

 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Child Care Financial Assistance Manual		<h1 style="color: blue;">IV</h1>
Chapter:	Eligibility Determination – Case Management	
Subject:	Application	
Approved:	Reeva S. Murphy, Deputy Commissioner	Effective: 9/4/16 Revised 10/1/18

PURPOSE

Ensure consistent practice statewide in the child care eligibility determination process.

REGULATION

Assistance will begin on the first day a completed application is received if a service need is established, the income eligibility requirement is met and the family is determined eligible.

PROCEDURES

1. The parent, guardian or primary caretaker submits an application to the Child Care Financial Assistance Eligibility Specialist serving their geographical area.
2. Paper applications must be signed and dated. Applications without a signature cannot be processed and will be returned to the applicant for completion.
3. Date stamp paper applications to verify the date received. Additional paperwork received with the application must also be date stamped.
4. Review application, including all written information and documentation submitted. Verify that the documentation is acceptable to establish service need and determine income (see acceptable verification at the end of this document). Consider whether you need to request additional information. In a two-parent household, both primary caretakers must have a service need.
5. Before entering into BFIS do a “**System Search**” to determine if the applicants are known in the system. Search not only by name(s) but also by social security number(s). Make sure the applicant is not a child care provider and does not already have a case in the system. If parent/caretaker is not in the system, go to Application for Subsidized Child Care on the Subsidy Case Management page in BFIS and enter a new child care subsidy application.
6. Enter the application in BFIS (all applications received must be entered).
7. Enter the date the application was received in the agency.
 - **Section 1.** Enter applicant information. After the 1st page is completed, proceed as far as possible in the application with the documentation received. You can skip ahead to the Documentation Checklist page if you need to request additional information. All contact information must be reviewed and updated. Include email and cell phones, when available.
 - **Section 2.** Enter need for service. Primary service need should be the primary service need of the applicant. Select all other service needs that apply for the family.
 - **Section 3.** Enter household members who would be considered a part of the child/ren’s immediate family (mother, father, siblings, step parents or guardians). In a 2-parent household, click activity schedule required for the second parent. You do not need to click activity schedule for the children. If you have documentation of a child’s special needs click yes when adding them as a household member, remembering to put a start date no later than the beginning of the date coverage is being authorized. Check these dates with each new application. In addition, make sure only the first letter of each name is capitalized.

- **Section 4.** Enter the hours for each parent based on their service need. If it is a flexible schedule do not enter hours
 - **Section 5.** Enter the child care schedules using the maximum hours that can be authorized based on the parent's schedule. Always check for overlapping parents' schedules and the child's school schedule before authorizing child care.
 - **Section 6.** Enter all income for the family. If a parent has more than one source of income, please list each source separately. ***Special attention is necessary when deciding if income is received weekly, biweekly, twice a month or monthly.***
 - **Section 7.** If additional information is needed to process the application, please select from the "add documentation" checklist and generate a missing items letter. Allow 10 business days for return of information requested. Once all necessary information is received, click "mark all documentation complete" and continue to next page. *If the application is incomplete, you must have a system in place to follow up with this file.*
8. Application Notes - Enter any information that may be helpful. Examples might be the name of the RU manager, adoption, combination of service needs or anything else you might want to remember when glancing at the first page of a completed application.
 9. At the "determine eligibility" page check the recommended values. Pay attention to dates, making sure they correlate with service period dates and override if necessary.
 10. Authorizations for all service needs except Family Support should be made for 1 year.
 11. Click "submit" and make sure the hours and dates are correct on the authorizations. Click "submit" again and you should be at the eligibility page.
 12. Create certificates
 13. Click on new certificate attached to the correct authorization.
 14. Select provider. You may need to change the dates and hours to correlate with the family's current needs. Examples: Although authorized for FT a family may only be requesting PT care for an infant. Although authorized for a year you may need to follow up with pay stubs after receiving an employment verification form.
 15. If the provider is in BFIS and you are not able to create a certificate, check for license start date and rate agreement. If the provider is not registered, licensed or certified for payment, the specialist must notify the parent and explain the provider requirements. The parent must understand that payments will not be made until the provider is approved.
 16. **Only after eligibility is determined**, an Approved Relative Child Care provider packet may be given to the parent if the provider is identified as a relative per the ARCC requirements.
 17. Mail certificates to parent and email notice to provider. If backdating more than two pay periods is necessary, the specialist must submit documentation requesting approval to backdate beyond two service periods to the Child Care Financial Assistance Administrator.
 18. If the information/documentation is not received by the date requested make the file inactive.
 19. If the family is not eligible, the eligibility specialist must deny the FAP application in BFIS.

