

# IT'S THAT TIME AGAIN



If you wish to complete your reauthorization by **mail, fax or drop-off**, you may submit your reauthorization documents by following the instructions below.

**When using this method,**  
**you MUST submit your documents at least one week (7 days) prior to your subsidy end date to ensure timely processing of your application.**  
**NO paperwork will be processed and your child care voucher will be end, if reauthorization is submitted late or incomplete.**

To reauthorize by mail, complete the enclosed mail-in CCDF application.

**Enclose copies of all your required documents.**

Submit at least 7 days prior to your subsidy end date.

**Drop off in the Brightpoint Drop box at your local office.**

Allen County – Barr Street Entrance

St Joseph County – 224 W Jefferson, South Bend Box is located to the right of the front door

La Porte County – 301 E 8<sup>th</sup> St. Michigan City is located at the Spring Street entrance

**Or Mail to:**

Brightpoint

PO Box 10570

Fort Wayne IN 46853-0570

**Or Fax to:** 1-844-510-5775 (Call one business day after verify that it was received and how many pages. We strongly encourage you keep a copy of the transmission verification until after your reauthorization has been completed)

**If you prefer** (not required) to schedule an appointment, call the 24hr automated appointment line 1-800-589-2264

**Don't miss the deadline listed on your packet.**

**If you have questions regarding this packet, please call 1-800-589-3506 and follow the prompts for Child Care.**

Thank You  
Family Support Services Management Staff

**ALL information listed below must be received in the office prior to your subsidy end date.**



**Complete Sign and Return:**

1. **Parent Application Worksheet** including the additional questions. Include a phone number where you can be reached.
2. **Child support verification form; Must be completed with all names of children and amount received.** Put "0" if no support received in previous 30 days.
3. **AND all required "Proof" must be included. Do not send originals. Originals WILL NOT be returned.**



**Provide Proof of Service Need/Income:**

Please provide proof of income for the past 30 days for all parents in the household

- Check stubs for the **30 days PRIOR to the date you SIGNED the parent applicant worksheet.** Check stubs **must include:** Parent/Employee Name, Dates Paid, Hours Worked, and Gross Amount Earned. \*\*\*If you receive tips, please go to [www.mybrightpoint.org](http://www.mybrightpoint.org) and print the tipped worksheet and instructions. Form must be submitted for all paystubs included.
- **AND/OR** For a **new job** please submit a statement from your employer on letterhead including Parent/Employee Name, Date Hired, estimated hours to be worked each week, rate of pay and Employer's Signature, the EIN number or a business card
- **OR** If you are Self-employed go to [www.brightpoint.org](http://www.brightpoint.org) print the **profit and loss statement** for completion with prior month's income and expenses and include **your most recent IRS transcript.**
- **OR** If you receive a 1099 and you are a contracted employee, please provide a copy of the cancelled check front and back and your employer must complete a Wage Detail Form available at [www.mybrightpoint.org](http://www.mybrightpoint.org)

**Provide Proof of Other Income, if any:**

- Unemployment printout. Must show the **Benefit Week.**
- SSI current year's award letter
- Documentation of any other income you have received in the last 30 days

**AND/OR**

**Please provide proof of current enrollment at school/college**

- School schedule for all parents in the household. **MUST** include: Parent/Student Name, School Name, Semester Dates, Credit Hours and/or hours of participation



**Provide proof of Residency**

- Copy of current utility bill, check stub, current copy of valid Driver's License, Identification Card, or postmarked envelope with your name and complete address, dated within the past 30 days, or the recertification letter included with this packet.



**Provide completed Provider Information page**

- Provider Information Page completed by your chosen childcare provider. **All sections must be completed! Submitted with your packet, do not have your provider fax it to us. It is the child care clients' responsibility to provide this at reauthorization.**



**Special circumstances**

- **If you work at the daycare your child attends, we must have a completed Parent-Provider Statement form which is available in office or on our website [www.mybrightpoint.org](http://www.mybrightpoint.org).**
- If you are a foster family, submit your **current foster home license and placement letter dated in the past 30 days.**

**It is your responsibility to ensure that all items are submitted.**

If you do not receive the pre-voucher report in the mail it within one week after submitting your information, you may call to see if your information was received and/or completed. Please carefully review the Pre-voucher report as it contains the details of the new voucher. IMMEDIATELY, report any errors.

