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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 90 LCM-45

Date: March 30, 1990

Division: Family & Children's
Services

TO: Local District Commissioners

SUBJECT: Transitional Child Care

ATTACHMENTS: See Attachment 1 for a list of attachments. Listing is available on line.

The purpose of this LCM is to inform local social services districts of the requirements of federal regulations and the Department's State Plan implementing the Family Support Act of 1988, Public Law 100-485, regarding Transitional Child Care. Section 302 of this statute creates a new entitlement program effective April 1, 1990 which guarantees Transitional Child Care for twelve months for certain individuals who have become ineligible for Aid to Families with Dependent Children (AFDC) due to increased earnings, increased hours of work or loss of the earned income disregard. The Transitional Child Care Program will provide assistance in paying for child care to enable family members to accept or retain employment.

Eligibility Requirements

Transitional Child Care must be guaranteed for a child who is deprived of parental support due to the death, absence or incapacity of a parent, to the extent that such care is necessary to permit a member of an AFDC family to accept or retain employment.

The child must be under age 13; or physically or mentally incapable of caring for himself or herself, based on a determination of a physician or a licensed or certified psychologist; or under court supervision.

A family is eligible for Transitional Child Care for a period of 12 consecutive months provided that all of the following conditions are met:

- o The family must have become ineligible for AFDC on or after April 1, 1990 as a result of an increase in earned income, the loss of the \$30+ 1/3 disregard due to the expiration of time limits or an increase in the number of hours worked by the principal wage earner (to 100 hours or more per month);
- o The family must have received AFDC in at least three of the six months immediately preceding the first month of ineligibility;
- o The family requests transitional child care benefits, provides the information necessary for determining eligibility and fees, and meets appropriate application requirements; and
- o The family income (determined according to Section 404.5 of Department regulations) does not exceed 200% of the poverty level for a family unit of that size.

Potential eligibility for Transitional Child Care begins with the first month for which the family is ineligible for AFDC and continues for a period of 12 consecutive months. Families may begin to receive child care in any month during the 12 month period. If an applicant establishes eligibility retroactively at any time during the twelve month period, payment should be made for the prior months.

If the caretaker relative returns to the AFDC program during this period, the family could qualify for a new 12-month eligibility period provided the necessary conditions of eligibility (including the 3-of-6 month requirement) are met. If the caretaker relative loses a job with good cause, and then finds another job without returning to the AFDC program, the family can qualify for the remaining portion of the 12 month eligibility period.

Client Notification

The district must, at the time of application or redetermination, inform all AFDC applicants and recipients, in writing and orally as appropriate, of the availability of Transitional Child Care services. The State will include information regarding Transitional Child Care Services in the publications "What You Should Know About Your Rights and Responsibilities (When Applying For or Receiving Social Services)" (DSS-4148A) and "What You Should Know About Social Services Programs (DSS-4148B).

In addition, the district must notify all families of their potential eligibility for Transitional Child Care services, in writing and orally as appropriate, at the time they become ineligible for AFDC. The notification must include information on the steps they must take to establish eligibility for benefits and of their rights and responsibilities under the program.

Two model letters to notify the client of Transitional Child Care and Transitional Medical Assistance at the time of AFDC ineligibility have been developed for district use. The first notification letter (Attachment A) is

intended to reach the target population of families whose AFDC cases have been closed due to increased earned income, loss of the income disregard, or increased hours of employment. This notification letter describes in detail Transitional benefits and applicant rights and responsibilities. These families should also receive, to facilitate the processing for benefits, a DSS-2921: "Application for Public Assistance, Medical Assistance, Food Stamps, Services" and an eligibility questionnaire (Attachment B). The client can return the application and questionnaire to districts through the mail or in person.

The second notification letter (Attachment C) is intended for the remaining AFDC ineligible population whose cases are closed for other reasons but who may be eligible. This letter describes Transitional Child Care only and suggests the family contact the district if they feel they may be eligible and would like information on how to apply for benefits.

Application Process

The family must complete and sign the "Application for Public Assistance, Medical Assistance, Food Stamps, Services" (DSS-2921) in order to receive Transitional Child Care services and must provide appropriate information and documentation necessary to determine financial and programmatic eligibility. The DSS-2921 is processed in the Services component of the Welfare Management System, and eligibility is determined by the worker according to the factors outlined above.

