



FAMILY INDEPENDENCE ADMINISTRATION

Matthew Brune, Executive Deputy Commissioner

James K. Whelan, Deputy Commissioner
Policy, Procedures, and Training

Stephen Fisher, Assistant Deputy Commissioner
Office of Procedures

POLICY DIRECTIVE #13-22-ELI

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHILD CARE PROVIDERS IN THE AUTOMATED CHILD CARE INFORMATION SYSTEM (ACCIS) MATCH IN THE PAPERLESS OFFICE SYSTEM (POS)

| | |
|---------------------------------|--|
| Date: October 3, 2013 | Subtopic(s): Child care, POS |
|---------------------------------|--|

AUDIENCE The instructions in this policy directive are for Regional and Supplemental Nutrition Assistance Program (SNAP) staff and are informational for all other staff.

POLICY All child care providers must be registered in the Automated Child Care Information System (ACCIS) to receive payment from the Human Resources Administration (HRA). Income information in ACCIS is considered verified upon receipt.

BACKGROUND HRA Management Information Systems (MIS) has identified a large number of participants who are in receipt of Cash Assistance (CA) and/or Supplemental Nutrition Assistance Program (SNAP) who are also receiving income from ACCIS as active child care providers.

See [PD # 11-10-ELI](#) for CA ACCIS Match process

As a result of this finding, during the application or recertification interviews, SNAP POS will launch an automated lookup in ACCIS using the applicant's/participant's Social Security Number (SSN). The lookup in ACCIS will occur for every individual line on the case regardless of the line status. If an individual is a child care provider in ACCIS, the **ACCIS Clearances** window will pop up in POS displaying the applicant's/participant's personal and demographic information according to what is in ACCIS as well as any child care payments issued over the previous five months.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

ACCIS Clearances
window

The **ACCIS Clearances** window has been added in the following approval activities and will appear when ACCIS matches are found:

- Approve SNAP Eligibility Decision
 - Approve SNAP Recertification
 - Approve Error Correction (EC) – SNAP Application Interview
 - Approve EC – SNAP Recertification
-

REQUIRED
ACTION

SNAP POS will launch an automated lookup to ACCIS using the applicant/participant SSN at the time of application and recertification.

When the Worker is in the **SNAP Application Interview** or the **SNAP Recertification Interview** activity, if an ACCIS match is found, the **ACCIS Clearances** window will appear after the Worker clicks the **Next** button in the **TALX Information** window.

During any other SNAP POS activity, the **ACCIS Clearances** window must be accessed. The worker must do the ACCIS search using the POS Toolbar menu under Tools > Clearances and select the option named ACCIS Employment Clearances. If an ACCIS match is found, the **ACCIS Clearances** window will appear.

If there are communication problems between POS and ACCIS, the following error message will appear:

*“The communication between POS and ACCIS has failed.
Please try again later using the tool bar option under
clearances.”*

The Worker must contact the POS Help Desk when this message appears.

The screenshot shows the 'ACCIS Clearances' window. At the top, there are instructions: 'The Clearance below represent a Social Security Match in the ACCIS system for the applicant/Participant. You must choose a resolution in order to complete an Activity before case is forward for supervisory Approval'. Below this are two sections: 'Applicant/Participant Demographics in POS' (with fields for NAME, SSN, and DOB) and 'Address information in POS'. The middle section is 'Information from Childcare system (ACCIS)', containing fields for Child Care Provider SS#, Child Care Provider #, Last Name, First Name, ACCIS Status, and ACCIS Residential Address. Below that is 'Gross Pay for the last five months (after deductions if any)'. To the right is 'Enrollment information' with fields for 'Date provider activated in ACCIS' and 'Number of Children Enrolled with Provider', and a 'View Details' button. Callout A points to the question 'Is the Applicant/Participant disputing this match?'. Callout B points to the question 'Does the Applicant/Participant claim they stop providing childcare?'. Callout C points to the 'Date provider activated in ACCIS' field. Callout D points to the 'Participants' section, which includes questions about budgeting and address matching. At the bottom are 'Next' and 'Previous' buttons.

The top section of the window includes the applicant/participant demographics and address information in POS.

The middle section of the window includes the applicant/participant demographics and address information in ACCIS.

The lower section of the window provides the gross pay information from ACCIS for the last five months (if any).

Applicant/Participant Match Results

The Worker will need to indicate on the window whether the applicant/participant is disputing the fact that they are receiving an ACCIS payment.