**To schedule an appointment call our 24hr appointment line: 1-800-589-2264.  
If you wish to fax the information Brightpoint's fax number is 1-844-510-5775.**

**Parent/Applicant Worksheet (Child Care and Development Fund Voucher Program) (v8-18)**

Parent/Applicant Name		AIS Case Number		Parent/Applicant DOB		Home Phone (     )		Other Phone, contact number (     )	
Street Address			City		Zip		County		Is this a new address?
Mailing Street Address, if any			Mailing Address City, if any		Mailing Address Zip		Primary Language Spoken		Email Address

List adults in household: First Name, Last Name	Birth Date	Specify Relationship to Parent/Applicant	Working Yes or No	School Yes or No	Highest grade completed	Hours working or in school per week	Hours needed for travel per week	Hours needed for study per week	Days per week care is needed S, M, Tu, W, Th, F, S
SELF									

List children living in household First Name, Last Name	Birth Date	Relationship to Parent/Applicant	Check if child needs care	Indicate which parent(s) are living in household	Earliest Drop-off <i>Indicate AM or PM</i>	Latest Pick-up <i>Indicate AM or PM</i>	Is there a different child care provider? Yes or No
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father			
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father			
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father			
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father			
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father			

<b>INCOME DISCLOSURE (Include all income received in previous 30 days)</b>			
Income Source	Monthly Amount	For Whom	Verification must be attached
Child Support			Completed Child Support Declaration form provided
Social Security			Award letter, check stub, or verification from agency
Supplemental Social Security			Award letter, check stub, or verification from agency
TANF			Award letter, check stub, or verification from agency
Unemployment			Uplink Claimant Homepage or verification from agency
Wages, Salary			Pay stub, or Cancelled Check (front and back) and Wage Detail Form
Housing Assistance			None
Food Stamps			None
Work Study			None
Other			Attach appropriate documentation

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- In what school district do you live?  
\_\_\_\_\_
- Are you living in a homeless shelter or domestic violence shelter?  
YES NO
- Are you living in your car, a park, or other public place?  
YES NO
- Are you living in a residence with family and/or friends?  
YES NO
- Where is your family living?  
\_\_\_\_\_
- Are any children on your application disabled?  
YES NO
- Are you or your co-applicant active in the US Military?  
YES NO
- Are you or your co-applicant active in the National Guard of Reserve?  
YES NO
- Do you have assets which exceed one (1) million dollars?  
YES NO

**ATTENTION!** Failure to attach ALL required documentation will result in termination of child care benefits without notice. (Please use application checklist provided to assist in preparation of worksheet for mailing.)

## **PARENT'S/APPLICANT'S RIGHTS AND OBLIGATIONS**

### **I understand the following pertaining to my Hoosier Works for Child Care (HWCC) card and recording my child's attendance:**

- I understand I will be required to electronically document my child(ren)'s attendance information. I will only utilize my Hoosier Work for Child Care card to document attendance when it truly reflects the care provided.
- I understand that if I fail to use my child care assistance within sixty (60) days, it will be voided.
- I understand I may only electronically, or otherwise, document my child's attendance when my child is attending the location where my voucher has been assigned.
- I understand I may not leave my Hoosier Works for Child Care card with my child care provider. I agree to keep my personal identification number (PIN) confidential as it is my electronic signature. I understand failure to comply with this may result in termination of my child care benefits and repayment of child care assistance paid on my behalf.
- I understand it is my responsibility to report to the Intake if my Hoosier Works for Child Care card is lost or stolen.
- I understand I can utilize up to twenty (20) Personal Days. Personal Day claims are to be used at my discretion for days when the provider was open for business and my child/children were scheduled to attend but did not attend any part of the day.

