

CASE NAME: _

CASE NUMBER: _

Location: _

Eligibility Period: Beginning Date: __ Ending Date: __



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

Department of Human Services

Office of Child Care & Regulatory Services

PARENT CHILD CARE SUBSIDY AWARD

NOTICE is hereby provided that:

Has/have been awarded child care assistance in the form of a voucher for child care services under the **Virgin Islands Department of Human Services (“DHS”) Subsidy, Resource & Referral Program** (also referred to in this document as “Child Care Subsidy”). This Award is to assist eligible families with the cost of licensed child care or Family, Friends or Neighbors (FFN) approved care for children ages 0 to 12 years. To be eligible for child care financial subsidy, families are required to agree and follow the terms outlined in this **Parent Child Care Subsidy Award**, along with the policies of the Virgin Islands licensed child care centers that are selected by the parents to care for their children.

By signing below the parent/guardian of the children who are the subject of this Subsidy Award is accepting the terms and conditions of this Subsidy Award.

I. PROGRAM REQUIREMENTS

A. Reason for Child Care Subsidy

Parent(s)/Guardian(s) is/are determined to be eligible for a *Child Care Subsidy Award* based upon one or more of the following reasons:

- (1) Working (part-time or full-time);
- (2) Going to school or a training program (part-time or full-time);

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- (3) Both or one of the Parent(s)/Guardian(s) has/have an illness, disability or exceptional circumstance verified by a physician or other relevant professional; and/or,
- (4) Your child/children has/have a social or special needs requirement.

B. Annual Assessment

I understand that the Subsidy that my child/children is/are eligible to receive is based upon my income, family size, and the type of child care provider I choose for my child(ren). The Subsidy amount available is based on the current maximum rates established by the **DHS Subsidy, Resource & Referral Program**. I understand that I will be notified of any changes in these amounts.

I/We understand that I/we am eligible to receive child care vouchers for a period of 12 months (or less) per child. I/We also understand that I/we will be assessed at least once every twelve (12) months, by keeping my schedule recertification appointment(s), to provide proof of continued eligibility every 12 months (or less), and to notify my child care provider(s) and the **DHS Subsidy, Resource & Referral Program** of any child care changes within the period of service in which it occurs. I/We also understand that my/our failure to submit the requested documents may result in the termination of this *Child Care Subsidy Award*.

I/We authorize the DHS to make payments for child care services to the following DHS approved licensed or registered child care provider of my choice:

Center Name:

Center Address:

DHS License Number:

I/We understand that if at any time the child care provider identified above is no longer caring for our child(ren), the DHS **Subsidy, Resource & Referral Program** will be immediately notified of this change so that payment can be made to the new child care provider or discontinued all together if the child(ren) are no longer in care.

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C. Subsidy Payment

The voucher will be printed to the Provider(s) for my child(ren), for a specific monthly amount(s), which each child is eligible to receive. I/We understand that the child's parent(s)/guardian(s) will not be paid as caregivers for our own child(ren). In addition, the ***Subsidy, Resource & Referral Program*** will not provide payment to ***Informal Providers*** who reside in the same household with me and my child(ren). An ***Informal Provider is your Family, Friends or Neighbors (FFN) who provide care for your child/ children in your home or in their home. They must be registered with the Office of Child Care and regulatory Services.***

I/We am/are responsible for co-payment (cost sharing) fees per month, per child(ren), to my Child Care Provider. Furthermore, I/we understand that as the parent/guardian I/we will also be responsible for any other child care provider costs, which exceeds the maximum subsidy amounts indicated in this **Parent Child Care Subsidy Award**. Put another way, parents/guardians are responsible for any co-payments to the child care provider that cannot be covered by this **Subsidy Award**.

I/We further understand and agree that based upon the availability of funds, I/we will receive an eligible amount of child care benefits per child and will be responsible for the co-payments and differences as follows:

1. Child _ [initials & last 4 digits of SSN]

Eligible Amount _ Co-payment _ Difference _

2. Child _ [initials & last 4 digits of SSN]

Eligible Amount _ Co-payment _ Difference _

I/We understand that the subsidy and any future child care assistance funded pursuant to this Award, for which I may be eligible, are contingent upon the availability of federal funds.

I/We understand that notification must be provided to the ***DHS Subsidy, Resource & Referral Program*** of any changes in my family circumstances, within ten (10) business days from the occurrence. It is understood that failure to report income increase within 10 business

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days may result in an overpayment, and that if an overpayment occurs the Subsidy amount will be adjusted in the following month, totaling the amount of month(s) overpaid.

I/WE understand that the **DHS Subsidy, Resource & Referral Program** is authorized to issue vouchers to only one provider for a specific period of services, but I/we may choose a different provider for a different period of time within the month. That is, it is understood and agreed that there will be no overlapping and double payment to Providers for the same dates of care.

I/We have read this Agreement to receive child care assistance and understand and accept all of the terms. I/We also understand that failure to comply with the terms of this **Parent Child Care Subsidy Award** may result in the delay, suspension or termination of my child care assistance.

II. APPEAL PROCESS

I/We have received a copy of this **Parent Child Care Subsidy Award** and understand that if I/we disagree with a decision that affects my/our **Parent Child Care Subsidy Award** that I/we have the right to appeal and request a Fair Hearing by providing a written request to the Commissioner of the Department of Human Services.

DONE this _____ day of _____ 2018

By: _____

KIMBERLEY CAUSEY-GOMEZ

Commissioner Designee

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ACCEPTANCE OF AWARD BY PARENT(S)/GUARDIAN(S)

By submitting an application for Child Care Fee Subsidy and signing this **Parent Child Care Subsidy Award** I/we acknowledge and agree that:

- (a) You understand and accept all of the terms that you are required to comply with while receiving child care fee subsidy;
- (b) Child care fee subsidy is being provided to you on behalf of your child(ren) on the condition that you comply with these terms; and,
- (c) That my/our failure to comply with these terms could result in the termination of your subsidy, you having to repay the Region for any subsidy issued that you were not eligible to receive and/or other legal action.

Date: _____

APPLICANT: Signature of Parent(s)/Guardians

Date: _____

APPLICANT: Signature of Parent(s)/Guardians