A. Yes No

Is the Applicant/Participant disputing this Match?

Applicant denies employment

If an *applicant* or *participant* is disputing the ACCIS match or any information in the match, the Worker must click the “Yes” button. The following message will appear:

“You must make a proper referral to Bureau of Fraud Investigation (BFI). Select the link in the Help Menu and submit Form BFI-14.”

Applicant acknowledges employment

If the applicant/participant is not disputing the match, the Worker must indicate whether the applicant/participant claims to have stopped providing child care.

Does the Applicant/Participant Claim they stopped providing childcare? Yes No

B.

Applicant stopped working

If the applicant/participant says that he/she is no longer providing child care, the Worker must do the following:

- Print the Attestation of Employment as a Childcare Provider form (**W-274U**) from the Print Forms window of the activity being completed in POS. A **W-274U** is required for each parent/guardian that employed the applicant/participant as a provider.
- Ask the applicant/participant to check the box next to “I am no longer providing childcare” on the **W-274U**, enter the end date, and manually sign the form. Failure to sign the **W-274U** is not a basis for denying or terminating SNAP benefits.
- Scan and index the **W-274U** into the HRA OneViewer.
- Notify the Center Director who will be responsible for notifying the corresponding Borough Liaison listed below via email. The Borough Liaison will alert the Job Center Child Care Liaison to terminate child care in ACCIS.

If the applicant or participant is not present at the interview, the Worker must mail the applicant/participant a **W-113K** with the **W-274U**.

The designated Borough Liaisons are as follows:

- Brooklyn and the Bronx SNAP Centers

jenkinsea@hra.nyc.gov
jacksonc@hra.nyc.gov

- Queens, Manhattan and Staten Island SNAP Centers

aaronsj@hra.nyc.gov

- Special Populations SNAP Centers and the SNAP Telephone Interview Processing Services

saunderss@hra.nyc.gov

Applicant still working

If the applicant/participant is still providing child care, the Worker must save and authorize a new budget in POS that includes the child care income.

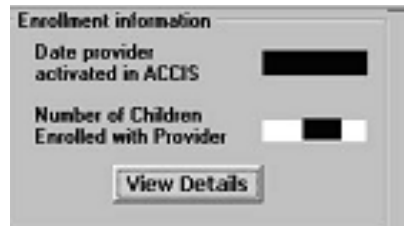
Refer to the bottom of page 8 for instructions on budgeting child care income.

If there are no current payments showing in the **ACCIS Clearance** window, and the applicant/participant is still providing child care, the Worker must:

If the applicant or participant is not present at the interview, the Worker must mail the applicant/participant a **W-113K** with the forms.

- print the Attestation of Employment as a Childcare Provider form (**W-274U**) from the **Print Forms** window of the activity being completed in POS. A **W-274U** is required for each parent/guardian that employs the applicant/participant as a provider.
- Ask the applicant/participant to complete and sign the manual **W-274U**. The applicant/participant may submit other documentation to verify his/her income. Failure to sign the **W-274U** is not a basis for denying or terminating SNAP benefits.
- Scan and index the **W-274U** and/or other documentation into the HRA OneViewer.

Child Enrollment Information



C.

The **ACCIS Clearances** window also has an Enrollment Information section which provides the “Date provider activated in ACCIS” and “Number of Children Enrolled with Provider”. The View Details button will open the **ACCIS Details** window, shown below, that will display the information of the children enrolled with the provider.

The screenshot shows a window titled "ACCIS Details" with a subtitle "Detailed Information for each child enrolled in ACCIS". It contains a table with the following columns: "Child Last Name", "First Name", "DOB", "Start Date", and "End Date". The table has several empty rows. Below the table is an "OK" button.

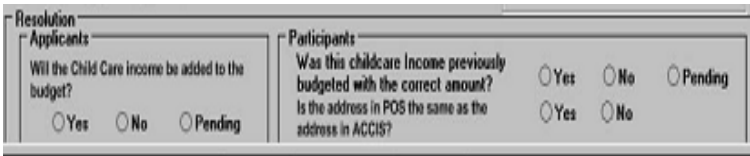
| Child Last Name | First Name | DOB | Start Date | End Date |
|-----------------|------------|-----|------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If there are no children active in ACCIS, the following message will appear:

“There are no details to view because there are no children enrolled with provider”

Resolution

The Worker will need to indicate a resolution for the ACCIS match information.

D. 