Once a determination has been made the district must send a notice which informs the applicant of their eligibility or ineligibility for transitional child care benefits, rights and responsibilities, steps the applicant must take to establish eligibility, the amount of parent fee and their responsibility to notify the district of any changes that would affect eligibility or fees. The district must also inform the applicant of the opportunity for a fair hearing. A determination notice will be provided for district use. Attachment D is a checklist that may be used by the worker to aid in the determination of eligibility for this program.

Providers of Transitional Child Care

Transitional Child Care can be provided through:

- o A day care center holding a valid permit to operate; a family day care home holding a valid permit or certificate to operate; a group family day care home holding a valid permit to operate; a school age child care program holding a valid permit or certificate of registration to operate.
- o A public school district through a contract with a social services district.
- o Approved child care which is care provided to one or two children outside the child's own home in a home which is the residence of a provider who has been approved by a social services district as meeting the standards for family day care homes as contained in Part 417 of Department regulations. Such approved provider is to be known as an approved child care family home.

- o Informal child care which includes:
 - a) Child care for one or two children provided outside the child's own home in the residence of a caregiver who is at least 18 years of age, or who is less than 18 years of age and meets the requirements for the employment of minors as set forth in Article 4 of the New York State Labor Law, has not been convicted of any crime against children, and is chosen and monitored by the caretaker relative; or
 - b) Child care for more than two children provided outside the child's own home in the residence of a caregiver who is at least 18 years of age, or who is less than 18 years of age and meets the requirements for the employment of minors as set forth in Article 4 of the New York State Labor Law, has not been convicted of any crime against children, who provides such care for less than five hours per week and is chosen and monitored by the caretaker relative; or
 - c) Informal in-home child care furnished by a provider who is chosen and monitored by the caretaker relative and who is at least 18 years of age, or who is less than 18 years of age and meets the requirements for the employment of minors as set forth in Article 4 of the New York State Labor Law, has not been convicted of any crime against children, provided that such providers who furnish informal in home child care for more than four hours a day and more than four days a week must be paid by the caretaker relative at least the minimum wage set forth in Article 4 of the New York State Labor Law and must receive Social Security and Workers Compensation coverage; or
 - d) Child care provided by an aunt, uncle, grandparent or great grandparent, of the child or children except where such relative is a person legally responsible for such child or children.

In order to receive reimbursement, the district must initially ensure and redetermine at least every 6 months that an unlicensed provider of Transitional Child Care is not an illegal provider. A form will be developed for district use. This form must be completed by the provider and returned to the district.

The district must assist in arranging for child care if requested by the family. In arranging for child care, the individual needs of the child, including the reasonable accessibility of the care to the child's home or school or the caretaker's place of employment, and the appropriateness of the care for the age and special needs of the child must be taken into account. If more than one type of child care is available, the caretaker relative must be provided an opportunity to choose the provider as long as the provider is a legal provider (definitions of legal providers are found in Department Regulation 415.1 which is being amended to include informal child care).

Payment for Transitional Child Care

Transitional Child Care can be paid:

- o through a purchase of service contract, or letter of intent with an informal child care caregiver or with a licensed day care facility.
- o through cash payments in advance or through cash reimbursements to the parent or caretaker relative for informal care or care in a licensed day care facility.

Payment will be made for child care that is related to the hours of employment of the parent or caretaker relative and time for the delivery and pick up of the child. The district must establish at least one method by which self-arranged care can be paid.

Fee Requirement

The district must require each family receiving transitional child care to contribute toward the payment for such care based on the family's ability to pay.

The district should apply the fee schedule currently in place for day care to the Transitional Child Care Program. If a fee schedule is not in place, the district should establish a fee schedule, with the approval of the Department.

The district must assess the family a minimum fee of \$1.00 per week. Districts may elect to collect the fee directly from the family or have the provider collect the fee. Districts must document in the case record the amount of the fee and ensure that fees have been paid by the family.

Individuals who fail to cooperate in paying required fees will, subject to appropriate notice and hearings requirements, lose eligibility for benefits for so long as back fees are owed, unless satisfactory arrangements are made to make full payment. (See Regulation 404.6).

Redetermination of Eligibility

In order to receive reimbursement, programmatic and financial eligibility for Transitional Child Care benefits must be redetermined at least every 6 months. The district must obtain information and documentation from the family in order to redetermine eligibility. A model questionnaire to be sent to the family has been developed for district use (Attachment E).

