priority service.</li><li>• Children in Family Foster Home are in state custody;</li><li>• Foster parent must need regular, on-going care to work;</li><li>• No face-to-face interview is required;</li><li>• Child in foster care is a family unit of one, even if there are siblings;</li><li>• When irregular or temporary child care is needed, use UAS 501, 502 or 503; (SOCIAL SERVICES will handle.)</li><li>• Children of foster parents do not receive priority service.</li><li>• CAPS cannot reimburse for Supplemental Supervision provided before the date of the referral from SSCM to CAPS.</li></ul>

# Child Care Case Management



## Participant guide

## OUTLINE

Objectives

Eligibility Reviews

Recertification

Changes

Suspension

Transfers

Termination

Sanctions

Notification

Provider Case Management

Tracking

Fair Hearings

## OBJECTIVES

At the end of the module, participants will:

- Be aware of the requirements to conduct client eligibility reviews.
- Be familiar with the annual recertification process.
- Know how to handle reported changes.
- Be aware of the transfer policy and process.



## WHAT IS CASE MANAGEMENT?

Case management is a systematic approach to assessing the needs of the family, coordinating the provision of services to meet those needs, and monitoring the progress being made in attaining the goals agreed upon by the parent and the case manager.

Case management activities begin with the family's inquiry for child care services and continue as long as the family remains eligible for CAPS.

Case management includes:

- Conducting client eligibility reviews
- Conducting annual recertification review
- Acting on reported changes
- Transferring cases
- Terminating service
- Sending official notification
- Processing appeal requests
- Determining overpayments and underpayments
- Maintaining records
- Tracking

## ELIGIBILITY REVIEWS

Case Managers are to review client eligibility six months after initial certification. This review is due the last day of the month, six months after the “Application Complete” date. No face-to-face interview is required.

### PROCESS FOR SIX MONTH REVIEW

Pull the “Reviews Due in Date Range” report to identify cases due for review for a caseload or a county.

- Request information using Form 62 (or other state approved letter).
- Verify most recent earnings of employed clients.
- Verify attendance of clients in education and training activities by a copy of grades or other supporting documentation for previous and, if applicable, current quarter or semester.
- Review and verify any change in information.
- Key information into the system to update the client’s record.
- Enter the date income was verified in the Date Income Verified field on Screen 8, Case Milestones.
- Document Case Activity Log (Form 452).
- If the family fee changes, create new certificates. Expire certificates of child with the assigned fee.
- If ineligible, close case after giving timely notice.
- Complete Form 62 and send to client and provider.
- Notify related program worker(s) of changes.

## RECERTIFICATION

Recertification is the reassessment of the client's eligibility and need for continued services.

MAXSTAR® produces a report of "Recertifications Due in Date Range." The report lists recertifications that are due in a specific period. Recertification dates in MAXSTAR® are 52 weeks from the Application/Recert complete dates.

Case managers and supervisors are able to pull this report to identify cases due for recertification for a caseload or for the county. MAXIMUS sends a recertification letter to the provider that lists children whose certificates are expiring in the upcoming month.

The recertification process:

- Is due one year from initial certification.
- Requires a face-to-face interview.
- Must begin in ample time before current certification expires so that the client can continue to receive services without interruption, or can be properly notified of ineligibility within the 10 calendar day notice period.
- Must be completed by the due date indicated on Screen 8, Case Milestones.
- The case manager should send a recertification letter to each client. The letter informs the client that:
  - he/she is due for a recertification in the next month; and
  - if they do not complete the recertification timely, their case will close on the certification expiration date.
- The Case Manager prints and mails the letter on the same day of printing, as a 10-day Adverse Action period is included on the letter. This is a mandatory!

- Complete HIPAA forms.
- Complete forms to re-enroll informal providers. (CRC not required.)
- Issue certificates for new certification period, if client is eligible.
- Provide timely notice on Form 62, if client is not eligible.
- Update Screen 8, Case Milestone.
- Complete Consumer Education Screen.
- Document required verification in Case Activity Log.
- Obtain client's signature on Application for Child Care Services.
- Determine if overpayment exists. Handle appropriately.
- Notify related program CM of any changes.

## **CHANGES**

CAPS case must be reviewed whenever there is a change that may cause ineligibility or change in benefit level.

- A face-to-face interview is not required when changes are reported.
- The client **MUST** report changes within 10 calendar days of the change.
- The CM **MUST** take action within 10 calendar days of the notification.
- The 10-day period to act begins the day anyone in the agency becomes aware of the change.
- All changes must be documented, and when appropriate, verified.
- Use Form 62 to notify clients of changes that affect certification or use of services.
- Notify related CM of any reported change.
- Providers are to give DFCS a 30-day notice of change in rates.
- The county has 30 days to act on the rate change – with or without 30 days notice from the provider.

## **SUSPENSION**

The CM can determine that child care may be suspended if:

- Currently certified clients are not participating in an approved activity due to temporary suspension, such as verified maternity leave, summer break, etc.
- TANF applicants/recipients (currently certified for CAPS) are not participating in a state approved activity because one activity has ended and another approved activity has not started.
- The family has a unique situation, such as a child going to stay with grandparent, father, mother, during the summer/holiday, etc. which requires an extended absence from child care.
- Suspension cannot exceed 12 weeks per occurrence.
- County must approve each suspension in advance.
- The county does not make payments to the provider during the suspension.
- Payment of the fees must be negotiated between the client and the provider during the suspension.
- The client must contact the CM before the end of the suspension to resume child care.
- A desk review is needed if the client has resumed the activity to determine if the client remains eligible for services.
- If no contact is made, or if the client has not resumed the activity, the case is closed.
- Notify client of action using Form 62.
- Document case record on Form 452 or other approved recording form.

## TRANSFERS

Currently certified clients who move to a new county are NOT considered “new clients.” They are **NOT** to be put on a waiting list if they remain eligible. The county is to contact the Budget Office for funds, if needed.

- Continue services while awaiting transfer to the new county.
- Either the sending or receiving county can initiate the request – whichever receives the report of the change.
- No face-to-face interview with the client is required. However, the client is to provide requested verification.
- The former county will continue to pay for services until the transfer is completed.
- Case transfers must be initiated within five (5) calendar days of the client’s request for a transfer.

<b>Sending county receives the request</b>	<b>Receiving county receives the request</b>
Verify client’s new address. Update case record.	Verify client’s new address.
Contact receiving county to notify them of transfer and negotiate the date the receiving county will begin to pay for care.	Contact the sending county to inform them of the transfer and negotiate an effective date of transfer.
Issue form 62 to client and provider notifying them of effective date of transfer and the last day the sending county will be paying for child care services.	Conduct a desk review once the record is received to ensure that the client remains eligible. Contact the client within 10 calendar days of receiving the required information to complete the eligibility determination.
Send the child care supervisor in the receiving county the Form 62 and copies of the most recent application/certification action and supporting documents within 5 calendar days of the effective date of the transfer. DO NOT MAIL THE ENTIRE CASE RECORD.	Issue a new child care certificate, if the client remains eligible. Begin paying for child care services on the date negotiated. If the client selects a new provider, care is authorized with that provider. Issue Form 62 to client and provider authorizing care. Provide timely notice if client is ineligible.

## TERMINATION

Termination may occur for a number of reasons:

- The client is no longer eligible.
  - The need for service no longer exists.
  - There has been a violation of state policy and the penalty is termination of service.
  - The parent voluntarily withdraws from the CAPS program.
  - The parent abandons the program.
  - The client fails to respond to or honor the Child Care Claim and Repayment Agreement.
  - The client fails to provide eligibility information as requested by the agency.
  - The clients fails or refuses to cooperate with an investigated conducted by the Office of Investigative Services.
- Inform client that he/she is no longer eligible and indicate the reason.
  - Complete Form 62. Give 10 days timely notice, if required. Send a copy of Form 62 to the provider.
  - Document termination in case record.
  - Close case using local county procedures.
  - Termination is effective the Monday following the expiration of the 10 day adverse action period or the Monday following the completion of the action if timely notice or adverse action is not required.
  - If the parent signs a written waiver or Form 64, **Voluntary Withdrawal**, a child can be voluntarily withdrawn from the program. The effective date is the same as the client's written request.
  - Send Form 62 to parent and provider.



## **SANCTION**

Clients who **fail to pay their assessed fees** are to have their CAPS case closed until meeting the following sanction periods:

- For the first offense, until payment of back fees is made;
- For the second offense, for three months or until payment of back fees is made, whichever is longer.
- For the third offense, six months or until payment of back fees is made, whichever is longer.

**Nonpayment of fees that are not assessed by the county department is not grounds for termination.**

## NOTIFICATION

Applicants and clients are to be informed of any decision or action taken by the local county department that affects his/her certification process and use of child care.

- **Adequate notice - written communication that includes:**
  - **a statement of the action the agency is taking, the reason for the action;**
  - **the explanation of the individual's right to request an administrative hearing; and,**
  - **The circumstances under which services may be continued if a hearing is requested.**

The applicant is given adequate notice of:

- Approval;
  - Denial;
  - Fee decreases;
  - Service increase; and
  - Rate changes not previously reflected on Form 77.
- **Timely notice means that the notice shall be mailed or hand-delivered to the client at least ten calendar days before the date the action is to become effective.**
  - The client is given adequate and timely notice of:
    - Fee increases;
    - Service reductions;
    - Change in eligible members;
    - Termination of services; and
    - Sanctions due to the client's failure to pay assessed family fee.

## **PROVIDER MANAGEMENT**

The State's provider management agent is responsible for the management of all providers and maintaining necessary files.

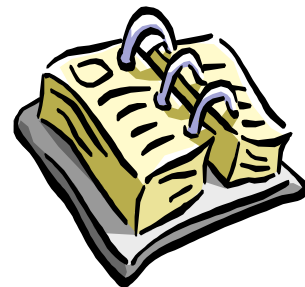
- For informal providers, CM must document on Case Activity Log:
  - That the provider attended the annual face-to-face interview with CM;
  - That CM reviewed Brochure 59, In-Home Child Care, with parent.
- CM must notify the child care provider in writing, using the Form 62, when a client's child care arrangement changes.
- CM must submit complaints to proper authority.