### **I understand the following pertaining to my obligations of verifying my eligibility for CCDF benefits:**

- I understand it is my responsibility to furnish the Intake Agent with complete and accurate information including, but not limited to, income and family composition. I understand I will be required to submit proof of information provided.
- I understand that I may be requested to verify these statements and give my consent to the agency, from where I am requesting services, to make any necessary contacts and verify statements.
- I understand subsidized child care will not begin until all forms are completed and I have received written notice from the Office or their representative.
- I understand I must report to the Intake Agent when my service need ends, my TANF status changes, my family composition changes, I move to another State new address I obtain a new phone number, I have total assets which exceed 1 million dollars or a change in income which exceeds 85% of the State median income (SMI), within ten (10) calendar days of the change and provide supporting documentation, if necessary.
- I understand I may be asked to cooperate with state and/or federal personnel in any investigation. I further understand my failure to cooperate may result in termination from the program.

### **I understand the following pertaining to my child care provider:**

- I understand I must request a provider change by submitting a complete and current Provider Information Page to the CCDF Intake Office no later than noon the day before the last business day of the week.
- I understand the choice of caregiver is not only my choice, it is my responsibility.
- I understand it is my responsibility to report any suspected child abuse and neglect to the proper authority and others have the same responsibility concerning my child/children.
- I understand reimbursement for my child's care will be made directly to the provider, unless the care is provided in my home by a non-resident, in which case the payment will be made directly to me. It is my responsibility to reimburse the provider for services rendered as well as any co-payments. I also understand it is my responsibility to withhold and make all applicable Internal Revenue Service (IRS) payments for my child care provider and for the end of the year reporting to the IRS.
- I understand parents, step-parents or legal guardians will not be paid as caregivers for their own children.
- I understand that failure to pay any child care co-payment could result in my family being terminated from this funding assistance.

### **I understand my rights in receiving child care benefits through the CCDF program:**

- I understand information concerning my family regarding the CCDF voucher program, and the services I receive, will be treated as confidential and will be used solely for the administration of the CCDF voucher program.
- I understand my right to file a written complaint.
- I understand I can submit a written appeal if I disagree with an action taken regarding my eligibility for CCDF.

### **I understand my child care may be terminated for any of the following reasons:**

- Failure to respond to requests for additional information related to eligibility determination from The Office or its agents within the required time frame
- Failure to pay weekly copayment owed, if reported within 30 days from first missed payment.
- Failure to document a CCDF eligible child's attendance in the manner required by The Office.
- Failure to fully reimburse CCDF eligible in-home (nanny) provider
- Submitting attendance claims for time the CCDF eligible child was not in attendance, with the exception of approved holidays and personal days, as allowed by The Office.
- Allowing an unauthorized person, including the CCDF eligible child care provider, to possess a CCDF card, card number, or Personal Identification Number, password or any other tool for entering electronic attendance information, as applicable.
- Failure to remain current on any existing repayment agreements determined by The Office
- Failure to select a CCDF eligible provider

**I understand my child care will be terminated for any of the following reasons:**

- Excessive unexplained absences.
- A change of residency outside of the State
- Substantiated fraud or intentional program violations
- Failure to provide complete information at time of authorization or update
- CCDF Household income does not meet financial eligibility
- CCDF Household does not meet service need requirements
- Copayment exceeds total weekly subsidy
- Failure to select a CCDF eligible provider