Applicants

For applicants, the Worker must answer the question *“Will the Child Care Income be added to the budget?”* There are three options under this menu:

- Yes
- No
- Pending

If the answer is **Yes**, no other window will open in POS, but the Worker must complete the actions listed on the bottom of page 4 and the top of page 5.

The Supervisor must ensure that the budget reflects the income.

If the answer is **No**, a comment window will open and the Worker should provide a detailed explanation of why the income will not be budgeted.

The Worker can select **Pending** if the applicant must return with documentation or other follow up action is required. If the Worker closes the window without selecting an answer to this question, the system will automatically select **Pending**. If **Pending** has been selected either by the system or the Worker and the Worker attempts to complete the application activity, a completion edit will require answers in the resolution section. The **ACCIS Clearances** window will open and the following error message will appear:

“You must answer the question ‘Will the child care income be added to the budget?’ in the resolution section of this window”

| | | | |
|--|---------------------------|--------------------------|-------------------------------|
| Participants | | | |
| Was this childcare income previously budgeted with the correct amount? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Pending |
| Is the address in POS the same as the address in ACCIS? | <input type="radio"/> Yes | <input type="radio"/> No | |

Participants

For participants, the Worker must answer two questions. *“Was this childcare income previously budgeted with the correct amounts?”* and *“Is the address in POS the same as the address in ACCIS?”*

In the first question, *“Was this child care income previously budgeted with the correct amounts?”*, there are three options next to the question:

- Yes
- No
- Pending

If the answer is **Yes**, no other window will open in POS.

If the answer is **No**, a comment window will open and the Worker should provide a detailed explanation of why the income was not budgeted with the correct amount and whether a SNAP claim needs to be initiated for overpayment due to the child care match.

The Worker can select **Pending** if the participant must return with documentation or other follow up action is required. If the Worker closes the window without selecting an answer to this question, the system will automatically select **Pending**. If **Pending** has been selected either by the system or the Worker and the Worker attempts to complete the recertification or any other FS POS activity, a completion edit will require answers in the resolution section. The **ACCIS Clearances** window will open and the following error message will appear:

“You must complete the participant’s questions’ in the resolution section of this window”

In the second question, *“Is the address in POS the same as the address in ACCIS?”* the Worker will select a **Yes** or **No** answer. If the answer is **No**, the Worker must contact the Borough Liaison.

Note: The Worker must check the documentation in the HRA OneViewer to verify that the address in POS matches the documentation provided.

Refer to [PD #07-11-ELI](#)
Processing of Food
Stamp Claims.

Resolving the ACCIS Clearance Window on a Closed Line

If the information on the **ACCIS Clearance** window is for a line that is closed, and the individual is no longer living in the household, the Worker must complete the ACCIS Clearance window based on the information provided by the applicant/participant. The Worker must review the case and compare the date the individual left the household to the period that the payments were received through ACCIS, to determine if an overlap in dates occurred and if a SNAP claim needs to be initiated.

Closed line and individual is still in the household and is a mandated filing unit member

If the information on the **ACCIS Clearance** window is for a line that is closed, and the individual is still living in the household, the Worker must determine if the individual is a mandated filing unit household member. If the individual is mandated into the filing unit, and not present at the interview, the Worker can select the pending option and request that the individual report to the center at the return appointment.

At the return appointment the Worker must complete the **ACCIS Clearance** window. All questions that were pended in the **ACCIS Clearance** window must be a **Yes** or **No** for the POS activity to be completed. The Worker must take the appropriate actions mentioned in this procedure to complete the **ACCIS Clearance** window.

Applicant cares for child(ren) not in ACCIS

If the applicant/participant claims to be providing care for a child or children not listed on the **ACCIS Clearance** window, the Worker must:

- Mail the applicant/participant a **W-274UU** to be completed by the parent/guardian of the child(ren) for whom he/she provides care. One **W-274UU** is required for every parent/guardian that employs the applicant/participant as a provider.
- Provide a self-addressed business reply envelope for the applicant/participant to return documents.

Budgeting child care income

The child care provider income must be budgeted using income source code **05**. If child care is provided in the applicant/participant's home, the Worker must include an income exemption in the budget. This exemption is a specific amount of income that is disregarded for SNAP purposes to offset the additional expenses related to providing child care in the home. The standard disregard is \$5 per day, per child, and cannot include the applicant's own children.