**NOTE:** Dismissal of provider does not affect client's eligibility. The client is to select another provider within 10 days.

Dismissed providers may re-enter the CAPS program when they comply with all state requirements.

## TRACKING

CAPS does not have a state-wide automated case management system. The CM is responsible for manually tracking all actions that are required on cases.



SOME items that MUST be tracked:

- Six (6) days to respond to written notification of inquiry list status.
- Five (5) days to verify income from application/interview date.
- Thirty (30) days from enrollment to provide immunization verification.
- Six (6) month review.
- Follow up of informal provider training at six (6) month review.
- Sixty (60) day waiver of fees.
- Twelve (12) month TCC period.
- Annual recertification.
- Follow up of citizenship verification.



## **FAIR HEARINGS**

All applicants/clients shall receive fair and equitable treatment and may question any decision made or action taken by the local county department concerning the family.

A request for a hearing is a clear expression by the applicant/client or his/her representative of the desire for an opportunity to present the case to a higher authority.

- A hearing request is made to either the county department or OSAH.
- The request may be made orally or in writing. Oral requests must be followed with a written request within 15 calendar days.
- Hearings are conducted by the Office of State Administrative Hearings (OSAH) and are granted to any applicant/client who makes a timely request.
- If the individual making a hearing request does not speak English, and the agency is required to provide bilingual staff or interpreters, the agency must ensure that the hearing process is explained in a language understood by the individual.
- Hearings are conducted in the county office or another designated location.
- The hearing may be conducted by telephone from OSAH with speaker parties being present at the local hearing site using a speaker phone.
- The client can request a face-to-face hearing.
- Applicants may challenge a decision about denial of services or the failure of a local county department to act upon his/her request with reasonable promptness.
- Clients may challenge decisions about denials, reductions, terminations, or other issues related to their case.

## Exceptions

These situations are not covered by this fair hearing process:

- a. The denial of the client's choice of child care provider due to existing policies about provider enrollment; and
  - b. Dissatisfaction with care provided by the client's chosen provider.
- Child care providers are not clients or recipients of child care services; therefore, they are not covered under the fair hearing process.

## Notification

The CM shall advise applicants/clients of the right to a fair hearing and assist, if needed, in completing the necessary paperwork.

- The CM should inform each applicant/client at the time of application and at the time of any action affecting service(s) being received:
  - a. He/she has the right to a hearing;
  - b. The method by which he/she might obtain a hearing; and
  - c. That he/she may be represented by legal counsel, a friend, or other spokesperson.
- The written notice of the applicant's right to be heard is on Form 60 and Form 62.
- The applicant must request a hearing within 30 calendar days of the date on the Form 62, Form 111, Form 113, or the effective date of any action resulting in the appeal.
- Applicants/clients are to complete Form 62 as the written request for a hearing.

# EXERCISES



## PARTICIPANT GUIDE

## FAMILY UNIT EXERCISE

Identify the family unit(s) in each scenario and answer the questions.

1. Mr. Morris Grey, his wife Emma, their three children, Mary age 2, Sam, age 5, and Carrie, age 9 live with Mrs. Grey's sister and her twins, Gordon and Grace, age 6.

- (a) How many family units are there? \_\_\_\_\_  
(b) List the family unit(s):



2. Mrs. Charlotte Harris, her child, Anna age 8 (from a previous relationship), her husband, Matthew, his child from a previous marriage, Joe, age 6, and Mrs. Harris' 10 year old niece Courtney, live in the same household.

- (a) How many family units are there? \_\_\_\_\_  
(b) List the family unit(s):

3. Tammy, age 16 and her 3-month old baby, Eric resides with her parents, Mr. and Mrs. Ben Brown. The couple is raising their 4 year old niece, Jessica Jones.

- (a) How many family units are there? \_\_\_\_\_  
(b) List the family unit(s):

4. Beth Cornel and Thomas Smith live together with their daughter, Katie, age 3.

- (a) How many family units are there? \_\_\_\_\_  
(b) List the family unit(s):



**FAMILY UNIT EXERCISE**

5. Dino Smith, age 38, and his partner-in-life, Tom, Snead, age 36, live together. Dino's 9-year old son, Carl Smith lives with them.
- (a) How many family unit(s) are there? \_\_\_\_\_
- (b) List the family unit(s):
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- 
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- 
6. Betty Stamps and her three children Fred, Frannie and Felipe (ages 3, 5, and 7) live with her parents, John and Nancy Brown; her brother, Andy, age 15; her sister, Mary, age 16; Mary's son Mark, age 8 months and her grandmother, Martha, age 65.
- a. How many family units are there? \_\_\_\_\_
- b. List the family unit(s):
- 
- 
- 
- 
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- 
- 
- 
- c. Which family unit is potentially eligible for child care?
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- 
7. Jamie, age 18 and her brother, George, age 19 live with their parents, Bill and Joyce Cummings and their younger twin siblings, Todd and Ed, age 6.
- (a) How many family units are there? \_\_\_\_\_
- (b) List the family unit(s):

## PARTICIPATION EXERCISE



Clients participating in the CAPS program must be participating in a state approved work activity. Revisit policy regarding participation hours and determine if the following clients meet participation requirements.

1. Mr. Masters works at a fast food restaurant. His shifts vary every week. He brings in four check stubs for review. During week one, Mr. Masters worked 28 hours; week two, he worked 9 hours; week three, he worked 25 hours; and week four, he worked 17 hours. Does Mr. Masters meet the participation requirements?
2. Mr. & Mrs. Kasper have applied for child care for their two children. Mr. Kasper makes \$7.00 per hour. His gross weekly pay is \$230.00 per week. Mrs. Kasper is paid \$10.00 per hour. Her gross weekly pay is \$190.00. Do they meet the two-parent participation requirement?
3. Ms. Checkers has three children, Tommy, age 6, Priscilla, age 9, and Jasper, age 2. Her check stubs showed gross earnings of January 5th – \$170, January 12th - \$160, January 19th - \$130, January 26th - \$186, and February 2nd - \$165. She is paid \$5.15 per hour. What were the participation hours for each week? Was she eligible, based on participation, each of the weeks?
4. Ms. Baker began working on April 14th. She applied for help with childcare for Hannah 10, and Bryan 5 on May 19th. Ms. Baker is paid weekly and brought in check stubs as follows: April 21st - \$155, April 28th - \$178, May 5th - \$150, May 12th - \$180, May 19th - \$130. Ms. Baker is paid \$6.00 per hour. What were the participation hours for each week? Was she eligible for childcare based on hours?
5. Mr. Dawson attends technical school. He has scheduled classes on Monday-Thursday from 8:30 a. m. until 1:30 p.m. He studies on Friday from 9:00 a. m. until 11:00 a. m. and then goes to writing lab from 11:30 a.m. until 12:30 p.m. What are his participation hours for each week? Does he meet participation requirements?

## INCOME EXERCISE

**Read each scenario and record the correct response.**

1. Mrs. Jane Smith receives TANF, Medicaid, and Food Stamps for herself and her daughter Darla. Other income includes: a utility check of \$80 per month, which Mrs. Smith receives from the Atlanta Housing Authority; approximately \$70 per month paid by Mrs. Smith's mother directly to BellSouth for the phone bill and \$100 per month child support from Mr. John Smith. What income should the CM use in the CAPS budget?
2. Mr. and Mrs. Harry Cross have three children, Samantha (15), Pamela (14), and George (7). He needs help with after school care for George and applies for CAPS. All the children attend school full-time. Samantha works part-time earning \$95 per month. George receives SSI of \$442 per month, due to his disability. Mrs. Cross receives 100% VA Disability of \$350 per month. Mr. Cross earns \$1200 per month. What income would be budgeted in the CAPS case?
3. Ms Beth Norris is the TANF payee for her two grandchildren. One Absent Parent (AP) pays \$45 per month in direct child support and the other AP pays \$70 per month in child support through OCSS. Mrs. Norris works 40 hours per week and earns \$15 per hour. What income would be budgeted in the CAPS case?
4. Mrs. Carver has applied for childcare for her children, Joey, age 3 and Margaret, age 7. Mrs. Carver provides a statement from her employer, which states she works 28 hours per week and earns \$5.15 per hour. She is paid weekly.
  - a. What is Mrs. Carver's average weekly pay?
  - b. What would be the monthly income?
  - c. What would be the yearly income?

5. Ms. Metcalf applied for child care for her daughter Rosie on Oct.30. Ms. Metcalf is paid weekly and provides her previous five check stubs. September 29 - \$155, October 6 - \$161, October 13 - \$159, October 20 - \$153, October 27 - \$157. She states that these are representative of what she normally earns.
- What is Ms. Metcalf's average weekly pay?
  - What would be the monthly income?
  - What would be the yearly income?
6. Ms. Yomen applied for childcare on March 8. She has three children, Tommy - 6, Paula - 9, and Joseph - 2. Ms. Yomen verified the following check stubs: March 3 - \$170.00, February 25 - \$160.00, February 18 - \$130, February 11 - \$186.00. She states she was sick one week, which is why she only earned \$130.
- Which check (s) is not representative of Ms. Yomen's pay?
  - What is Ms. Yomen's average weekly pay?
  - What would be the monthly income?
  - What would be the yearly income?
7. Ms. Sanders applied for childcare on July 13, for her child Mary age 6 months. Ms. Sanders attends technical school. She receives child support for Mary. She provided verification for the last four weeks as June 17 - \$50, June 24 - \$50, July 1 - \$50, July 8 - \$50.
- What is Ms. Sanders' weekly income?
  - What would be the monthly income?
  - What would be the yearly income?

