



# HAWC Partnerships for Children

“An Iowa Empowerment/Decat Area”  
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[www.hawc-iowa.com](http://www.hawc-iowa.com)

January 1, 2010

Re: Infant/Toddler Quality Child Care Program (ITQCCP)

Dear Parents:

HAWC Partnerships for Children is administering a child care subsidy program for qualified children and families. The program will provide for a portion of your child care based on a sliding fee scale based on income. The program may pay up to 40% of your qualified infant/toddler child care costs. You are responsible to pay a share of the cost of care to the provider. An application is attached. There are limitations and requirements of the program as identified in *Infant and Toddler Quality Child Care Program: Implementation Handbook* and supporting materials and forms. Please direct your application and questions to: **Gail Frederick**, Community Liaison, HAWC Partnerships for Children, 1111 Paine Street, Suite H, Decorah, IA 52101, phone: **563-382-4447**, email: [hawcgf@neitel.net](mailto:hawcgf@neitel.net)

## Eligibility:

**A. Care Providers:** Only providers meeting a verified quality level are eligible.

**Eligible** to begin: **January 1, 2010 – July 30, 2010**

Sunflower Child Care Center, Decorah  
Elkader Child Care and Learning Center, Elkader  
Garnavillo Community Child Care, Garnavillo  
Little Bulldogs Child Care Center, Monona  
Kids Kampus, Guttenberg  
Postville Child Care, Postville  
Mary Ann Mettler, Ridgeway  
Kessel Kids Child Care, Cresco  
Growing Bear Daycare and Preschool, Inc  
Little Bulldog Childcare Center  
Ma's Day Care (Wanda Lacey), Guttenberg  
Molly Scherf, Elkader  
NICC, Calmar  
Dawn Langreck, Ridgeway

**Eligibility Pending:** date varies with quality approval pending (2010)

**Others:** Providers may achieve a verified quality level and choose to participate. A current listing of eligible providers may be accessed at [www.hawc-iowa.com](http://www.hawc-iowa.com)

**B. Child:**

**Age** newborn to 24 months of age.

**U. S. Citizen** (verification required)

**C. Parent**

1. **Resident** of Allamakee, Clayton, Howard, or Winneshiek County
2. **Income between 145% and 185% of federal poverty level** (see chart attached)
3. **Need for Service:**
  - a: **Recently unemployed\*** (less than six months) and looking for work **or**
  - b: **Working** (at least 28 hours per week) **and/or attending school** (full-time)  
(both parents must meet work/school criteria, if applicable)

c: For care provided while you are working, going to school or looking for work.

The ITQCC program will terminate on June 30, 2011 or when available child care subsidy funds are exhausted.

**Eligibility Determination:**

**Application:** Complete the entire application. Incomplete applications will cause delays in approval and program participation. If you have more than one employer, provide name and contact information for each employer by attaching another sheet of paper to the application.

**Include:** Copies of documents to verify **citizenship** and identity of children (see attachment)

**Income:** Paystubs from the last 30 days or last year's income tax return

**Sign the application**

**Sign Release of Information** for our verification process

The application will be processed at the HAWC office. Please mail or have your provider forward the application and supporting documents to HAWC for processing. HAWC will process your application as soon as possible. It is anticipated that verification and approval may take up to four weeks. We will notify you regarding your eligibility in writing with a Notice of Program Eligibility. This will tell you what children are approved for ITQCCP, the start date and end date of assistance, the number of units approved, and your family's co-pay amount.

If eligible, approval will be made for up to six months. The period may be less than six months based on eligibility criteria, program limitations, and funding limitations. HAWC must review every family's eligibility for ITQCCP at least every six months. We will send you a review form with a due date on it. You must complete the review process for us to determine if you are eligible to keep getting ITQCCP. If you do not return the review form by the due date, your ITQCCP will end on the date given on your original NOD. If you return the review form along with all needed information, you will receive a new NOD regarding your eligibility.

**Changes:**

You must tell HAWC about the following changes within 10 days of the change:

- Work hours
- Class schedule
- Income
- Address change
- A change in who lives in your home
- Change in child care provider

**Claims:**

The provider will submit a claim for payment of the child care subsidy to HAWC. You will need to sign the claim to verify the services performed and your need for service. You will be responsible for the co-pay directly to your provider.

**Overpayment Recovery:** When a child care provider receives a payment greater than allowed, the amount of the overpayment must be recovered. Recovery is made through the provider or the family, depending on the circumstances surrounding the overpayment. Overpayments caused by provider error, client error and agency error are recoverable. Errors include false or misleading statements and failure to report changes affecting eligibility.