If the family continues to meet all eligibility requirements, the child care fee must be recalculated based upon current income. The district must notify the family regarding any changes in fees required. Notification must detail information on the reasons for change in fees. A notice of change or termination in benefits will be provided for district use.

Termination of Eligibility

The family is no longer eligible for payment of Transitional Child Care benefits if the parent or caretaker relative:

- o Terminates employment without good cause (see 78 ADM-11 for clarification of good cause), or
- o Fails to cooperate in establishing payments and enforcing child support obligations, or
- o Refuses to utilize a legal child care provider, or
- o Refuses to cooperate in paying the required fee, or
- o Fails to provide information or documentation necessary to determine continued eligibility.

If a Fair Hearing is requested on the foregoing issues, Transitional Child Care cannot be suspended, reduced, discontinued or terminated until a hearing decision is rendered.

Timely notice must be provided when the 12-month eligibility period expires and benefits cease, when the family loses eligibility for any of the above reasons, or when the amount of benefits or fees has changed.

Rates

Information on the rates for transitional child care will be made available in the near future.

Low Income Day Care

The State funded Low Income Day Care Program will continue to be available to families if they have recently become ineligible for public assistance due to earned income and do not meet the federal requirements for Transitional Child Care for any of the following reasons:

- o the family became ineligible for AFDC prior to April 1, 1990, or
- o the family was in receipt of HR, or
- o the family does not meet the 3 of 6 months requirements.

Additionally, participants in the Work Supplementation Program (TEAP) who meet the financial eligibility requirements of the Low Income Day Care Program are eligible for the State funded Transitional Child Care Program.

Food Stamps

Transitional Child Care payments or reimbursements are not counted as income for purposes of determining eligibility or benefit level for food stamps, provided that the payments do not exceed the actual unreimbursed cost of the dependent care. The Transitional Child Care payments are excluded as income whether purchased, paid as an advance or paid as a reimbursement by the

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district. If the Transitional Child Care payment is provided as an advance, verification of the need for the dependent care, the amount of the expenses, the name and address of the provider, and the hours of service must be obtained prior to issuing the allowance.

Dependent care costs which are met by a Transitional Child Care payment or reimbursement cannot also be allowed as a food stamp dependent care deduction. However, if actual dependent care costs exceed the amount the household receives as a Transitional Child Care payment, the household can receive a dependent care deduction. The way it works is as follows: if a household gets a Transitional Child Care payment/reimbursement, the amount of the payment/reimbursement is excluded as income. Actual costs which exceed the payment/reimbursement amount can be allowed as a deduction up to \$160 per dependent.

Questions regarding Food Stamp treatment of Transitional Child Care payments/reimbursements can be directed to your food stamp county representative at 1-800-342-3715, extension 4-9225.

Systems

Instructions for WMS processing will be issued at a later date.

Claims

Instructions for submitting claims under this program will be issued at a later date.

Additional Information:

An ADM is being developed that will provide additional information on this program. Regulations are being filed on an emergency basis and should be available shortly. Model notices as well as a worker checklist and client questionnaire are provided for district use. Federal rules require that these notices contain information about the applicant's rights and responsibilities under the federal Transitional Child Care Program. Districts may elect to develop local equivalents of these models. However, districts must have department approval of any local equivalent prior to its use.

Contact Person

If you have any questions regarding information contained in this LCM, please contact the Bureau of Child Care at (518) 474-9454.

Joseph Semidei
Deputy Commissioner, Division of
Family & Children Services

LIST OF ATTACHMENTS

Attachment A - Notice of Potential Eligibility for Transitional Benefits

Attachment B - Applicant Questionnaire

Attachment C - Notice of Potential Eligibility for Transitional Child Care
Benefits

Attachment D - Eligibility Checklist for Transitional Child Care

Attachment E - Questionnaire for Redetermination of Eligibility for
Transitional Child Care Benefits

ATTACHMENT A

Notice of Potential Eligibility for Transitional Benefits

Dear _____:

This letter contains important information about transitional child care and medical assistance benefits you may be entitled to receive.

Transitional Child Care

A new Transitional Child Care Program is available to help families in purchasing child care (babysitting/day care) for children under 13 years of age (and older children physically or mentally incapable of caring for themselves). This program helps former recipients of Aid to Families with Dependent Children (AFDC) to pay for child care if care is needed to allow a family member to accept or retain employment.