8. Mrs. Evans will no longer be eligible for TANF effective June. She began working on April 14. Ms. Evans applied for help with childcare for Darah 10 and Boomer 5 on May 19. Ms. Evans is paid weekly and brings in check stubs as follows: April 28 - \$178, May 5 - \$150, May 12 - \$302, May 19 - \$130. Ms. Evans states the \$302 was for overtime and is not what she usually makes.
- What is Ms. Evans average weekly pay?
  - What would be the monthly income?
  - What would be the yearly income?
9. Mrs. Danvers applied for childcare for her niece Joni age 4 on Feb. 21. Mrs. Danvers is paid bi-weekly and provided the following income verification: Dec. 31 – \$260, Jan. 14 - \$279, Jan 28 - \$265, Feb 11 - \$259. Mrs. Danvers also receives \$155 per month TANF as payee only for Joni.
- What is Mrs. Danvers average bi-weekly income?
  - What would be the monthly income?
  - What would be the yearly income?
10. Mac and Donna Clem applied for childcare on March 15 for Jerris 5 and Davis - 18 months. Mac provided a statement from his employer indicating he makes \$230 per week and Donna provides a statement from her employer verifying she makes \$190 per week.
- What is Mac's monthly pay?
  - What is Donna's monthly pay?
  - What would be the monthly income for the Clems?
  - What would be the yearly income for the Clems?

## UAS CODE EXERCISE



Assign the UAS code based on the client's eligibility. Some funding sources have special requirements that the client must meet in order to use that UAS code.

### Situations:

1. Mom and Dad both work and the family receives Food Stamps. They have not applied for nor do they receive TANF (cash assistance).
2. A 15-year-old mom is full-time student in high school and needs child care for her two children. This young mom receives TANF. She lives with her own mother who is disabled and cannot care for the child.
3. A two-parent family has a special needs child. Both parents work. They need child care because the cost of care is so high for their child. The family does not receive TANF or Food Stamps.
4. Dad is a single parent, does not receive TANF, works 30 hours per week earning a little more than minimum wage, and goes to night school 3 nights per week to earn his GED.
5. A two-parent family receives Child Protective Services (CPS). The risk to their children is great unless the children can be out of the home some of the time. They need child care to support CPS rather than working, in school or training.
6. Single mom just applied for TANF, and was assigned to Applicant Services. She really does not want to receive TANF – she wants to work! She has not found a job yet, because she cannot begin looking for work until she finds child care for her baby. There is nobody to keep the baby free of charge while she looks for work.
7. Single dad just completed his TANF applicant job search. He found a job and was approved for TANF for himself and his 5 children. He will not be able to keep the job without subsidized child care.

## UAS CODE EXERCISE

8. Single mom is enrolled full time in a technical school. She began receiving child care assistance for this activity in 6/2006. It is now 6/2007 and time for recertification. She is not a TANF recipient.
9. Single mom applied for and was approved for TANF. She then found a job. Her income required the TANF case to close, but she must have child care to continue working.
10. Single mom receiving TANF benefits has found employment at minimum wage. Although her income is not enough to close her TANF case, her earnings and child support combined will make her ineligible. She will need child care to continue her employment.
11. A 17-year-old mom is full-time student in high school and needs child care for her child. This young mom does not receive TANF. She lives with her parents, both who are employed and cannot look after their daughter's child.
12. A two parent family has three young children. The husband is employed and working 35 hours a week. The wife is looking for employment. They need child care so that she can find a job. This family does not receive TANF.
13. Single dad has two children and attends Moultrie Technical College full time. The family receives TANF and Food Stamps. The employment services worker states that this is the only activity listed on his TFSP.
14. Grandmother has her two grandchildren living with her. She has stated that she does not know where the parents of the children reside. She receives TANF as a payee only for her two grandchildren. She is employed and needs child care in order to continue her employment.

# RESOURCES

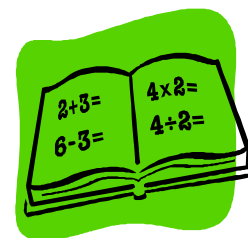


## PARTICIPANT GUIDE



## OPEN BOOK EXAMS

### How to Prepare and How to Complete



1. Take notes in class to supplement material already in the manual.
2. When working on exercises, complete all assigned.
3. Review class notes and pertinent sections of manual DAILY.
4. Review CAPS policy manual sections that are relevant to topics covered in class notes. Become familiar with the location of these sections.
5. Review exercises. Determine if you understand the concepts.
6. Study with others.
7. Arrange with trainer to discuss unclear areas.
8. Study DAILY. Do not CRAM the night before an exam!
9. Study as carefully as you would for a closed-book exam.
10. Manage your time wisely during the exam. Be aware of the total number of questions and/or forms to be completed. Assign yourself a time for completing each section.
11. Read each situation carefully. Identify pertinent data that will help you make policy decisions.
12. Read each question carefully. Read each multiple choice answer carefully. Eliminate any OBVIOUSLY incorrect answers.
13. If you are unable to determine the correct answer, come back to it later. Sometimes another question will remind you of a policy concept. Sometimes you may want to clarify a policy from your manual or notes.
14. Once you have answered a question, do NOT change your answer unless you have SOLID evidence that you answered it incorrectly the first time.
15. Remember the questions are to test your ability to identify data, relate it to policy, and make a decision. Some answer choices may be correct in **another** situation. Look for the one that is correct for the **given** situation.
16. Be sure you have answered every question. Be sure you have marked every question on your answer sheet.
17. If you have a different study method that has been successful for you, USE IT!

## WHAT IS DOCUMENTATION?

*Documentation is the official comprehensive account of activities relating to a specific client or family unit.*

Two primary components of the child care case record are:

- The case narrative, done in the Case Activity Log and printed as Form 452.
- Required forms and verification (such as check stubs, attendance reports, etc.)

## WHAT IS VERIFICATION?

*Verification is the use of documents, collateral contacts with a third party, home visits, computer matches, and/or documentation that confirm the accuracy of statements and information.*

## WHAT NEEDS TO BE DOCUMENTED AND VERIFIED?

The following items must be **documented** for all applicants/clients. The applicant/client's statement, unless questionable, can be accepted as the only proof necessary of:

- Marital status of family members
- Relationship among family members
- Residence
- The number of persons in the family unit

CAPS policy requires that the following items be **documented and verified** in the child care record.

- Gross income for the family unit
- Public assistance status
- Social security numbers, if voluntarily provided
- Active participation in an approved activity
- Reason for TANF ineligibility for TCC clients
- Child Protective Services (open case)
- Child in DFCS custody (open case)
- Court Ordered Supervision case
- Supplemental Supervision case

## WHERE IS INFORMATION DOCUMENTED OR VERIFIED?

### ***Case Activity Log***

Use the Case Activity Log to document:

- Marital status of family members
- Relationship among family members
- The number of persons in the family unit
- Residence
- Need for childcare
- Provider status (licensed, registered, exempt, etc.)
- Date UAS codes change
- Income verification

Changes:

- Addresses
- Adding children to child care case
- Removing children from child care case
- Client beginning a new job

Narratives, such as:

- Six (6) month monitoring
- Client contact
- Recertification
- Interagency contact
- Provider contact
- Receipt of provider training information
- Notification of TANF ineligibility

### ***Other forms of documentation***

Disposition and Parent Information, Form 62 – shows actions taken in case records

Childcare Certificate, Form 77 – documents number of children in care; authorized rates

SUCCESS screen print – verifies receipt of public assistance

Income Worksheets – documentation of income used in computing budget.

CAPS Informal Child Care Plan and Provider Enrollment, Form 58 – immunization verification for children in informal child care.

### **HELPFUL HINTS ON USING FORM 452**

- 1.** Always record the worker's name, date, type, and purpose of contact and with whom the contact was made.

Example: Tommy Case Manager, 12/20/06, telephone call. Ms. Clem called regarding an appointment letter.

- 2.** Record any information on the 452 that is important to the case but cannot be captured on another form.

Examples: Ms. Franklin has two children – she only receives child support for one; the other child's father is deceased. She receives RSDI for that child.

Ms. Connor's, the informal provider, receives Medicaid and food stamps; worker reported information to her food stamp worker.

- 3.** Explain any information on the 452 that is captured on another form but needs clarification.

- 4.** Record any information required by policy but cannot be captured on another form.

Examples: Verification of training for informal providers

ID for informal providers (provider presented social security and State issued picture ID.)

First day of service (worker should explain why care was started in middle of week for Ashley but not for Robin)

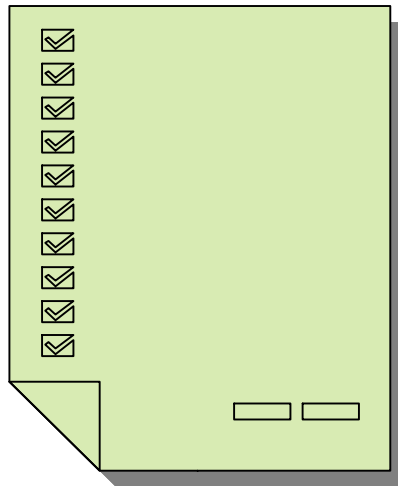
Verification of Medicaid eligibility. (Copy of SUCCESS printout is appropriate.)

## INFORMAL PROVIDER POLICY

- ▶ CAPS will subsidize a MAXIMUM of SIX children at a registered Family Day Care Home.
  
- ▶ CAPS will subsidize a MAXIMUM of SIX RELATED children with a RELATIVE informal provider.
  - The provider must be related to the child as his or her aunt, uncle, grandparent, great-grandparent, or adult sibling.
  - The provider may ALSO keep a combination of related and non-related children as long as they DO NOT keep more than two unrelated children for pay and the combination does not exceed six children.
  
- ▶ CAPS will subsidize a MAXIMUM of TWO children with a non-relative informal provider.