**DISCLOSURE STATEMENT:**

18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Section 35-43-5-7: Welfare fraud(a) A person who knowingly or intentionally: (1) obtains public relief or assistance by means of impersonation, fictitious transfer, false or misleading oral or written statement, fraudulent conveyance, or other fraudulent means; (2) acquires, possesses, uses, transfers, sells, trades, issues, or disposes of: (A) an authorization document to obtain public relief or assistance; or (B) public relief or assistance; except as authorized by law; (3) uses, transfers, acquires, issues, or possesses a blank or incomplete authorization document to participate in public relief or assistance programs, except as authorized by law; (4) counterfeits or alters an authorization document to receive public relief or assistance, or knowingly uses, transfers, acquires, or possesses a counterfeit or altered authorization document to receive public relief or assistance; or (5) conceals information for the purpose of receiving public relief or assistance to which he is not entitled; commits welfare fraud, a Class A misdemeanor, except as provided in subsection (b). (b) The offense is: (1) a Class D felony if: (A) the amount of public relief or assistance involved is more than two hundred fifty dollars (\$250) but less than two thousand five hundred dollars (\$2,500); or (B) the amount involved is not more than two hundred fifty dollars (\$250) and the person has a prior conviction of welfare fraud under this section; and (2) a Class C felony if the amount of public relief or assistance involved is two thousand five hundred dollars (\$2,500) or more, regardless of whether the person has a prior conviction of welfare fraud under this section. (c) Whenever a person is convicted of welfare fraud under this section, the clerk of the sentencing court shall certify to the appropriate state agency and the appropriate agency of the county of the defendant's residence: (1) his conviction; and (2) whether the defendant is placed on probation and restitution is ordered under IC 35-38-2.

I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Family and Social Services Administration/Office of Early Childhood and Out of School Learning, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of CCDF benefits, and/or the imposition of fines, civil damages, and/or imprisonment.

Parent / Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENTION!** The income and residency documentation you submit must be dated no earlier than 30 days before the date you sign this worksheet.

**NOTES TO YOUR CCDF INTAKE AGENT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



For a Brighter Future.

P.O. Box 10570 | 227 E. Washington Blvd. | Fort Wayne, Indiana 46853-0570 | (260) 423-3546 | (800) 589-2264 (Appt. Line) | www.mybrightpoint.org

The child care voucher program now provides a 53 week subsidy period, in most cases (some cases do not allow us to do a 53 week subsidy). Please answer the following questions, so that we can provide vouchers that will best fit you and your child(ren)'s needs. Not answering these questions could delay the processing of your application.

1. Have you participated in the child care voucher program before today?      Yes      No
2. What is the normal time you drop your child off at child care? \_\_\_\_\_
3. What is the normal time you pick your child up at child care? \_\_\_\_\_
4. How long does it take you to drive from work/school to the child care? \_\_\_\_\_
5. How much study time do you need on average? \_\_\_\_\_
6. What school district do you live in? \_\_\_\_\_
7. If you have a child(ren) in school, do you need child care year round?      Yes      No
  - a. **If no, do you need childcare for school breaks only?**      Yes      No
8. Will your child be enrolled in Head Start or receiving an On My Way Pre-K grant in the next 12 months?      Yes      No      Not Sure Yet
9. Do you have a child that will be enrolled in kindergarten in the next 12 months?      Yes      No
  - a. If yes, please circle if they will attend      ½ day      full day
  - b. Will they be attending kindergarten at your current child care provider?      Yes      No
10. Do you work for the child care provider that your child(ren) attend ?      Yes      No
  - a. If yes, you and your employer will need to complete an additional form called the Parent- Provider Statement. It is available at [www.mybrightpoint.org](http://www.mybrightpoint.org), Get Help tab, Child Care Assistance, Downloadable Forms on right hand side of page, or you may go to any of our local offices to pick one up.
  - b. You must complete this form every time you reauthorize. Your application cannot be processed without it.