If you are determined eligible, you are entitled to receive child care benefits for a period of up to 12 months.

Who Is Eligible For Transitional Child Care?

Transitional Child Care is available for up to 12 months to families who become ineligible for AFDC on or after April 1, 1990, due to increased hours of employment, increased earnings from employment, or loss of the income disregard.

In order to be eligible for Transitional Child Care benefits, your family must have received AFDC in at least 3 of the 6 months before you became ineligible for AFDC. In addition, your family's income must not exceed certain limits.

Potential eligibility begins the first month you are ineligible for AFDC and continues for 12 months. If you are eligible for child care benefits prior to the date of your application, you may receive payment for these prior months.

How to Apply for Transitional Child Care

In order to receive benefits, you must complete an application.

You must provide the following information at the time of application:

- o Current pay stub or other verification of the amount of income received by your family.
- o Dates of birth of your child or children.
- o If you have a child aged 13 or older who is unable to care for him/herself you will need to provide verification from a physician or psychologist.

- o Information regarding the person or child care program that will be providing care for your child.

What Are Your Responsibilities Under Transitional Child Care?

In order to continue to receive child care benefits you must:

- o Notify your caseworker of any change in family income, household composition or circumstances (i.e., birth of a child, etc.), child care arrangements or termination of employment.
- o Complete and return to your caseworker a questionnaire that will be used to determine your continued eligibility.
- o Pay the fee required by your local department of social services.
- o Cooperate in establishing paternity and enforcement of child support obligations.

When Will Benefits End?

Your Transitional Child Care benefits will be terminated when:

- o The twelve month eligibility period ends
- o You quit your job without good cause
- o You fail to pay your child care fee
- o The illness of a parent ends
- o An absent parent returns to the household
- o You change child care providers from a legal provider to an illegal provider.
- o Child care is no longer needed to allow a family member to accept or retain employment
- o Your income exceeds the maximum allowed for your family size

You are entitled to a fair hearing if you feel you were incorrectly denied Transitional Child Care benefits.

You may request a fair hearing by calling _____.

Medical Assistance

If you become ineligible for Aid to Dependent Children because your earned income increased or because your hours of employment increased or because of loss of earned income disregard, you may be eligible for extended Medicaid coverage.

Continued Medicaid coverage will be available for up to 6 months if you meet ALL of the following requirements:

- 1) Your family received cash assistance during 3 of the past 6 months.
- 2) A child of yours under the age of 21 must be living with you.
- 3) You or your spouse are working or recently employed.

You may eligible to receive Medicaid for up to 6 more months after the first 6 months of extended Medicaid has ended if your earned income remains below certain levels. You must complete the information on the reports we send to you every 3 months starting in the third month of your extended Medicaid period. This includes mailing us paystubs with the reports by the 7th day of the month after you receive the report. The information you provide us in the report will be used to determine your eligibility for the additional 6 months of Medicaid benefits.

We have enclosed for your convenience an Application for Public Assistance, Medical Assistance, Food Stamps, and other Social Services. You may complete the application and mail it in or you may apply in person at the department of social services. If you apply by mail be sure to enclose copies of documents (i.e., birth certificates, pay stubs, etc.) verifying the above information.

Also enclosed is instructions entitled, How To Complete the Social Services Application Form. Please note that in order to apply for transitional child care you only need to complete Sections 1, 4, 5, 6, 8 & 9 and sign the last page of the application. (The department of social services will automatically determine your eligibility for extended Medicaid.)

If you need assistance in completing the application, you may call the department of social services for assistance or go in person to apply.

Determination Notice
Transitional Child Care

Dear _____:

We have reviewed your application for Transitional Child Care Benefits and find that you are:

() Eligible to receive benefits in the amount of \$_____ per week based upon your income of \$_____. You will be required to pay to _____ a fee of \$_____ per week for these benefits. Refer to State Department of Social Services Regulations(DR) Sections 404.5 and 415.8.

In order to continue to receive child care benefits you must:

- o Notify your caseworker of any change in family income, household composition or circumstances (i.e., birth of a child, etc.), child care arrangements or termination of employment.
- o Complete and return to your caseworker a quarterly questionnaire that will be used to determine your continued eligibility.
- o Pay the fee required by your local department of social services.
- o Cooperate in establishing paternity and enforcement of child support obligations.

() Ineligible to receive benefits(refer to DR Sections 404.5 and 415.8) for the following reasons:

() Your income of \$_____is over the allowed amount of \$_____.