**THESE MAXIMUMS APPLY REGARDLESS OF THE NUMBER OF “SHIFTS” THE PROVIDER IS OPEN OR OPERATING.**

# FORMS



# PARTICIPANT GUIDE

**Georgia Department of Human Resources**  
**CHILD CARE REFERRAL & APPLICATION FOR SUPPLEMENTAL SUPERVISION**  
 \_\_\_\_\_ County Department of Family and Children Services

A. FOSTER CHILD INFORMATION (To be completed by SSCM)									
First Name	MI	Last Name	Sex	Date of Birth	Social Security Number	Child in School	Child in Pre-K	Child in Head Start	Child has a disability
						Y   N	Y   N	Y   N	Y   N
Ethnicity (check one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic  Race (check one): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander									
B. FOSTER CARE PLACEMENT INFORMATION (To be completed by SSCM)									
Foster Parent's Name		Address				Home Phone #			
						Work Phone #			
If an informal childcare provider has been chosen, check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Relative of Child  <input type="checkbox"/> Non-Relative             </div> <div> <input type="checkbox"/> Care provided in child's home  <input type="checkbox"/> Care provided in provider's home             </div> <div> <input type="checkbox"/> CRC completed  <input type="checkbox"/> CPS screening completed  <input type="checkbox"/> Approved by Foster Care             </div> </div>									
<b>All changes in the child's placement and child care arrangements MUST be reported to the child care case manager within 5 working days.</b>  <div style="display: flex; justify-content: space-between;"> <div>_____ Signature of Foster Care Case Manager</div> <div>_____ Date</div> <div>_____ Case Load ID #</div> </div>									
C. CHILD CARE PROVIDER INFORMATION (To be completed by the SSCM or Foster Parent)									
Reason Care is Needed: <input type="checkbox"/> Work Days and Hours Care is Needed: _____  Date to begin CAPS: _____			Name, Address and Phone # of Childcare Provider: _____ _____ _____  Phone # (_____) _____ - _____						
D. ELIGIBILITY DETERMINATION (To be completed by the CAPS case manager)									
1. Family Unit Size <u>  1  </u>  2. UAS Code (check one): <input type="checkbox"/> 555 (Pre-K) <input type="checkbox"/> 557  3. Provider is: <input type="checkbox"/> Licensed, Commissioned, or Exempt <input type="checkbox"/> Registered <input type="checkbox"/> Informal- Relative of Child <input type="checkbox"/> Informal- Non-Relative					4. Rate Within DFCS Maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No  Cost of care if not within maximum \$ _____  5. Application Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Denied  6. Official Certification Period: _____ to _____				
Comments:									

Signature of CAPS Case Manager

Date

CAPS Case Load ID #

**GEORGIA DEPARTMENT OF HUMAN RESOURCES  
ENROLLMENT FOR INFORMAL CHILD CARE PROVIDERS  
IN COUNTIES WITH AUTOMATION**

<b>Name of Informal Provider</b>		<b>Telephone Number</b>
<b>Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>

**The Informal Provider Understands:**

1. I must be 18 years of age or older in order to keep child(ren).
2. I must be physically able to care for child(ren).
3. Only persons authorized by the parent/client can care for the child(ren).
4. Only persons authorized by the parent/client can pick up the child(ren).
5. I can care can for only two (2) unrelated children for pay.
6. That the Division of Family and Children Services reserves the right to refuse to enroll individuals as informal subsidized child care providers or to discontinue this enrollment when there is any reason to suspect or believe that the individual has neglected or mistreated a child.
7. That the Division of Family and Children Services will not enroll any person as an informal subsidized child care provider and will discontinue the enrollment of any individual who has an unsatisfactory criminal records check.

**The Informal Provider Agrees:**

1. To have a working smoke detector and fire extinguisher at the location where care is being provided.
2. To attend eight (8) clock hours of health and safety training in the first six (6) months of each enrollment period.
3. To be monitored for health and safety compliance.
4. To have a criminal records check done. There is a fee for the criminal records check.
5. To authorize the County Department acting through the Office of Regulatory Services of the Division of Family and Children Services (DFCS) to release the results of the criminal records check to GA CAPS so that they may confirm that I qualify to receive payments for the child care services provided.



**GEORGIA DEPARTMENT OF HUMAN RESOURCES  
ENROLLMENT FOR INFORMAL CHILD CARE PROVIDERS  
IN COUNTIES WITH AUTOMATION**

6. To contact the Office of Regulatory Services, Child Care Licensing, **before** I care for more than two (2) children who are related to me. The phone number for Child Care Licensing is 404-657-5562.
7. To take daily attendance and write down the daily attendance for children in care. To keep the attendance records for at least three years after the month that care was provided.
8. That the client, DFCS, or I may end subsidized child care services at any time for any reason by giving written notice. The termination will be effective immediately when written notice is received unless a different time is stated in the termination notice.

**I certify that I do not have felony charges pending and that I have not been convicted of a crime that would lead to an "unsatisfactory" Criminal Records Check. I certify that I do not have any pending allegations of maltreatment or neglect and that I have no findings of substantiated maltreatment by Child Protective Services.**

---

<b>Provider's Authorized Signature</b>	<b>Date Signed</b>
--	--------------------

---

<b>Address where care is provided (if different from above)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Case Manager's Signature</b>	<b>Date Signed by Case Manager</b>
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**Georgia Department of Human Resources  
ENROLLMENT FOR INFORMAL CHILD CARE PROVIDERS**

**FACT SHEET  
Criminal Records Check  
CAPS Informal Child Care Providers**

Childcare and Parent Services (CAPS) is a program of Georgia's Division of Family and Children Services which helps eligible parents pay for child care while they work or go to school. Each parent in the program chooses someone to care for his/her children, either a state licensed, commissioned or registered provider or a friend or relative. Informal child care providers are friends, neighbors or relatives who care for children.

Beginning April 1, 1997, informal child care providers are required to have a Criminal Records Check (CRC) done as part of the enrollment procedures to participate in the CAPS program.

At initial enrollment, informal providers will receive two fingerprint cards and will complete a Criminal Records Check application form which authorizes DHR or the provider management agent to conduct this check. Fingerprints can be rolled at a local law enforcement office. The completed fingerprint cards, application form and a money order for \$24.00 must be submitted.

When a child care provider's Criminal Records Check (CRC) is "unsatisfactory," a notice will be sent to the Division of Family and Children Services (DFCS) and/or the state's provider management agent. The provider must be dismissed as an informal child care provider for children subsidized by DFCS.

The following provides information about crimes that will exclude a child care provider from participating in the CAPS program

**What crimes will cause an unsatisfactory Criminal Records Check?**

- An arrest for any of the crimes listed below or any felony where the charge is still pending.
- A conviction for any crimes listed below or any felony.
- A Plea of No Lo Contendere for any of the crimes listed below or any felony.
- First Offender Treatment Without Adjudication of Guilt for any of the crimes listed below or any felony where there has not been a discharge entered.
- Adjudication or sentence was otherwise withheld or not entered on the charge for any of the crimes listed below or any felony.

**What is a felony?**

A felony is any crime that is punishable by death, by imprisonment for life or by imprisonment for more than 12 months.

**What is a crime?**

A crime means:

- Any felony;
- Simple battery where the victim is a minor;
- Contributing to the delinquency of a minor;
- Various sexual offenses not including bigamy;
- Criminal attempt on one of the underlying crimes listed; or

**Georgia Department of Human Resources  
ENROLLMENT FOR INFORMAL CHILD CARE PROVIDERS**

- Any other crime committed in another jurisdiction that would be one of the listed crimes if committed in this state.

**What are some of the crimes that would cause an unsatisfactory Criminal Records Check?**

1. Simple battery (when the victim is a minor) or battery
2. Aggravated battery (when the victim is a minor)
3. Cruelty to children
4. Contributing to the delinquency of a minor
5. Sexual offenses; for example:
  - Rape
  - Sodomy or Aggravated Sodomy
  - Statutory Rape
  - Child Molestation or Aggravated Child Molestation
  - Enticing a Child for Indecent Purposes
  - Public Indecency
  - Prostitution
  - Incest
6. Distributing obscene materials
7. Sexual exploitation of children
8. Selling, showing, etc. of lewd, indecent, etc. materials to minors
9. Controlled substance (drugs, except simple possession)
10. Carrying a concealed weapon (2<sup>nd</sup> time)
11. Carrying a pistol without a license (2<sup>nd</sup> time)
12. Felony murder or attempted murder
13. Voluntary manslaughter
14. Kidnapping
15. Fraud in obtaining public assistance, Food Stamps or Medicaid over \$500
16. Burglary
17. Interference with custody (3<sup>rd</sup> time) or interstate interference with custody
18. Theft by Taking (over \$500 or conviction after a prior felony convictions)
19. Theft by Deception (over \$500 or conviction after a prior felony conviction)
20. Theft by Conversion (over \$500 or conviction after a prior felony conviction)
21. Shoplifting (over \$100)
22. Robbery or armed robbery
23. Forgery-1<sup>st</sup> degree
24. Bad checks, where punishable as a felony
25. Financial transaction card theft
26. Forgery of financial transaction card
27. Unauthorized use of financial transaction card
28. Bribery
29. Obstructing or hindering law enforcement officers

**Note:** This list of crimes does not include all crimes. There are other crimes that could cause an unsatisfactory Criminal Records Check. Pending charges as well as convictions are included. When in doubt, consult with the County Department of Family and Children Services, local law enforcement, etc.