The Worker must explain the standard disregard to the applicant/participant. If the applicant/participant is able to document that the actual expense is more than the standard disregard, the actual amount of the expense may be exempt. To qualify for this increased income exemption, the applicant/participant must prove, by submitting receipts, that the additional expense is separate from the regular cost of maintaining the household.

Determining exemption amount

To determine the exemption amount, the Worker will do the following:

- Determine the number of children the provider is caring for.
- Multiply the \$5 or the verified amount by the number of children (excluding the applicant/participant’s children). This will give you a daily total.
- Multiply the daily total by the number of days in the week that the care is being provided. This will give you a weekly amount.
- Multiply the weekly amount by 4.33. This will give you the monthly exemption amount.

Determining monthly income

If each ACCIS paycheck varies greatly, the worker will have to determine the average monthly income. This is done by dividing the total amount of pay by the number of months that the pay covers.

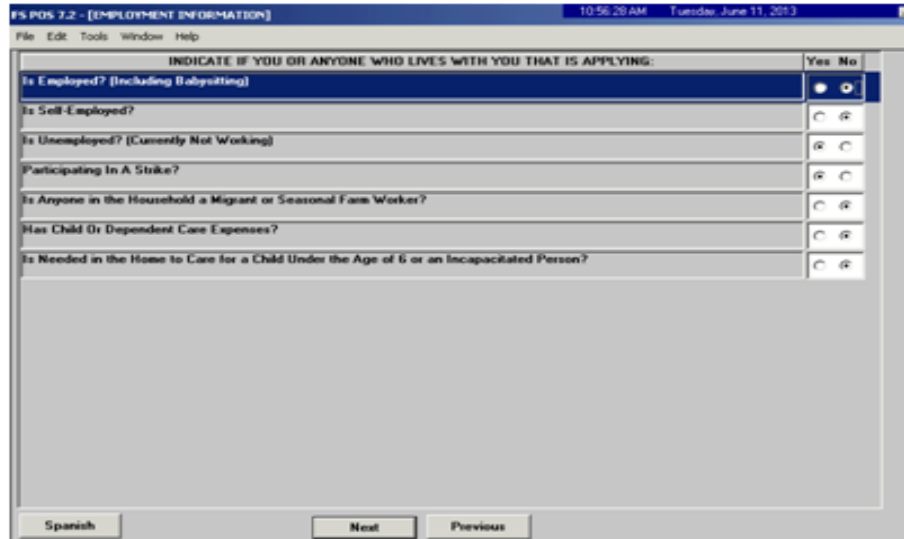
Example A: The provider received a paycheck in March for \$570 and it covered the period of January, February and March. The Worker will divide the \$570 by 3 giving an average total of \$190 per month.

Example B: The provider received a paycheck in March for \$570, April for \$340, May for \$340, and June for \$570. The worker must add up all of the paychecks which totals \$1920. Then divide the total amount of \$1920 by four (4), the number of months covered by the four paychecks. This gives an average of \$480 per month to be budgeted.

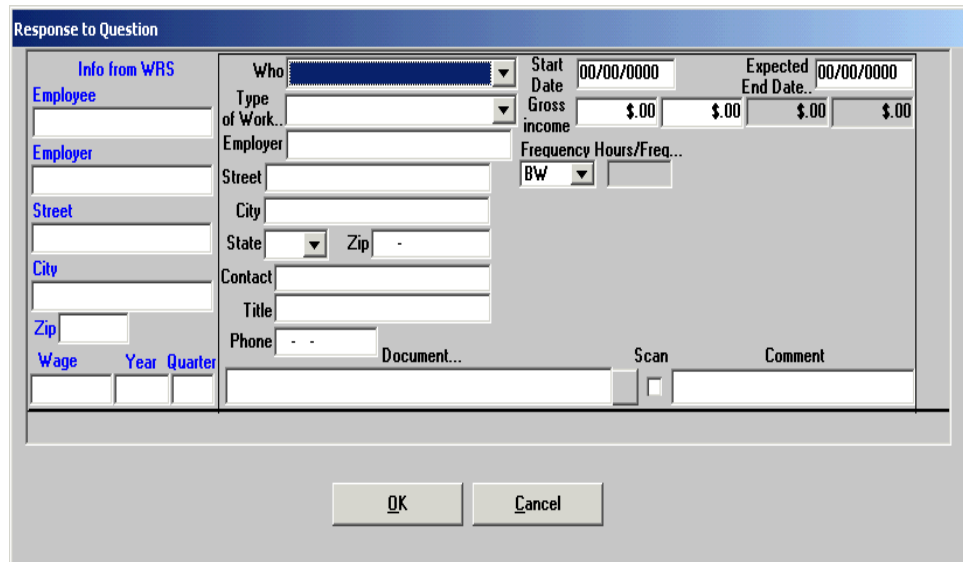
In order to obtain the number of months covered by the amount of pay, it may be necessary for the Worker to notify the Center Director of the need for an ACCIS breakdown of the periods covered by each payment. The Center Director will notify the corresponding borough Liaison of this request. The Liaison will get the breakdown of the payment information from ACCIS.