### Brightpoint Programs

Covering Kids & Families | Energy Assistance | Supportive Housing | Career Academy | Child Care Assistance  
Housing Solutions | Family Development | Supportive Services for Veteran Families | Weatherization  
Early Head Start | Head Start | JAG-Youth Development | AmeriCorps | Brightpoint Development Fund





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11. Circle the types of income below that you receive, or you receive on behalf of a minor child

- Wages                                      SSI / SS                                      Unemployment Benefits
- TANF                                        SNAP (food stamps)    Housing Choice Voucher
- Child Support                              Pension                                      Interest/Trust

12. Name of current employer(s) \_\_\_\_\_

13. Do you anticipate a break in employment or school over the next 12 months?    Yes    No

- a. If yes, how long? \_\_\_\_\_
- b. Do you plan on utilizing child care during this break?    Yes    No
- c. If no, please complete the following statement:

I, \_\_\_\_\_(parent name), am requesting my child(ren) be placed in approved leave from the child care voucher program from \_\_\_\_\_(start date) to \_\_\_\_\_(end date). By signing below, I understand that my children will not have an active child care voucher during the timeframe stated above.

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

Please note below any other special circumstances that may be important for us to know in regards to your child care vouchers.

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Brightpoint Programs

Covering Kids & Families | Energy Assistance | Supportive Housing | Career Academy | Child Care Assistance  
Housing Solutions | Family Development | Supportive Services for Veteran Families | Weatherization  
Early Head Start | Head Start | JAG-Youth Development | AmeriCorps | Brightpoint Development Fund



**CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**CHILD SUPPORT AND MAINTENANCE DECLARATION** (v8-18)

*Declare below, by child, the **average** amount of child support received **MONTHLY**, if received in the previous 30 days. List all children in the household, even if you received zero support.*

LIST ALL CHILDREN'S NAMES	AMOUNT RECEIVED MONTHLY	FROM (PROVIDE NAME)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
<b>SPOUSAL/ABSENT PARENT HOUSEHOLD PAYMENT</b>	\$	

***By my signature below, I hereby certify all the information provided is true and correct to the best of my knowledge. I understand I may be requested to verify this statement and give my consent to the agency from where I am requesting services to make any necessary contacts to verify any statement. I understand my deliberate failure or misrepresentation of any information in this statement may result in my inability to participate in the Child Care and Development Fund (CCDF) Voucher Program.***

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



**CHILD CARE and DEVELOPMENT FUND PROVIDER INFORMATION PAGE (V10-14)**

Parent (Guardian) Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Caregiver's Name \_\_\_\_\_ Business Name (if applicable) \_\_\_\_\_

Street Address (where care is provided) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Social Security or EIN Number (last 4 digits only) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Days (Please circle) S M Tu W Th F S

Type of Provider	
<input type="checkbox"/> Licensed Home	License # _____
<input type="checkbox"/> Licensed Center	License # _____
<input type="checkbox"/> Registered Ministry	Registration # _____
<input type="checkbox"/> License Exempt Home	
<input type="checkbox"/> License Exempt Facility	
<input type="checkbox"/> Providing care in child's home	

Child's Name (first & last)	Child's Age Years / Months	Kindergarten <i>Indicate</i> HD = 1/2 Day FD = Full Day	Current Charge (List charges for School- Age School Year) Week / Day / Hour			Charge for next age group (If child is currently 2 list charge at age 3) Week / Day / Hour			School-age (List charges for summer/evening care) Week / Day / Hour			Provider's Current Paths to QUALITY TM Level

**FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE**

School Year Begins \_\_\_\_\_ Ends \_\_\_\_\_

Does school-age child need break care vouchers? \_\_\_\_ No \_\_\_\_ Yes  
*If yes, a school schedule must be provided.*

Are you related to the children listed above? \_\_\_\_ If yes, explain \_\_\_\_\_

**PLEASE NOTE:** Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

**Parent / Guardian:** Your caregiver must complete this information in its entirety. Your CCDF provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. Please bring the completed form to your appointment to assist in prompt completion of your child care vouchers. If you wish to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility.

**PROVIDER:** Please complete all information and sign the form in the box to the left.

If you have any questions, please contact  
**Brightpoint 1-800-589-3506** Follow automated prompts for Child Care questions.  
 Fax: (260)420-8067  
 Email: [childcare@mybrightpoint.org](mailto:childcare@mybrightpoint.org)

**PROVIDER AFFIRMATION**

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program. (Available on [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov). I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, \_\_\_\_\_