**COMPLAINT INTAKE  
INFORMAL CHILD CARE VENDORS**

Date of Intake: \_\_\_\_\_

Vendor's Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Telephone #: \_\_\_\_\_

DFCS Office: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Vendor: \_\_\_\_\_ Parent of Child in Care \_\_\_\_\_ Other (specify)

Summary of Allegations: \_\_\_\_\_

Name of Victim: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of parent/guardian (if not listed above): \_\_\_\_\_

Address: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Report taken by: \_\_\_\_\_

Name

Telephone #

Address: \_\_\_\_\_

**Bright From the Start: Georgia Department of Early Care and Learning Office Use Only**

Complaint Type: \_\_\_\_\_ Abuse \_\_\_\_\_ Death  
\_\_\_\_\_ Accident/Injury \_\_\_\_\_ Other health and safety

Other agencies involved/notified: \_\_\_\_\_

Surveyor: \_\_\_\_\_

**GEORGIA DEPARTMENT OF HUMAN RESOURCES  
DISPOSITION AND PARENT INFORMATION  
CHILD CARE SERVICES**

\_\_\_\_\_ County Department of Family and Children Services

F          L	T          J	<table border="0" style="width: 100%;"><tr><td style="width: 50%;">_____</td><td style="width: 50%;">_____</td></tr><tr><td>Case Manager</td><td>Date</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>Caseload Number</td><td>Telephone Number</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td colspan="2">Child Care Provider</td></tr></table>	_____	_____	Case Manager	Date	_____	_____	Caseload Number	Telephone Number	_____	_____	Child Care Provider	
_____	_____													
Case Manager	Date													
_____	_____													
Caseload Number	Telephone Number													
_____	_____													
Child Care Provider														

**PROCEDURES FOR REQUESTING A FAIR HEARING ARE ON THE BACK OF THIS FORM.**

**FOR FREE LEGAL SERVICE CALL: \_\_\_\_\_**

**A. DISPOSITION**

- ☐ You are receiving child care because you are: \_\_\_\_\_
- ☐ You were **determined eligible** for the period \_\_\_\_\_ to \_\_\_\_\_ at a family weekly fee of \$\_\_\_\_\_ for the following child(ren):\_\_\_\_\_.  
\_\_\_\_\_ Payments to provider will begin \_\_\_\_\_.
- ☐ You were determined **ineligible or were denied**.
- ☐ Child care services **reduced or increased**.
- ☐ Weekly Fee **decreased** from \$\_\_\_\_\_ to \$\_\_\_\_\_ effective \_\_\_\_\_.
- ☐ Weekly Fee **increased** from \$\_\_\_\_\_ to \$\_\_\_\_\_ effective \_\_\_\_\_.
- ☐ Child Care is temporarily **suspended** from \_\_\_\_\_ to \_\_\_\_\_. DFCS will not make payment during this period.
- ☐ Child care **terminated** effective \_\_\_\_\_ for \_\_\_\_\_. The last day your child care may be subsidized is \_\_\_\_\_.
- ☐ Reporting Code change(s): Effective \_\_\_\_\_ UAS: \_\_\_\_\_ Type of Care: \_\_\_\_\_.
- ☐ Reimbursement of \$\_\_\_\_\_ due for the period \_\_\_\_\_ through \_\_\_\_\_.
- ☐ **Other:** \_\_\_\_\_

**B. FOR COUNTY OFFICE USE ONLY - REGULATIONS/COMMENTS**

**C. PARENT INFORMATION**

**You must report to DFCS changes in your financial or living arrangements within ten (10) working days of becoming aware of them (see the list below). FAILURE TO REPORT CHANGES MAY RESULT IN LOSS OF CHILD CARE OR CAUSE YOU TO HAVE TO REPAY DFCS FOR CHILD CARE YOU RECEIVED.**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Employment/Job (money, hours, location)</li><li>• School or training program (ends, hours change)</li><li>• Change of address</li><li>• Change in family size (child moves in, parent comes home, marriage, new baby, etc.)</li><li>• Child care is no longer needed</li></ul> | <ul style="list-style-type: none"><li>• Income changes (increase or decrease)</li><li>• Job loss (whether fired, quit, etc.)</li><li>• Receipt of Child Support</li><li>• Change in benefit such as Food Stamps or Medicaid</li><li>• Child goes to live with relative for vacation period</li></ul> |
|--|--|

Your child should attend the child care program regularly. If your child must be absent, give the provider and the case manager as much advance notice as possible. Some providers may request signed statement of absences. Fees are paid IN ADVANCE. Please pay on time. If you are unable to pay your fee, contact your case manager. Help may be available. Otherwise, your child may be suspended and terminated for a specific period of time and/or until all past due fees are paid. Some programs charge for extra services, such as late pick-ups. The DFCS does not pay for these extra charges.

**MAKE SURE YOU KNOW WHAT IS COVERED BY ANY FEE YOU PAY.**

The child care provider you have chosen is a private business. It is not affiliated with, nor is it an agent of the Department of Human Resources. The Department does not guarantee the provider's service.

#### D. ADMINISTRATIVE HEARINGS

You have a right to be heard and not to be discriminated against. Should a problem arise about your application placement, or change in service the county DFCS will address it promptly. If you are still not satisfied, you may call 1-800-869-1150 (this is a free call) or file for an administrative hearing. The child care provider will handle other complaints and grievances.

**IF YOU WANT AN ADMINISTRATIVE HEARING, FILL OUT THIS FORM WITHIN THIRTY (30) DAYS AND MAIL IT TO YOUR DEPARTMENT OF FAMILY AND CHILDREN SERVICES.**

\_\_\_\_\_  
Signature of Person Requesting Hearing Today's Date\_\_\_\_\_

\_\_\_\_\_  
Telephone Number Where You Can Be Reached

\_\_\_\_\_  
Use this space to tell us why you want an administrative hearing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **I wish to continue receiving benefits at the current level pending an administrative hearing determination. I understand I will be required to repay the Department of Human Resources any overpayment in child care benefits to which I was not entitled to receive as determined by the Administrative Law Judge.**

☐ **I do not wish to continue receiving benefits at the current level pending an administrative hearing determination.**

If your eligibility changes you will be advised in writing. If, for any reason, you think proper consideration has not been given your situation, you have the right to appeal to the State Department of Human Resources for an administrative hearing. Procedures for requesting an administrative hearing are below.

If you request an administrative hearing within 10 days from the date on the top of the form, your benefits can be continued or your case returned to the same status it was in before this action unless the Administrative Law Judge decides the sole reason is one of state or federal law or policy.

You must request an initial hearing within **thirty (30)** days of notification of the decision with which you disagree. Your request for a hearing may be denied if you do not request it promptly.

#### HEARING PROCEDURES

You may request an administrative hearing either orally or in writing by notifying the County Department of Family and Children Services. You have thirty days from the date on the form to request a hearing. If you request a hearing orally, you have fifteen days from the date of your oral request to submit your request in writing. A representative of the Office of State Administrative Hearing would hold the hearing in your county. Any member of the staff will be glad to furnish the necessary forms and help you file your appeal, and assist you in every way possible to prepare for the hearing. An authorized representative such as legal counsel, a relative, friend, or other spokesman may represent you at the hearing or you may represent yourself. Free legal services may be available to you in your community. If you are interested in legal services, call the number for free legal services listed on the front of this form. You can get information about hearings on the Internet at <http://www.ganet.org/osah/>

**Georgia Department of Human Resources  
Childcare and Parent Services  
VOLUNTARY WITHDRAWAL**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ County Department of Family and Children Services

RE: \_\_\_\_\_ in service at  
(Child's Name)

\_\_\_\_\_  
(Child Care Provider's Name)

I wish to voluntarily withdraw the child named above from child care because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I voluntarily waive my right to request an Administrative Hearing. I voluntarily waive my right to receive ten days of service during the Notification Period.

I request \_\_\_\_\_ as the last day of desired child care  
services. (Date)

\_\_\_\_\_  
Signature of Parent/Responsible Person

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Date Received

The Disposition and Parent Information, Form 62 dated \_\_\_\_\_ was mailed or  
hand-delivered on \_\_\_\_\_.

**Georgia Department of Human Resources  
Division of Family and Children Services  
Inquiry/Screening for Child Care Services**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # (not required) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Families must have limited income to be eligible for child care help. There are also other requirements that the family must meet to be eligible. **This chart shows the number of people in the family and the most money that the family can receive to meet the income limit.** The income is before taxes are taken out.

Number in Family	2	3	4	5	6	7	8	9
Maximum income in a year (before taxes)	\$19,392	\$24,416	\$29,440	\$34,464	\$39,488	\$44,512	\$49,536	\$54,560

**A. If you need child care, tell us about your family situation. If you are applying for child care for someone else, tell us about his/her situation. We can help you fill out this form if you ask.**

1. Does anyone under age 21 in the family need help with child care to go to middle school, high school or GED classes? ☐ Yes ☐ No
2. Are there any children under age 18 who have a special need or a disability and need child care? ☐ Yes ☐ No
3. Is anyone in the family applying for Temporary Assistance for Needy Families (TANF) now? ☐ Yes ☐ No
4. Does the family receive TANF now for any children who live in the household? ☐ Yes ☐ No
5. Did TANF end within the last 60 days? ☐ Yes ☐ No
6. Is there a child in the family who is now enrolled in Georgia Pre-Kindergarten or Head Start who needs before/after school care or summer care? ☐ Yes ☐ No
7. Are there any children under the age of 13 who need child care? ☐ Yes ☐ No  
If so, how many need child care? \_\_\_\_\_
8. Has the family who needs child care received help with child care costs from DFCS before? ☐ Yes ☐ No If yes, which county? \_\_\_\_\_ County
9. How many children in the family are under 18 years old? \_\_\_\_\_

Participants must be working, attending school or training a number of hours each week to get help with child care. For families with a single parent, the requirement is 25 hours per week. For families with two parents, the requirement is 35 hours per week for each parent.



**B. If you need child care, tell us about your family income. If you are applying for child care for someone else, tell us about his/her family income.**

Parent's Name \_\_\_\_\_

Child care is needed: ☐ Working ☐ Yes ☐ No \_\_\_\_\_ hours per week  
because: ☐ In school ☐ Yes ☐ No \_\_\_\_\_ hours per week  
(check all that apply) ☐ In training ☐ Yes ☐ No \_\_\_\_\_ hours per week

Income from working before taxes \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.
Other income (child support, etc.): \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.

**C. If there is another adult in the home who is the spouse of the person who needs child care or the other parent of one of the children, tell us about that person's income.**

Other Parent's Name \_\_\_\_\_

Child care is needed because: ☐ Working ☐ Yes ☐ No \_\_\_\_\_ hours per week  
(check all that apply) ☐ In school ☐ Yes ☐ No \_\_\_\_\_ hours per week  
☐ In training ☐ Yes ☐ No \_\_\_\_\_ hours per week

Income from working before taxes \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.
Other income (child support, etc.): \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.