Budgeting in POS

In POS, the budget is pre-filled based on the answers provided to questions in the interview. The Worker must answer the questions in POS correctly in order to properly populate the budget.



The Worker must answer “Yes” to the “Is Employed? (Including Babysitting)” question in the **Employment Information** window. This will open a Response to Question window.



The Worker will select “Childcare Provider” as the type of work in the Response to Question window. When the Worker selects “Childcare Provider”, a drill-down window will open.

The Worker will enter the requested information regarding child care in this drill down window. This information will populate the budget and give the applicant/participant the disregard which will be reflected in the **Individual Income/Needs** screen of the budget on POS.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

All cases in this process must be reviewed in POS. POS instructions are provided in the body of this directive.

Medicaid Implications A separate Medicaid determination is required for CA cases closed due to excess earned income.

LIMITED ENGLISH PROFICIENT (LEP) IMPLICATIONS For Limited English Proficient (LEP) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #08-20-OPE](#) and [PD #11-33-OPE](#).

FAIR HEARING IMPLICATIONS
Avoidance/Resolution Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken, on their case.

Conferences at SNAP Centers If a participant comes to the SNAP Center requesting a conference, the Receptionist must alert the SNAP Center Director’s Designee that the participant is to be seen. If the participant contacts the ES/Worker directly, advise the participant to call the Designee.

The Designee will listen to and evaluate any material presented by the participant, and explain the reason for the Agency’s action to the participant. If the participant has shown that the Agency’s action needs to be withdrawn, the Designee will Settle in Conference (SIC) the adverse action. If the determination is that the Agency action is correct, the Designee will explain the reason for the determination to the participant. If the explanation is accepted, no further action is necessary.

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing, already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.


Evidence Packets All Evidence Packets must contain a detailed history (e.g., copies of POS “Case Comments), copies of relevant WMS and ACCIS screen printouts, notices, and other documentation relevant to the action taken.

RELATED ITEM [PB #10-65-SYS](#)

REFERENCES

18 NYCRR 352.17
18 NYCRR 352.22 (h)
18 NYCRR 415.4 (b) (2)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

| | |
|--------------------|---|
| W-274U | Attestation of Employment as a Child care Provider (Rev. 10/3/13) |
| W-274U (S) | Attestation of Employment as a Child care Provider (Spanish) (Rev. 10/3/13) |
| W-274UU | Income Verification For Child Care Provider Letter (Rev. 10/3/13) |
| W-274UU (S) | Income Verification For Child Care Provider Letter (Spanish) (Rev. 10/3/13) |

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Caseload: _____

Attestation of Employment as a Childcare Provider

(A separate **W-274U** form must be completed for each parent/guardian who employs you as a childcare provider.)

Number of parents/guardians you provide care for: _____

I, _____, am an informal child care
Applicant/Participant First Name M.I. Applicant/Participant Last Name

provider hired by _____, who resides
Parent/Guardian First Name M.I. Parent/Guardian Last Name

at _____,
Street Address Apt. No.

_____.
Borough State Zip Code Telephone Number

Location where care is provided (check only one):

- in the child's home, listed above. I understand that if I provide care in a child's home, I am entitled to at least the prevailing minimum wage, from which may be deducted any applicable Federal and State taxes.
- in my own home. I understand that I am entitled to an income exemption of \$5 per day per child in my care for children other than my own.
- in another location (Please provide address).

Address
Borough State Zip Code Telephone Number

Explain alternate location: _____

Rate of Pay:

I receive (enter the amount you receive) \$ _____ per month from this household to provide child care.
I provide childcare services a total number of (enter the number of hours) _____ hours per week and charge \$ _____ per hour.

- I began providing childcare to this parent on: (date) _____
- I am no longer providing childcare: Date job ended _____ (Sign on page 2 of this form.)