() You have not provided us with sufficient information to document your eligibility.

() You did not receive AFDC in at least 3 of the 6 months before you became ineligible for AFDC.

() You did not become ineligible for AFDC because of increased hours of employment, increased income from employment or the loss of income disregards.

() Other _____

If you are dissatisfied with the determination of ineligibility or change in benefits, you may contact _____ at _____ for a review of this decision. You may also request a Fair Hearing which will be conducted by the State Department of Social Services by calling 1-800-342-3715, a toll free number, and asking the operator for extension 4-8781. Or you may write to: Fair Hearing

Section, New York State Department of Social Services, 40 North Pearl Street, Albany, New York 12243. You must request the Fair Hearing within 10 days of the time that you receive this notice.

Sincerely,

Commissioner

Notice of Change or Termination
Transitional Child Care Benefits

A determination has been made that your eligibility for Transitional Child Care Benefits has changed in the following way:

- () You are no longer eligible effective _____.
- () Your benefits will be reduced to \$_____ effective _____
- () Your benefits will be increased to \$_____ effective _____

This determination is based on findings that:

- () Your income is over the amount allowed.
- () Your income has increased.
- () Your income has decreased.
- () You have not provided us with sufficient income verification.
- () Other _____

_____.
- () You have not paid your child care fee.

If you are dissatisfied with the determination of ineligibility, you may contact _____ at _____ for a review of this decision. You may also request a Fair Hearing which will be conducted by the State Department of Social Services by calling 1-800-342-3715, a toll free number, and asking the operator for extension 4-8781. Or you may write to: Fair Hearing Section, New York State Department of Social Services, 40 North Pearl Street, Albany, New York 12243. You must request the Fair Hearing within 10 days of the time that you receive this notice. No change will be made in your benefits until a determination is made as a result of the Fair Hearing except for cases where ineligibility resulted from the application or change in State or Federal Law.

Sincerely,

Commissioner

Approval of Informal Child Care Provider
In Caregiver's Home

Note: The purpose of this certification is to establish that the child care that you provide does not require a license or permit and is legal under the laws and regulations of the State of New York. In order to receive reimbursement from the Department of Social Services for the care provided you must be able to answer all items below.

I am providing care for _____.
(Name of Children)

Section A. Certification Requirements

Yes No	-	I am the relative of the child(ren) named above. Indicate Relationship:_____.
	-	I am 18 years of age or older and have no physical or mental handicap which prevents me from providing adequate care.
	-	I have not been convicted of any crime against children.
	-	I provide care for no more than two children in my home (not counting my own children and not counting children who are over 14 years of age.
	-	I provide care for the child(ren) named above for 5 hours or less per week.

Section B.

Yes No	-	I have received all fees from the parent or legal guardian due to me as of this date _____. (Insert Date)
	-	I allow the parent with legal custody or the legal guardian of the above named child(ren) unlimited and on demand access to such child.

The statements made above are correct and true to the best of my knowledge.

(Date)

ATTACHMENT B

Applicant Questionnaire
Initial Eligibility for Transitional Child Care

Your name: _____

Address: _____

Phone where you can be reached during the day: _____

List below the name and age of your child (children) who need (or are receiving) child care and the number of hours they are in care per week.

<u>Name</u>	<u>Age</u>	<u>Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Do you have care arranged for your child? | _____ | _____ |
| a. If no, do you need assistance in arranging care? | _____ | _____ |
| b. If yes, is care provided: | | |
| a) in your home | _____ | _____ |
| <u>or</u> | | |
| b) outside your home? | _____ | _____ |
| c. Who provides care for your child? | | |
| Name: _____ | | |
| Address: _____ | | |
| _____ | | |
| Phone: _____ | | |
| d. How much does your child care provider charge for care of your child? | | |
| \$_____ per hour/day/week (circle one) | | |

2. Are both parents (natural or adoptive) of the children listed above living in the home?
Yes _____ No _____

If no, list the name and address of the parents who are absent:

3. Is either parent deceased? Yes _____ No _____

If yes, enter name(s) _____

4. Is either of the natural (or adoptive) parents sick? The illness (disability) can be physical or mental. Answer yes to this question even if the illness is not serious but illness is expected to last at least 30 days.

Yes _____ No _____

What is the illness or disability?