**I understand that this is a *request* for service. It is not a guarantee that the child(ren) will be accepted in the program.**

\_\_\_\_\_  
Signature Date

**C. For DFCS Use Only**

Screened By: _____	Date: _____	Reported Income: _____	Reported # in Family: _____
Date put on waiting list: _____	Notes: _____		

**We have reviewed your information and the result of the review is checked below.**

- ☐ You **may** be eligible but we need more information. The county will contact you to get this information.
- ☐ An appointment to meet with \_\_\_\_\_ has been set for: \_\_\_\_\_ at \_\_\_\_\_. **A page is attached to this form that tells you what to bring and who to call if you cannot come.**
- ☐ Your name will be added to \_\_\_\_\_ County's inquiry list. When funds become available, you will be contacted to set up an interview. Your eligibility for child care will be established based on your family situation at that time. **If you move to another county, you should ask about child care in your new county.**
- ☐ You do not appear to be eligible because: \_\_\_\_\_. You may ask for child care help again **if your circumstances change** or if you believe this decision is not correct.

**CHILD CARE AND PARENT SERVICES (CAPS)  
APPOINTMENT LETTER AND VERIFICATION CHECKLIST**

\_\_\_\_\_  
Parent/Guardian/Responsible Person's Name Case Number

\_\_\_\_\_  
County Caseworker's Name and Caseload Number

\_\_\_\_\_  
Telephone Number Date Given/Mailed

\*\*\*\*\*

You have an appointment on:

\_\_\_\_\_ at \_\_\_\_\_  
Date Time

\_\_\_\_\_  
Office Address

The items checked below must be received by

\_\_\_\_\_  
Date Due

**If this is not done, your application may be denied  
or your child care case may be terminated.**

**IMPORTANT:** If you cannot keep your appointment, call your caseworker **BEFORE** your scheduled appointment date. If you cannot get the requested information and/or need more time, contact your caseworker by phone or mail by \_\_\_\_\_. Your caseworker may give you more time and may be able to help you get the information you need.

**The following is needed to complete your:**

☐ Application      ☐ Six Month Review      ☐ Annual Review      ☐ Other \_\_\_\_\_

**Client**

**Child Care Provider**

Check Stubs or Statement from employer for last 4 weeks for:	Copy of License/Registration/Exemption Letter
Social Security Card ( <b>optional</b> )	Copy of Rules and Regulations
Proof U.S. Citizenship/Alien Status for child	Copy of Rates
Immunization Record for:	Form 704
Proof of Child Support	W-9
Form 77 – Child Care Certificate	Social Security Card
Copy of most recent grades	Other ID
Copy of class schedule	Proof of attending 8 hours of health and safety training
Form 60 – application completed by you	Criminal Records Check
If you have chosen an Informal Provider, bring him/her with you to your appointment with items checked in provider column.	\$24.00 Money Order Made Payable to Department of Early Care and Learning – DECAL
HIPAA Notices of Privacy Practices Signed by you	HIPAA Business Associate's Agreement - signed by provider
Other	Other

# OSAH FORM 1

(This form replaces DFCS Form 166)

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE <b>DFCS</b>	CASE CODE <b>CAPS</b>	DOCKET NUMBER	COUNTY	AGENCY
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## Use ONLY For CHILD CARE AND PARENT SERVICES (CAPS) CASES

<b>Check One:</b>	<input type="checkbox"/> Denial of Application <input type="checkbox"/> Disputed determination of Benefits <input type="checkbox"/> Failure to Act Within Reasonable Time for Benefit Change <input type="checkbox"/> Denial of Opportunity to Apply for Benefits	<input type="checkbox"/> Case Closure <input type="checkbox"/> Agency Inaction <input type="checkbox"/> Reduction of Benefits <input type="checkbox"/> Denial of Expedited Services <input type="checkbox"/> Other:
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CLAIMANT'S COUNTY OF RESIDENCE:

DATE NOTICE OF ADVERSE ACTION ISSUED:

REGULATION(S) APPLIED: SOCIAL SERVICES MANUAL, Chapter(s)

Section(s)

Date DFCS received Claimant's request for hearing: ☐ Oral on

☐ Written on

DFCS Case Number:

BENEFIT CONTINUED PENDING APPEAL: ☐ YES ☐ NO

### CLAIMANT

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	DOES THE CLAIMANT UNDERSTAND ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, SPECIFY LANGUAGE	IS CLAIMANT APPEALING OTHER PUBLIC ASSISTANCE MATTERS THAT SHOULD BE CONSOLIDATED FOR HEARING WITH THIS CASE? <input type="checkbox"/> NO <input type="checkbox"/> YES, IF YES, PLEASE CHECK <input type="checkbox"/> TANF <input type="checkbox"/> FS <input type="checkbox"/> MEDICAID
ATTORNEY NAME	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL
PERSONAL REPRESENTATIVE NAME (PARALEGALS MAY BE A REPRESENTATIVE)	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	RELATIONSHIP TO CLAIMANT	EMAIL

### LOCAL DFCS OFFICE

NAME OF OFFICE	OFFICE TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	CASEWORKER'S NAME	CASEWORKER'S DIRECT TELEPHONE NUMBER
<b>INDICATE DOCUMENTS ATTACHED:</b> <input type="checkbox"/> Copies of Social Services Manual procedures utilized. <i>(Required)</i> <input type="checkbox"/> Notice of action issued, a copy of summary determination or copy of contents of the notice. <input type="checkbox"/> Budgets utilized, if applicable. <i>(Required)</i> <input type="checkbox"/> Claimant's written hearing request, if applicable. <input type="checkbox"/> Other: (please specify document)	EMAIL	PAGER
	SUPERVISOR'S NAME	SUPERVISOR'S DIRECT TELEPHONE NUMBER
	EMAIL	PAGER

**SERVICE OF DOCUMENTS:** In addition to routine service on the agency's attorney, the agency contact person requests the following: ☐ No service of documents prior to certification of the file to the agency after a decision.

- ☐ Service of all documents prior to certification of the file to the agency after a decision.  
☐ Service of a copy of the notice of hearing.  
☐ Service of a copy of a continuance.  
☐ Service of copy of any interim orders.

All documents will be mailed to the referring agency at the address indicated for the contact person to the contact person's attention unless written instructions provide an alternative place for service.

**BUSINESS ASSOCIATE AGREEMENT  
GEORGIA DEPARTMENT OF HUMAN RESOURCES**

This Business Associate Agreement (hereinafter referred to as "Agreement"), effective this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ is made and entered into by and between the Georgia Department of Human Resources (hereinafter referred to as "DHR") acting through the County Departments of Family and Children Services (DFCS) and \_\_\_\_\_ (hereinafter referred to as "Business Associate").

**WHEREAS**, DHR is required by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), to obtain satisfactory assurances that its Business Associates will provide appropriate safeguards of Protected Health Information ("PHI") and to document those assurances by entering into Business Associate Agreements with certain entities that provide functions, activities, or services involving the use of PHI;

**WHEREAS**, Business Associate may provide functions, activities, or services involving the use of PHI;

**NOW, THEREFORE**, for and in consideration of the mutual promises, covenants and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, DHR, acting through the County Departments of Family and Children Services, and Business Associate (each individually a "Party" and collectively the "Parties") hereby agree as follows:

1. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy Rule, published as the Standards for Privacy of Individually Identifiable Health Information in 45 CFR Parts 160 and 164 ("Privacy Rule").
2. Except as limited in this Agreement, Business Associate may use or disclose PHI only to extent necessary to meet its responsibilities as set forth in the Contract provided that such use or disclosure would not violate the Privacy Rule if done by DHR.
3. **Unless otherwise Required by Law, Business Associate agrees:**
  - A. That it will not request, create, receive, use or disclose PHI other than as permitted or required by this Agreement or as required by law.
  - B. To establish, maintain and use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Agreement.
  - C. To mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
  - D. That its agents or subbusiness Associates are subject to the same obligations that apply to Business Associate under this Agreement and Business Associate agrees to ensure that its agents or subbusiness Associates comply with the conditions, restrictions, prohibitions and other limitations regarding the request for, creation, receipt, use or disclosure of PHI, that are applicable to Business Associate under this Agreement.
  - E. To report to DHR any use or disclosure of PHI that is not provided for by this Agreement of which it becomes aware. Business Associate agrees to make such report to DHR in writing

in such form as DHR may require within twenty-four (24) hours after Business Associate becomes aware.

- F. To make any amendment(s) to PHI in a Designated Record Set that DHR directs or agrees to pursuant to 45 CFR 164.526 at the request of DHR or an Individual, within five (5) business days after request of DHR or of the Individual. Business Associate also agrees to provide DHR with written confirmation of the amendment in such format and within such time as DHR may require.
- G. To provide access to PHI in a Designated Record Set to DHR upon request, within five (5) business days after such request, or, as directed by DHR, to an Individual. Business Associate also agrees to provide DHR with written confirmation that access has been granted in such format and within such time as DHR may require.
- H. To give DHR, the Secretary of the U.S. Department of Health and Human Services (the "Secretary") or their designees access to Business Associate's books and records and policies, practices or procedures relating to the use and disclosure of PHI for or on behalf of DHR within five (5) business days after DHR, the Secretary or their designees request such access or otherwise as DHR, the Secretary or their designees may require. Business Associate also agrees to make such information available for review, inspection and copying by DHR, the Secretary or their designees during normal business hours at the location or locations where such information is maintained or to otherwise provide such information to DHR, the Secretary or their designees in such form, format or manner as DHR, the Secretary or their designees may require.
- I. To document all disclosures of PHI and information related to such disclosures as would be required for DHR to respond to a request by an Individual or by the Secretary for an accounting of disclosures of PHI in accordance with the requirements of the Privacy Rule.
- J. To provide to DHR or to an Individual, information collected in accordance with Section 3. I. of this Agreement, above, to permit DHR to respond to a request by an Individual for an accounting of disclosures of PHI as provided in the Privacy Rule.

**4. Unless otherwise Required by Law, DHR agrees:**

- A. That it will notify Business Associate of any new limitation in DHR's Notice of Privacy Practices in accordance with the provisions of the Privacy Rule if, and to the extent that, DHR determines in the exercise of its sole discretion that such limitation will affect Business Associate's use or disclosure of PHI.
- B. That it will notify Business Associate of any change in, or revocation of, permission by an Individual for DHR to use or disclose PHI to the extent that DHR determines in the exercise of its sole discretion that such change or revocation will affect Business Associate's use or disclosure of PHI.