Relationship to the Child in Care (Check one):

- I am related to the child for whom I provide care. (State relationship) _____.)
- I am not related to the child for whom I provide care.

Indicate the weekly schedule(s) of childcare services for the child(ren) listed below:

| | | | | | | | | | |
|----------------------|---|------|---------------------|---|------|---------------------|---|------|---------------------|
| Child's Name | _____ | | | _____ | | | _____ | | |
| | Child's Full Name | | | Child's Full Name | | | Child's Full Name | | |
| Date Care Began | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ |
| | Month | Day | Year | Month | Day | Year | Month | Day | Year |
| Date of Birth | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ |
| | Month | Day | Year | Month | Day | Year | Month | Day | Year |
| Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Weekly Schedule | From | To | Total Hours per Day | From | To | Total Hours per Day | From | To | Total Hours per Day |
| Monday | | | | | | | | | |
| Tuesday | | | | | | | | | |
| Wednesday | | | | | | | | | |
| Thursday | | | | | | | | | |
| Friday | | | | | | | | | |
| Saturday | | | | | | | | | |
| Sunday | | | | | | | | | |
| Total Hours per Week | | | | | | | | | |

SAMPLE

Provider Certification

I certify that the statements above are accurate and true to the best of my knowledge. I understand that providing false information may lead to the suspension or termination of payments and the recovery of any payments to which I was not entitled, or assignment to a work-related activity if I am not actually working and being paid to work during the hours indicated above. I further understand that I may be subject to criminal prosecution for knowingly providing incorrect information.

I will notify the Family Independence Administration (FIA) immediately if the hours of care or the number of children in my care changes, or if any of the other information noted on this form changes.

I understand that representatives of FIA may visit me during the hours child care is provided and I authorize FIA to contact my employer to confirm that the information as reported on this form is true and accurate.

Applicant's/Participant's Name (print clearly): _____

Signature: _____ Telephone Number: _____

JOS/Worker's Name: _____ Date: _____

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Unidad del Caso: _____

Atestación de Empleo como Proveedor de Cuidado Infantil
(Se debe llenar un formulario **W-274U [S]** separado para cada padre/madre/tutor que le contrata como proveedor de cuidado infantil.)

Número de padres/madres/tutores a los cuales usted brinda cuidado: _____

Yo, _____, soy proveedor informal
Nombre del Solicitante/Participante I. Apellido del Solicitante/Participante

de cuidado infantil contratado por _____,
Nombre del Padre/Madre/Tutor I. Apellido del Padre/Madre/Tutor

quien reside en _____,
Dirección Apto.

Condado Estado Código Postal Número de Teléfono

Local en donde se administra el cuidado (marque sólo una casilla)

- en el hogar del niño listado más arriba. Entiendo que si proveo cuidado en el hogar de un niño, tengo derecho a, por lo menos, el salario mínimo corriente del cual se puede deducir cualquier impuesto Federal o Estatal correspondiente.
- en mi propio hogar. Entiendo que tengo derecho a una exención de \$5 al día por niño bajo mi cuidado que no sea mío.
- en un local alternativo (favor de indicar la dirección):

Dirección
Condado Estado Código Postal Número de Teléfono

Detalles del local alternativo: _____

Tarifa de Paga:

Recibo (anote la cantidad que usted recibe) \$ _____ mensuales de parte de este hogar por brindar cuidado infantil. Brindo servicios de cuidado infantil por un total de (anote el número de horas) _____ horas semanales y cobro \$ _____ por hora.

- Comencé a brindar cuidado a este padre/madre el: (fecha) _____
- Ya no brindo cuidado infantil:** Fecha en que terminó el trabajo _____
(Firme en la página 2 de este formulario.)

Relación con el Niño bajo Cuidado (Marque una casilla):

- Soy pariente del niño a quien le brindo cuidado (Indique el parentesco _____.)
- No soy pariente del niño a quien le brindo cuidado.