5. Is child care necessary in order for a family member to accept a job or continue employment?

Yes _____ No _____

CONSENT

I understand that by signing this form, I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for Transitional Child Care benefits.

I agree to inform the Department of Social Services promptly of any change in my needs, income, property, living arrangement, address or child care provider to the best of my knowledge or belief.

Signature

Date

Attachment C

Notice of Potential Eligibility for Transitional Child Care Benefits

Dear _____:

This letter contains important information about transitional child care benefits you may be entitled to receive.

Transitional Child Care

A new Transitional Child Care Program is available to help families in purchasing child care (babysitting/day care) for children under 13 years of age (and older children physically or mentally incapable of caring for themselves). This program helps former recipients of Aid to Families with Dependent Children (AFDC) to pay for child care if care is needed for a family member to accept or retain employment.

If you are determined eligible, you are entitled to receive child care benefits for a period of up to 12 months.

Who Is Eligible For Transitional Child Care?

Transitional Child Care is available for up to 12 months to families who become ineligible for AFDC on or after April 1, 1990, due to increased hours of employment, increased earnings from employment, or loss of the AFDC income disregard.

In order to be eligible for Transitional Child Care benefits, your family must have received AFDC in at least 3 of the 6 months before you became ineligible for AFDC. In addition, your family's income must not exceed certain limits.

Potential eligibility begins the first month you are ineligible for AFDC and continues for 12 months. If you are eligible for child care benefits prior to the date of your application you may receive payment for these prior months.

How to Apply for Transitional Child Care

In order to receive Transitional Child Care benefits, you must complete an application at your local department of social services.

You must provide the following information at the time of application:

- o Current pay stub or other verification of the amount of income received by your family.
- o Dates of birth of your child or children.
- o If you have a child aged 13 or older who is unable to care for him/herself you will need to provide verification from a physician or psychologist.
- o Information regarding the person or child care program that will be providing care for your child.

What Are Your Responsibilities Under Transitional Child Care?

In order to continue to receive child care benefits you must:

- o Notify your caseworker of any change in family income, household composition or circumstances (i.e., birth of a child, etc.), child care arrangements or termination of employment.
- o Complete and return to your caseworker a questionnaire that will be used to determine your continued eligibility.
- o Pay the fee required by your local department of social services.
- o Cooperate in establishing paternity and enforcement of child support obligations.

When Will Benefits End?

Your Transitional Child Care benefits will be terminated when:

- o The twelve month eligibility period ends
- o You quit your job without good cause
- o You fail to pay your child care fee
- o The illness of a parent ends
- o An absent parent returns to the household
- o You change child care providers from a legal provider to an illegal provider.
- o Child care is no longer needed to allow a family member to accept or retain employment
- o Your income exceeds the maximum allowed for your family size

You are entitled to a fair hearing if you feel you were incorrectly denied Transitional Child Care benefits. You may request a fair hearing by calling _____.

If you think you may be eligible and would like to apply for transitional child care benefits, call the department of social services at _____ for more information.

ATTACHMENT D

ELIGIBILITY CHECKLIST FOR
TRANSITIONAL CHILD CARE

Case Name: _____ +----+ Initial Determination of
+----+ Eligibility

Case Number: _____ +----+ Redetermination of
+----+ Eligibility

The applicant must meet all programmatic and financial requirements described below in order to be eligible for Transitional Child Care.

FAMILY FACTORS

The family must meet all the following conditions:

1. The family must have become ineligible for AFDC on or after April 1, 1990 as a result of an increase in earned income, the loss of the \$30 + 1/3 disregard due to the expiration of time limits or an increase in the number of hours worked by the principal wage earner (to 100 hours or more per month);

YES _____ NO _____

AND

2. The family must have received AFDC in at least 3 of the 6 months immediately preceding the first month of ineligibility;

YES _____ NO _____

AND

3. Child care is necessary to permit a member of the AFDC family to accept or retain employment.

YES _____ NO _____

Documentation: _____

_____.

CHILD FACTORS

A child (for whose child care benefits are being requested) must meet one of the following requirements:

1. Child's age is over 6 weeks and under 13 years;
YES _____ NO _____

OR

2. Is physically or mentally incapacitated and incapable of caring for himself or herself based on the determination of a physician or a licensed or certified psychologist;
YES _____ NO _____

OR

3. Is under court supervision.
YES _____ NO _____

Documentation: _____

_____.

PARENTAL DEPRIVATION

A child (for whom child care benefits are being requested) must be deprived of parental support or care by one of the following reasons:

_____ Continued Absence of Parent from the Home

OR

_____ Death of Parent

OR

_____ Incapacity of Parent (physical or mental)

NOTE: The deprivation factor of continued absence or death of parent is still valid if the custodial parent re-marries.