C. That it will notify Business Associate of any restriction regarding its use or disclosure of PHI that DHR has agreed to in accordance with the Privacy Rule if, and to the extent that, DHR determines in the exercise of its sole discretion that such restriction will affect Business Associate's use or disclosure of PHI.

5. The **Term of this Agreement** shall commence on the date of execution shown above, and shall terminate when all of the PHI provided by DHR to Business Associate, or created or received by Business Associate on behalf of DHR, is destroyed or returned to DHR, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.

**A. Termination for Cause.** Upon DHR's knowledge of a material breach by Business Associate, DHR shall either:

- (1) Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by DHR;
- (2) Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
- (3) If neither termination nor cure is feasible, DHR shall report the violation to the Secretary.

**B. Effect of Termination.**

- (1) Except as provided in paragraph (A.) (2) of this Section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from DHR, or created or received by Business Associate on behalf of DHR. This provision shall apply to PHI that is in the possession of subbusiness Associates or agents of Business Associate. Neither Business Associate nor its agents nor subbusiness Associates shall retain copies of the PHI.
- (2) In the event that Business Associate determines that returning or destroying the PHI is not feasible, Business Associate shall send DHR detailed written notice of the specific reasons why it believes such return or destruction is not feasible and the factual basis for such determination, including the existence of any conditions or circumstances which make such return or disclosure infeasible. If DHR determines, in the exercise of its sole discretion, that the return or destruction of such PHI is not feasible, Business Associate agrees that it will limit its further use or disclosure of PHI only to those purposes DHR may, in the exercise of its sole discretion, deem to be in the public interest or necessary for the protection of such PHI, and will take such additional action as DHR may require for the protection of patient privacy or the safeguarding, security and protection of such PHI.
- (3) If neither termination nor cure is feasible, DHR shall report the violation to the Secretary.
- (4) Section 5. B. of this Agreement, regarding the effect of termination or expiration, shall survive the termination of this Agreement.

6. **Interpretation.** Any ambiguity in this Agreement shall be resolved to permit DHR to comply with applicable state and federal laws, rules and regulations, and the Privacy Rule,

and any rules, regulations, requirements, rulings, interpretations, procedures or other actions related thereto that are promulgated, issued or taken by or on behalf of the Secretary; provided that applicable federal laws, rules and regulations and the laws of the State of Georgia shall supersede the Privacy Rule if, and to the extent that, they impose additional requirements, have requirements that are more stringent than or provide greater protection of patient privacy or the security or safeguarding of PHI than those of HIPAA and its Privacy Rule.

7. All other terms and conditions contained in the Contract and any amendment thereto, not amended by this Amendment, shall remain in full force and effect.

**IN WITNESS WHEREOF**, DHR and Business Associate, through their authorized officers and agents, have caused this Amendment to be executed on their behalf as of the date set forth above.

**GEORGIA DEPARTMENT OF HUMAN RESOURCES**  
Designee, County Department of Family and Children Services

By: \_\_\_\_\_  
Authorized Signature

**BUSINESS ASSOCIATE**

By: \_\_\_\_\_  
Authorized Signature

Name of Child Care Program: \_\_\_\_\_

Site Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Provider's Tax Identification Number or Social Security Number \_\_\_\_\_

Provider's Daytime Telephone Number (\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

**[If Business Associate is a Corporation, provide additional information requested below.]**

\_\_\_\_\_  
Title

AFFIX CORPORATE SEAL HERE  
(Corporations without a seal, attach a  
Certificate of Corporate Resolution)

ATTEST: \_\_\_\_\_

**ZONE ONE**  
**(Effective 7/2006)**

**Childcare and Parent Services (CAPS) Maximum Reimbursement Rates**

(Rates allowed, not to exceed provider's charge or as defined by CAPS policy)

Zone 1		Formal Child Care Arrangements (Regulated)		Informal Care Arrangements (Unregulated)
(See List of Counties on Back of Page)		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Full Time Care (Per Week)  (Care for 3 or more days per week)	Infants (6 weeks-12 months)	\$139.00	\$110.00	\$90.00
	Toddlers (13-36 months)	129.00	100.00	85.00
	Pre-School (3-5 years)	114.00	96.00	75.00
	School Age (6 years and up)	110.00	80.00	75.00

Zone 1		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Part-Time Care (Per Day)  (Care for 1 or 2 days per week)	Any age allowed in CAPS	\$37.00	\$27.00	\$23.00

Zone 1		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Before & After School Care (Per Week) (Includes Pre-K, Head Start, or Kindergarten Wrap-Around or Ages 6 and up)		\$65.00	\$51.00	\$50.00

Negotiated Rate (Per Week)	Child care for one child with one provider that occurs over more than one time period (some weekdays and a weekend day, for example) but is 4 to 5 days per billable week should have rate negotiated rather than two separate rates with separate certificates. The negotiated rate for care 3 to 5 days can equal the full time care rate, but should not exceed the full time care rate per week. If care exceeds 5 days per week, negotiated rate may exceed full time care rate but should not exceed the full time care rate added to the per day rate.			
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**Zone 1  
(Effective 7/2006)**

<b>CAMDEN</b>	<b>FORSYTH</b>
<b>CHEROKEE</b>	<b>FULTON</b>
<b>CLAYTON</b>	<b>GWINNETT</b>
<b>COBB</b>	<b>HALL</b>
<b>DEKALB</b>	<b>HENRY</b>
<b>DOUGLAS</b>	<b>PAULDING</b>
<b>FAYETTE</b>	<b>ROCKDALE</b>

**ZONE TWO**  
**(Effective 7/2006)**

**Childcare and Parent Services (CAPS) Maximum Reimbursement Rates**

(Rates allowed, not to exceed provider's charge or as defined by CAPS policy)

<b>Zone 2</b>		<b>Formal Child Care Arrangements (Regulated)</b>		<b>Informal Care Arrangements (Unregulated)</b>
(See List of Counties on Back of Page)		<b>Center-Based Care and Group Home Care</b>	<b>Family Child Care</b>	<b>Non-Relative &amp; Relative Care</b>
Full Time Care (Per Week)  (Care for 3 or more days per week)	Infants (6 weeks-12 months)	\$94.00	\$80.00	\$61.00
	Toddlers (13-36 months)	88.00	75.00	60.00
	Pre-School (3-5 years)	83.00	75.00	58.00
	School Age (6 years and up)	83.00	75.00	60.00

<b>Zone 2</b>		<b>Center-Based Care and Group Home Care</b>	<b>Family Child Care</b>	<b>Non-Relative &amp; Relative Care</b>
Part-Time Care (Per Day)  (Care for 1 or 2 days per week)	Any age allowed in CAPS	\$26.00	\$22.00	\$20.00

<b>Zone 2</b>		<b>Center-Based Care and Group Home Care</b>	<b>Family Child Care</b>	<b>Non-Relative &amp; Relative Care</b>
Before & After School Care (Per Week) (Includes Pre-K, Head Start, or Kindergarten Wrap-Around or Ages 6 and up)		\$55.00	\$53.00	\$50.00

Negotiated Rate (Per Week)	Child care for one child with one provider that occurs over more than one time period (some weekdays and a weekend day, for example) but is 4 to 5 days per billable week should have rate negotiated rather than two separate rates with separate certificates. The negotiated rate for care 3 to 5 days can equal the full time care rate, but should not exceed the full time care rate per week. If care exceeds 5 days per week, negotiated rate may exceed full time care rate but should not exceed the full time care rate added to the per day rate.			
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**Zone 2**  
**(Effective 7/2006)**

<b>BALDWIN</b>	<b>DAWSON</b>	<b>LOWNDES</b>	<b>PEACH</b>
<b>BARROW</b>	<b>DOUGHERTY</b>	<b>LUMPKIN</b>	<b>PIKE</b>
<b>BARTOW</b>	<b>EFFINGHAM</b>	<b>LEE</b>	<b>PULASKI</b>
<b>BIBB</b>	<b>FLOYD</b>	<b>LIBERTY</b>	<b>PUTNAM</b>
<b>BRYAN</b>	<b>GLYNN</b>	<b>MADISON</b>	<b>RICHMOND</b>
<b>BULLOCH</b>	<b>GORDON</b>	<b>McDUFFIE</b>	<b>SPALDING</b>
<b>BUTTS</b>	<b>HARRIS</b>	<b>MERIWETHER</b>	<b>TIFT</b>
<b>CATOOSA</b>	<b>HART</b>	<b>MORGAN</b>	<b>TROUP</b>
<b>CHATHAM</b>	<b>HOUSTON</b>	<b>MURRAY</b>	<b>WALTON</b>
<b>CLARKE</b>	<b>JACKSON</b>	<b>MUSCOGEE</b>	<b>WHITFIELD</b>
<b>COLUMBIA</b>	<b>JONES</b>	<b>NEWTON</b>	
<b>COWETA</b>	<b>LAMAR</b>	<b>OCONEE</b>	

**ZONE THREE**  
**(Effective 7/2006)**

**Childcare and Parent Services (CAPS) Maximum Reimbursement Rates**

(Rates allowed, not to exceed provider's charge or as defined by CAPS policy)

<b>Zone 3</b>		<b>Formal Child Care Arrangements (Regulated)</b>		<b>Informal Care Arrangements (Unregulated)</b>
(See List of Counties on Back of Page)		<b>Center-Based Care and Group Home Care</b>	<b>Family Child Care</b>	<b>Non-Relative &amp; Relative Care</b>
Full Time Care (Per Week)  (Care for 3 or more days per week)	Infants (6 weeks-12 months)	\$74.00	\$70.00	\$50.00
	Toddlers (13-36 months)	70.00	65.00	47.00
	Pre-School (3-5 years)	70.00	65.00	46.00
	School Age (6 years and up)	69.00	65.00	45.00

<b>Zone 3</b>		<b>Center-Based Care and Group Home Care</b>	<b>Family Child Care</b>	<b>Non-Relative &amp; Relative Care</b>
Part-Time Care (Per Day)  (Care for 1 or 2 days per week)	Any age allowed in CAPS	\$21.00	\$19.00	\$15.00