Indique el horario semanal de servicios de cuidado infantil respecto a los niños listados abajo:

| Nombre del Niño | Nombre Completo del Niño | | | Nombre Completo del Niño | | | Nombre Completo del Niño | | |
|-------------------------------|--|-----|-----------------------|--|-----|-----------------------|--|-----|-----------------------|
| | Mes | Día | Año | Mes | Día | Año | Mes | Día | Año |
| Fecha de Comienzo del Cuidado | | | | | | | | | |
| Fecha de Nacimiento | | | | | | | | | |
| Sexo | <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino | | | <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino | | | <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino | | |
| Horario Semanal | De | A | Total de Horas al Día | De | A | Total de Horas al Día | De | A | Total de Horas al Día |
| Lunes | | | | | | | | | |
| Martes | | | | | | | | | |
| Miércoles | | | | | | | | | |
| Jueves | | | | | | | | | |
| Viernes | | | | | | | | | |
| Sábado | | | | | | | | | |
| Domingo | | | | | | | | | |
| Total de Horas a la Semana | | | | | | | | | |

SAMPLE

Certificación del Proveedor

Doy fe de que las declaraciones más arriba son exactas y veraces según mi leal saber y entender. Entiendo que el proporcionar información falsa puede llevar a una suspensión o terminación de pagos y de la recuperación de cualquier pago al cual yo no tenía derecho, o a ser asignado a una actividad relacionada con el trabajo si en realidad no estoy trabajando ni se me está pagando durante las horas indicadas arriba. Entiendo además que puedo estar sujeto a procesamiento criminal por proporcionar información incorrecta a sabiendas.

Le avisaré a la Administración de Independencia Familiar (Family Independence Administration – FIA) de inmediato en caso de que las horas de cuidado o el número de niños bajo mi cuidado o asimismo cualquier otro dato indicado en este formulario cambien.

Entiendo que puede ser que representantes de la FIA me visiten durante las horas en que se esté brindando cuidado infantil. Además, autorizo a la FIA a que se comunique con mi empleador para comprobar que los datos indicados en el presente formulario sean verídicos y exactos.

Nombre del Solicitante/Participante (en letras de molde clara): _____

Firma: _____ Número de Teléfono: _____

Nombre del JOS/Trabajador: _____ Fecha: _____

Date: _____
Case Number: _____
Case Name: _____

Income Verification for Child Care Provider Letter

Section 1 – Completed by Agency Representative

Mr./Ms. _____ (Parent/Guardian Full Name)

This letter is being sent to you to verify that:

Mr./Ms. _____, currently residing at
Child Care Provider First Name M.I. Child Care Provider Last Name

Address

City State Zip Code Telephone Number

receives income from you as a child care provider for your family.

We are currently reviewing the assistance case of the above-named person. In order to complete our review, we need information concerning the wages paid for the period from _____ to _____.
(Date) (Date)

Employers are required to furnish the Human Resources Administration (HRA) with information regarding wages, salaries, earnings or other income of any applicant for, or participant of, assistance or of any relative legally responsible for the support of such person.

Please complete sections 2 and 3 and return this form in the envelope provided. If you have any questions or problems, please contact:

Mr./Ms. _____
JOS/Worker Name JOS/Worker Title JOS/Worker Telephone

Please complete and return this form by _____.
(Date)

Section 3 – Parent/Guardian Employer Certification (Parent/Guardian Must Sign)

Parent/Guardian Certifications:

I certify that I have selected this provider to care for my child(ren). I understand that it is my responsibility to monitor the quality of care furnished to my child(ren).

I certify that if I choose for this provider to care for the child(ren) in my home, I am the sole employer and responsible for paying at least the prevailing minimum wage and any other applicable Federal and State taxes.

I state that to the best of my knowledge and belief, all statements made on this form and any attachments are accurate and true.

By signing this form, the parent/guardian agrees to all of the statements listed here in.

Parent/Guardian:

Print Name: _____ Date: _____
Name M.I. Last Name

Signature: _____ Telephone: _____

Please complete, sign, and return in the envelope provided.

SAMPLE

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____

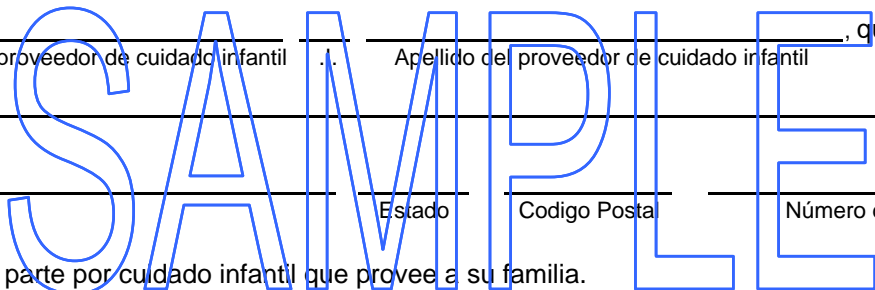
Carta de Verificación de Ingreso del Proveedor de Cuidado Infantil

Sección 1 – A Ser Llenado por el Representante de la Agencia

Sr./Sra. _____
(Nombre Completo del Padre/Madre/Tutor)

Esta carta está dirigida a usted con el fin de verificar que:

Sr./Sra. _____, quien reside en
Nombre del proveedor de cuidado infantil ./. Apellido del proveedor de cuidado infantil
Dirección _____
Ciudad _____ Estado _____ Código Posta _____ Número de Teléfono _____



recibe pagos de su parte por cuidado infantil que provee a su familia.

