



### CCEH Children in Shelters Child Care Assistance Fund APPLICATION FORM

Date: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency is a:  Emergency Shelter  CT-Rapid Re-housing Program

**Family Information:**

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

Phone \_\_\_\_\_ Alternate Phone (work, cell, etc.) \_\_\_\_\_

HMIS ID# \_\_\_\_\_ Date of CAN Intake \_\_\_\_\_

**Family Source(s) Of Income:**

Full-time job  Part-time job  TANF  Child Support  
 SSI/SSD  Unemployment /Worker's compensation  
 Other (please specify) \_\_\_\_\_  No income

Total Monthly Income \_\_\_\_\_

**Children in need of childcare:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child(ren) with special needs?  Yes  No  
Please indicate which child and their special need:  
\_\_\_\_\_

Care 4 Kids application: required if parent is working. Shelter/Rapid Re-housing Provider is required to maintain a copy of the Care 4 Kids application in client file. If parent is not working, indicate Not Applicable.

Care 4 Kids Application submission date \_\_\_\_\_ Approval Date \_\_\_\_\_

**Childcare Provider Information:**

Name of Child Care Provider \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number \_\_\_\_\_

Email: \_\_\_\_\_

Expected Dates of Childcare Assistance Coverage **(not to exceed 8 weeks):**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Has all provider and parent information been verified by shelter or Rapid Re-housing staff?  
\_\_\_\_ Yes      \_\_\_\_ No

Have parent, childcare provider and shelter/Rapid Re-housing staff signed agreement?  
\_\_\_\_ Yes      \_\_\_\_ No

Weekly Charge per Child: \_\_\_\_\_

**Shelter/Rapid Re-housing Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Program Agreement***

**Agreement: Parent**

By signing this agreement, I understand that:

- This agreement represents an arrangement between CCEH and the childcare provider for payment for childcare services, with the approval of the parent and shelter/Rapid Rehousing staff.
- Payment is contingent on availability of funds from the Children in Shelters program.
- I am eligible to receive childcare assistance through Children in Shelters while a resident of an emergency shelter or while participating in the CT Rapid Re-housing Program.
- I have selected the provider identified above to care for my child(ren) while I work or search for employment.
- I will report any changes in childcare arrangements, income, homeless status and address to the childcare provider and shelter/Rapid Re-housing provider within 3 days.
- I understand that I remain responsible for paying my parent fee if approved for Care 4 Kids.

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

**Print Name Signed** \_\_\_\_\_

**Agreement: Shelter/Rapid Re-housing Provider**

By signing this agreement, I understand that:

- This agreement represents an arrangement between CCEH and the childcare provider for payment of childcare services with approval of the parent and shelter/Rapid Re-housing staff.
- Payment is contingent on availability of funds from the Children in Shelters program.
- I will serve as a liaison between the parent and the childcare provider and serve as the point of contact for CCEH staff, the parent and childcare provider for all communications related to Children in Shelters.
- I will submit Payment Request Forms and invoices to CCEH on behalf of the childcare provider and/or transportation provider according to the preference of the provider. Payment requests must be faxed to Joanne Vitarelli @ 860-257-1148.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name Signed \_\_\_\_\_

***Childcare Provider Information***

Name of Childcare Provider \_\_\_\_\_

Name of Director: \_\_\_\_\_

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

Mailing Address, if different from above:  
\_\_\_\_\_

Phone number \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Federal Tax ID #: \_\_\_\_\_

License # \_\_\_\_\_

Type of provider:

\_\_\_ Licensed Day Care Center

\_\_\_ Licensed Family Day Care Home

\_\_\_ Licensed Group Day Care Home

\_\_\_ Licensed Individual Provider

Payment information:

I will submit invoices for payment on a \_\_\_ weekly \_\_\_ bi-weekly \_\_\_ monthly basis.

Checks should be made payable to: \_\_\_\_\_

**Agreement: Childcare Provider**

By signing this agreement, I understand that:

- This agreement represents an arrangement between CCEH and the childcare provider for payment of childcare services with the approval of the parent and shelter/Rapid Re-housing staff.
- Payment is contingent on availability of funds from the Children in Shelters program.
- The childcare provider must maintain licensure by the Connecticut Office of Early Childhood.
- CCEH will submit payment per Children in Shelters guidelines to the childcare provider once the provider submits invoices in accordance with CCEH policy.
- If children named above leave my care, I must report these changes to the shelter/Rapid Re-housing staff within 2 business days.
- All financial questions should be directed to the shelter/Rapid Re-housing staff, rather than the parent.
- CCEH is not responsible to pay for any invoices or services rendered that have not been sent to CCEH in a timely manner; in accordance with CCEH policy (please refer to the CIS guidelines for additional information). CCEH will only pay for dates the child was in care of the provider.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name Signed \_\_\_\_\_

**Please attach a completed and signed W-9 to this form.**

**CCEH Use Only**

Date request received: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for Denial \_\_\_\_\_

Person notified: \_\_\_\_\_

W-9 on File? \_\_\_ Yes \_\_\_ No

License number verified by \_\_\_\_\_ (initials) on \_\_\_\_\_ (date)

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**CCEH Children in Shelters Child Care Assistance Fund  
Payment Request Form**

Childcare/Transportation Provider Name \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Amount requested (invoice required): \$ \_\_\_\_\_

Service Type (check all that apply): \_\_\_\_\_ Childcare  \_\_\_\_\_ Transportation

For Childcare Assistance - Dates of Coverage for the attached invoice:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Check Made Payable to:

\_\_\_\_\_

Mailing address:

\_\_\_\_\_

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

*Please attach an invoice for the dates covered by this request.*  
**Payment requests must be faxed to Joanne Vitarelli @ 860-257-1148**

**For CCEH use only:**

Date request received \_\_\_\_\_ Invoice attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date approved \_\_\_\_\_ Amount approved \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Denied \_\_\_\_\_ Reason for denial \_\_\_\_\_

If denied, person notified: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Signature: \_\_\_\_\_