<b>Zone 3</b>		<b>Center-Based Care and Group Home Care</b>	<b>Family Child Care</b>	<b>Non-Relative &amp; Relative Care</b>
Before & After School Care (Per Week) (Includes Pre-K, Head Start, or Kindergarten Wrap-Around or Ages 6 and up)		\$39.00	\$35.00	\$34.00

Negotiated Rate (Per Week)	Child care for one child with one provider that occurs over more than one time period (some weekdays and a weekend day, for example) but is 4 to 5 days per billable week should have rate negotiated rather than two separate rates with separate certificates. The negotiated rate for care 3 to 5 days can equal the full time care rate, but should not exceed the full time care rate per week. If care exceeds 5 days per week, negotiated rate may exceed full time care rate but should not exceed the full time care rate added to the per day rate.			
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**Zone 3**  
**(Effective 7/2006)**

<b>APPLING</b>	<b>COOK</b>	<b>HEARD</b>	<b>POLK</b>	<b>TWIGGS</b>
<b>ATKINSON</b>	<b>CRAWFORD</b>	<b>IRWIN</b>	<b>QUITMAN</b>	<b>UNION</b>
<b>BACON</b>	<b>CRISP</b>	<b>JASPER</b>	<b>RABUN</b>	<b>UPSON</b>
<b>BAKER</b>	<b>DADE</b>	<b>JEFF DAVIS</b>	<b>RANDOLPH</b>	<b>WALKER</b>
<b>BANKS</b>	<b>DECATUR</b>	<b>JEFFERSON</b>	<b>SCHLEY</b>	<b>WARE</b>
<b>BEN HILL</b>	<b>DODGE</b>	<b>JENKINS</b>	<b>SCREVEN</b>	<b>WARREN</b>
<b>BERRIEN</b>	<b>DOOLEY</b>	<b>JOHNSON</b>	<b>SEMINOLE</b>	<b>WASHINGTON</b>
<b>BLECKLEY</b>	<b>EARLY</b>	<b>LANIER</b>	<b>STEPHENS</b>	<b>WAYNE</b>
<b>BRANTLEY</b>	<b>ECHOLS</b>	<b>LAURENS</b>	<b>STEWART</b>	<b>WEBSTER</b>
<b>BROOKS</b>	<b>ELBERT</b>	<b>LINCOLN</b>	<b>SUMTER</b>	<b>WHEELER</b>
<b>BURKE</b>	<b>EMANUEL</b>	<b>LONG</b>	<b>TALBOT</b>	<b>WHITE</b>
<b>CALHOUN</b>	<b>EVANS</b>	<b>MACON</b>	<b>TALIAFERRO</b>	<b>WILCOX</b>
<b>CANDLER</b>	<b>FANNIN</b>	<b>MARION</b>	<b>TATTNALL</b>	<b>WILKES</b>
<b>CARROLL</b>	<b>FRANKLIN</b>	<b>MCINTOSH</b>	<b>TAYLOR</b>	<b>WILKINSON</b>
<b>CHARLTON</b>	<b>GILMER</b>	<b>MILLER</b>	<b>TELFAIR</b>	<b>WORTH</b>
<b>CHATTAHOOCHEE</b>	<b>GLASCOCK</b>	<b>MITCHELL</b>	<b>TERRELL</b>	
<b>CHATTOOGA</b>	<b>GRADY</b>	<b>MONROE</b>	<b>THOMAS</b>	
<b>CLAY</b>	<b>GREENE</b>	<b>MONTGOMERY</b>	<b>TOOMBS</b>	
<b>CLINCH</b>	<b>HABERSHAM</b>	<b>OGLETHORPE</b>	<b>TOWNS</b>	
<b>COFFEE</b>	<b>HANCOCK</b>	<b>PICKENS</b>	<b>TREUTLEN</b>	
<b>COLQUITT</b>	<b>HARALSON</b>	<b>PIERCE</b>	<b>TURNER</b>	



Head Start Referral for Extended Day, Holiday and/or Summer Care  
To the Department of Family and Children Services



Childcare and Parent Services (CAPS)

Child's First Day in Head Start \_\_\_\_\_

Name of Provider/Location \_\_\_\_\_

Site Address \_\_\_\_\_ County \_\_\_\_\_

List the name(s) and Social Security Number(s), *if available*, of each parent or responsible adult living in the household:

1. \_\_\_\_\_ SSN# \_\_\_\_\_

2. \_\_\_\_\_ SSN# \_\_\_\_\_

Parent/Responsible Adult's Address \_\_\_\_\_

Responsible Adult's Day Time Phone # (\_\_\_\_\_) \_\_\_\_\_ County of Residence \_\_\_\_\_

Name and SS#, *if available*, of child(ren) enrolled in Head Start \_\_\_\_\_

How many people live in the family? \_\_\_\_\_

Is adult's name on DFCS' childcare waiting list? ☐ Yes ☐ No ☐ Don't Know If yes, give name \_\_\_\_\_

Is either parent/responsible adult working? ☐ Yes ☐ No If yes, give name(s) \_\_\_\_\_

Days & hours at work: \_\_\_\_\_ (Days) \_\_\_\_\_ (Hours) Total Hours (per week) \_\_\_\_\_  
EXAMPLE: (Monday - Friday) (10 a.m. - 6 p.m.) (40 hours)

Income before deductions for responsible adult(s): \$ \_\_\_\_\_ ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

Is the parent/responsible adult in school? ☐ Yes ☐ No If yes, give name(s) \_\_\_\_\_

(SEE EXAMPLE ABOVE) Days & hours at school \_\_\_\_\_ (Days) \_\_\_\_\_ (Hours) Total Hours (week) \_\_\_\_\_

Is either parent/responsible adult in training? ☐ Yes ☐ No If yes, give name \_\_\_\_\_

(SEE EXAMPLE ABOVE) Days & hours at training \_\_\_\_\_ (Days) \_\_\_\_\_ (Hours) Total Hours (week) \_\_\_\_\_

Does either responsible adult receive any of the following? (Check all that apply):

☐ Cash Assistance (TANF) ☐ Medicaid ☐ Food Stamps ☐ None

Who do you want to provide before/after school care? \_\_\_\_\_

(ONE PROVIDER ONLY)

\_\_\_\_\_  
Signature of Parent/Responsible Adult Date \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number

\_\_\_\_\_  
Signature of Head Start Representative Date \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number

**NOTE:** This referral must be postmarked or hand delivered to the DFCS Office in the county where the family lives within FIVE calendar days of the child's first day of Head Start or as soon as enrollment is known. **Eligibility for Head Start does not guarantee eligibility for CAPS.** DFCS will tell parents what they need to bring to the eligibility interviews.

**FOR DFCS PURPOSES ONLY:** ☐ No further action taken. Screening shows family is potentially ineligible.



**GEORGIA LOTTERY FUNDED PRE-K REFERRAL  
FOR BEFORE/AFTER SCHOOL/EXTENDED DAY**

Effective Program Year \_\_\_\_\_ to \_\_\_\_\_

**CAPS**

**Childcare and Parent Services**

Child's First Day of School (Pre-K) \_\_\_\_\_

Name of Pre-K School/Location \_\_\_\_\_

Site Address \_\_\_\_\_ County \_\_\_\_\_

List the name(s) and Social Security Number(s) of each parent or responsible adult living in the household:

1. \_\_\_\_\_ SSN# \_\_\_\_\_
2. \_\_\_\_\_ SSN# \_\_\_\_\_

Parent/Responsible Adult's Address \_\_\_\_\_

Responsible Adult's Day Time Phone # (\_\_\_\_\_) \_\_\_\_\_ County of Residence \_\_\_\_\_

Name and SS# of child(ren) enrolled in Pre-K \_\_\_\_\_

Is either responsible adult's name on DFCS' child care waiting list? ☐ Yes ☐ No If yes, give name \_\_\_\_\_

Is either parent/responsible adult working? ☐ Yes ☐ No If yes, give name(s) \_\_\_\_\_

Days and hours at work: \_\_\_\_\_ (Days) \_\_\_\_\_ (Hours) Total Hours (per week) \_\_\_\_\_  
EXAMPLE: (Monday - Friday) (10 a.m. - 6 p.m.) (40 hours)

Income before deductions for responsible adult(s): \$\_\_\_\_\_ ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

Is the parent/responsible adult in school? ☐ Yes ☐ No If yes, give name(s) \_\_\_\_\_

(SEE EXAMPLE ABOVE) Days and hours at school \_\_\_\_\_ (Days) \_\_\_\_\_ (Hours) Total Hours (week) \_\_\_\_\_

Is either parent/responsible adult in training? ☐ Yes ☐ No If yes, give name \_\_\_\_\_

(SEE EXAMPLE ABOVE) Days and hours at training \_\_\_\_\_ (Days) \_\_\_\_\_ (Hours) Total Hours( week) \_\_\_\_\_

Does either responsible adult receive any of the following? (Check all that apply):

- ☐ Cash Assistance (TANF) ☐ Medicaid ☐ Food Stamps ☐ None

Who do you want to provide before/after school care? \_\_\_\_\_  
(ONE PROVIDER ONLY)

\_\_\_\_\_  
Signature of Parent/Responsible Adult Date (\_\_\_\_\_) Area Code Telephone Number

\_\_\_\_\_  
Signature of Pre-K Provider Representative Date (\_\_\_\_\_) Area Code Telephone Number

NOTE: THIS REFERRAL MUST BE MAILED (POSTMARKED) OR HAND DELIVERED TO THE DFCS OFFICE IN THE COUNTY WHERE THE FAMILY LIVES WITHIN FIVE (5) CALENDAR DAYS OF THE CHILD'S FIRST DAY OF SCHOOL OR AS SOON AS ENROLLMENT IS KNOWN. THIS FUNDING IS FOR 36 WEEKS (180 SCHOOL DAYS) IF THE PREKINDERGARTEN SCHOOL YEAR.

**FOR DFCS PURPOSES ONLY: ☐ No further action taken. Screening shows family is potentially ineligible.**