Actualmente estamos repasando el caso de asistencia de la persona indicada arriba y para ello necesitamos información respecto al salario pagado en el período de _____ a _____.
(Fecha) (Fecha)

Todo empleador tiene que proporcionar a la Administración de Recursos Humanos (Human Resources Administration – HRA) datos concernientes al salario, sueldo u otro tipo de ingreso de cualquier solicitante o beneficiario de Asistencia en Efectivo o de cualquier pariente con la responsabilidad legal de mantener a dicha persona.

Favor de llenar las secciones 2 y 3 de este formulario y devuélvalo en el sobre adjunto. Si tiene alguna pregunta o dificultad, por favor comuníquese con:

Sr./Sra. _____
Nombre del JOS/Trabajador Titulo o Puesto del JOS/Trabajador Teléfono del JOS/Trabajador

Favor de llenar y devolver este formulario a más tardar el _____.
(Fecha)

Sección 2 – A Ser Llenado por el/la Padre/Madre/Tutor del Niño bajo Cuidado (Empleador)

El/La Sr./Sra. _____, es mi empleado(a)
Nombre del proveedor de cuidado infantil .I. Apellido del proveedor de cuidado infantil

como proveedor de cuidado infantil. Yo le pago \$ _____ mensuales por sus servicios de cuidado.

A mis niños se les cuida por _____ horas semanales y yo pago \$ _____.
(Número de Horas) (Dólares por Hora)

¿Dónde se provee el cuidado? Por favor marque una casilla:

Su hogar Casa del proveedor Otro local _____
(Favor de especificar)

Indique el horario semanal de cuidado infantil para cada niño(a) indicado abajo:

| Nombre del niño | Nombre Completo del Niño | | | Nombre Completo del Niño | | | Nombre Completo del Niño | | |
|---------------------------------|--|-----|-----------------------|--|-----|-----------------------|--|-----|-----------------------|
| | Mes | Día | Año | Mes | Día | Año | Mes | Día | Año |
| Fecha de Comienzo del Cuidado | | | | | | | | | |
| Fecha de Nacimiento | | | | | | | | | |
| Sexo | <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino | | | <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino | | | <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino | | |
| Horario Semanal | De | A | Horas Total en el Día | De | A | Horas Total en el Día | De | A | Horas Total en el Día |
| Lunes | | | | | | | | | |
| Martes | | | | | | | | | |
| Miércoles | | | | | | | | | |
| Jueves | | | | | | | | | |
| Viernes | | | | | | | | | |
| Sábado | | | | | | | | | |
| Domingo | | | | | | | | | |
| Total de Horas Semanales | | | | | | | | | |

Sección 3 – Certificación del Padre/de la Madre o Tutor como Empleador (A ser firmado por el/la Padre/Madre/Tutor)

Declaraciones del Padre/Madre/Tutor:

Certifico que yo he elegido a este proveedor para cuidar a mi(s) niño(s). Entiendo que tengo la responsabilidad de verificar a la calidad de cuidado que se le provee a mi(s) niño(s).

Certifico que si elijo a que el proveedor cuide a mi(s) niño(s) en mi hogar, yo soy el único empleador y tengo la responsabilidad de pagarle por lo menos el salario mínimo corriente y todo impuesto Federal o Estatal que corresponda.

Declaro que según mi leal saber y entender, toda declaración detallada en este formulario y cualquier documento adjunto, son verídicos y exactos.

Al firmar este formulario, el/la padre/madre/tutor reconoce que todas las declaraciones ante mencionadas son verídicas.

Padre/Madre/Tutor:

Nombre en Letra de Molde. _____ Fecha: _____
Nombre _____ i. _____ Apellido _____

Firma: _____ Teléfono: _____

Favor de llenar, firmar y devolver en el sobre adjunto.

SAMPLE