Any physical or mental problem of a parent should be examined to determine if the condition can be medically verified, is expected to last at least 30 days, and interferes with the normal functions of employment or care of the child.

Documentation: _____

FINANCIAL ELIGIBILITY

- 1. The family income (determined according to Section 404.5 of Department regulations) does not exceed 200% of the poverty level for a family unit of that size.

YES _____ NO _____

Income \$ _____

Poverty Level \$ _____

200% Poverty Level \$ _____

Fee \$ _____

Documentation: _____

 _____.

TRANSITIONAL CHILD CARE PROVIDER

In order for payment to be made, the provider of Transitional Child Care must be a legal provider.

- 1. Is provider a legal provider?

YES _____ NO _____

(Refer to DR 415.8 for definitions of legal providers)

REDETERMINATION OF ELIGIBILITY

In addition to the above, the family must continue to meet the following requirements:

- 1. Employment is not terminated without good cause.

YES _____ NO _____

- 2. Family cooperates in establishing and enforcing child support obligations.

YES _____ NO _____

- 3. Family cooperates in paying the required transitional child care fee.

YES _____ NO _____

Documentation: _____

_____ Family is eligible for Transitional Child Care for the period _____ to _____.

Worker's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

ATTACHMENT E

Questionnaire for Redetermination of Eligibility
for Transitional Child Care Benefits

You have been receiving Transitional Child Care benefits. In order to be eligible for continued benefits under the Transitional Benefits Program, you must answer all of the questions on this form and return this form before the deadline listed below.

If you have any questions please call _____.

IMPORTANT: You must return your completed report by ___/___/___.

General Instructions:

1. Answer all questions. If you do not fill out this form completely, your Transitional Child Care benefits may be discontinued.
2. If you answer yes to a question, you must give more information in the space provided or on an extra sheet of paper.
3. Provide proof of income such as a copy of pay stubs.
4. Return this form in the enclosed business reply envelope or in person to the local social services department office before the date listed above.
5. Please make sure you read the Certification and Consent Notice before signing on the last page of this form.

1. Complete the following information.

Your Name _____
Address _____

Case Number _____
Telephone Number _____
(Where you can be reached during the day)

2. List all persons living in your home.

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship to You</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Are both parents (natural or adoptive) of the children listed above living in the home?
Yes_____ No_____

If no, list the name and address of the parents who are absent:

Is either parent deceased? Yes_____ No_____

If yes, enter name(s)_____

Is either of the natural (or adoptive) parents sick? The illness (disability) can be physical or mental. Answer yes to this question even if the illness is not serious but illness is expected to last at least 30 days.

Yes_____ No_____

What is the illness or disability?
_____.

4. Is your child(ren) still receiving child care?

Yes_____ No_____

Name of child(ren) receiving child care.

5. Is child care still necessary in order for a family member to accept a job or continue employment?
Yes_____ No_____

6. Who is providing child care for your child(ren)?

Provider Name_____
Address_____
Phone Number_____
Permit Number_____

7. Did you or anyone in your household receive wages or money from any source (such as social security, child support, rental income or other benefits) during the past six months?
Yes_____ No_____

If yes, please complete the following

Table with 4 columns: Name of Person, Source of Money, Dates Received, Total (Gross) Amount Received. Includes 5 empty rows for data entry.

Please enclose proof of earned income from employment, such as copies of pay stubs, or checks as well as award letters for any new source of unearned income.

8. Do you expect any changes in the amount of wages or money received by anyone in the household during the next six months?
Yes_____No_____

If yes, please explain these changes below.

Four horizontal lines for explaining changes.

If there is any change in income by any household member, this must be reported immediately to your case worker.

CERTIFICATION

In signing this form, I swear and affirm that the information I have given or have been requested to give to the Department of Social Services as a basis for Transitional Child Care benefits is true and correct.

CONSENT

I understand that by signing this form, I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for Transitional Child Care benefits.

I agree to inform the Department of Social Services promptly of any change in my needs, income, property, living arrangements, address or child care provider to the best of my knowledge or belief.

Signature

Date