20. Specialist will send a FAP Denial Notice to applicant.
21. File will be made inactive in BFIS and kept with closed files.
22. If a parent has been denied FAP and wants to pursue Family Support or Child with Special Health needs, the CIS Child Care Coordinator will be responsible for providing all information regarding CIS. In addition, the CIS Child Care Coordinator will process all necessary paperwork, approvals, denials, appeals and BFIS data entry.
23. The Eligibility Specialist must document all contact with the client in the note section of BFIS.
24. Child Care Financial Assistance applications must be initiated within 7 business days of receipt and eligibility determined (or the applications closed) within 30 days of initial application.
25. Eligibility is determined annually and the percentage remains the same during that period except as stated below.
26. A child retains their eligibility until the next re-determination regardless of any change in age, including turning 13 years old during the eligibility period.

Application/Redetermination Information

Child Care Financial Assistance applications are available for pickup at the Community Child Care Support Agencies (CCCSA) or online at http://dcf.vermont.gov/sites/dcf/files/CDD/Forms/CCFAP_Application_web.pdf.

Redetermination applications will be sent to all active clients 30-45 days before their authorization end date.

A Consumer Resource form must be included with the application packet given to all families applying for Child Care Financial Assistance. The Consumer Resource form is also available on-line at http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ccfap/VT_Resources_For_Families.pdf

When Assistance Begins

Assistance begins on the first day of the service period during which the family is determined eligible. This means a “service need” has been established and the “income eligibility is met.

Financial assistance may be backdated for up to 2 service periods (not to exceed 30 days) from the date the family was determined eligible if:

- The child was placed with a licensed, registered or certified child care provider
- The primary caretaker(s) can document service need and income eligibility during that period.
- The client requests the backdating of their application

If the application was received incomplete and further documentation is requested, backdating may be authorized up to 2 service periods (not to exceed 30 days) from the date that the requested documentation is received, the application is complete and eligibility may be determined. All requested documentation must be date stamped

Reporting Changes

It is the family's responsibility to report any changes that may affect their file (e.g., change in family composition, address change, job loss, termination of education studies, etc.) during their 12 month eligibility period.

If the reported change decreases the financial assistance for the family, no eligibility change is necessary. The child care financial assistance amount remains the same during the 12 month eligibility period. If the change increases the financial assistance for the family, the application must be re-determined immediately to reflect the increase in the eligibility percentage.

Service Need Criteria

Service Need	Eligibility Criteria	Written Verification to be submitted with application
Employment	Service need & Income	Pay stubs, employer's statement of earnings, employment verification form followed by pay stubs.
Training/Education	Service need & Income	Letter from school, transcripts, grades, registration, income verification, training plan if not in file.
Self-Employment	Service need & Income	Current taxes, profit/loss statement, Self-Emp. Business Plan if not already in the file.
Seeking Employment	Service need & Income	Seeking Employment form, income verification
Special Health Need (Adult)	Service need & Income	Special Health Need (A) form
Reach Up	Service Need	Authorized by Reach Up case manager
Family Support (CIS)	Service need	CIS documentation
Protective Services (CIS)	Service Need	Determined by Family Services case worker
Child with Special Health Needs (CIS)	Service need & Income	CIS documentation