Very truly yours,

Gail Frederick, Community Liaison

## **HAWC Partnerships for Children**

### **Eligibility Guidelines for ARRA Infant/Toddler Child Care Assistance**

ARRA Infant/Toddler Child Care Assistance (ITCCA) is a program that can help income eligible families with the cost of child care. Families may apply for ITCCA by submitting an application to HAWC Partnerships for Children. Families must reside in Allamakee, Clayton, Howard or Winneshiek County to be eligible.

#### **Age Requirements**

Children must be under age 24 months

#### **Citizenship/Alien Status**

Children must be United States citizens or have a qualifying alien status to be eligible.

#### **Need for Service**

The family must have a need for service to be eligible. All parents in the household must meet at least one of the need requirements. Need for child care service includes:

- Full time student, as defined by the school, academic or vocational training
- Employed 28 or more hours per week
- Recently unemployed and seeking employment (limited to one 90 day period)

#### **Income Guidelines**

Both earned and unearned income is used to determine eligibility.

<b>Family Size</b>	<b>at least</b>	<b>no more than</b>
1 member	\$1,309	\$1,670
2 members	\$1,762	\$2,250
3 members	\$2,213	\$2,823
4 members	\$2,665	\$3,399
5 members	\$3,118	\$3,976
6 members	\$3,568	\$4,553
7 members	\$4,021	\$5,129

#### **Information Needed to Process Your Application**

**You must provide HAWC with information to determine if you are eligible for ITCCA. If possible, supply this information with your application.**

- If you are working, you must provide proof of your income from the past 30 days, such as pay stubs, a statement from your employer listing your gross wages and the hours you work or your employer completing a form called the Employer's Statement of Earnings. If you are self-employed, you must provide your tax return or self-employment records including income and expenses.
- If you are attending academic or vocational training on a full time basis, you must provide your class schedule.
- If your household receives any other money, you must provide proof of the amount. Other money includes unemployment benefits, SSI, Social Security, child support, veterans' benefits or any other money you receive from a source outside of a job.

### **Co-Pay**

A family is responsible for paying for part of their child care costs. This is called a co-pay. The family's co-pay is based on family size, gross income, and the number of children in care. The family is responsible to pay the co-pay directly to the provider.

### **Eligibility Determinations**

HAWC will process your application as soon as possible. We will notify you regarding your eligibility in writing with a Notice of Decision (NOD). This will tell you what children are approved for ITCCA, the start date and end date of assistance, the number of units approved, and your family's co-pay amount.

HAWC must review every family's eligibility for ITCCA at least every six months. We will send you a review form with a due date on it. You must complete the review process for us to determine if you are eligible to keep getting ITCCA. If you do not return the review form by the due date, your ITCCA will end on the date given on your original NOD. If you return the review form along with all needed information, you will receive a new NOD regarding your eligibility.

### **Changes**

You must tell HAWC about the following changes within 10 days of the change:

- Work hours
- Class schedule
- Income
- Address change
- A change in who lives in your home
- Change in child care provider

### **Provider Requirements**

You may choose any type of child care provider you wish. However, the provider you choose must be approved by HAWC before payments can be made. To be "approved" the provider must be:

- A licensed center with a Quality Rating System level 3, 4, or 5 designation, or
- A registered child development home with a Quality Rating System level 3, 4, or 5 designation

All providers must sign a ITCCA Provider Agreement before payment can be made to them on behalf of eligible children. This agreement outlines the terms and conditions for the ITCCA program and certifies the reimbursement rates HAWC will pay.

### **Provider Notification**

If your family is eligible for ITCCA, your provider will receive a copy of your NOD. This will tell the provider what children are approved for ITCCA, the start date and end date of assistance, the number of units approved, and your family's co-pay amount. If you use a child care provider before you are eligible for ITCCA, you will have to pay the provider yourself. The provider will not get any additional notification that your eligibility period is ending when it is time for your review. If you return the review form along with all needed information, your provider will receive a new NOD regarding your eligibility.

## Acceptable Documents to Verify Citizenship & Identity of Children

Please provide the highest level of documents you have to verify your child's citizenship. Note that the documents listed in 'Section 1' verify both citizenship and identity. **If you use a document listed in 'Section 2' to verify citizenship, you must also provide a separate document from 'Section 3' to verify identity.**

### Section 1 - Primary Documents: The following documents can be used to verify BOTH citizenship and identity.

- U.S. passport
- *Certificate of Naturalization*
- *Certificate of U.S. Citizenship*

### Section 2 - Secondary Citizenship Documents: The following documents can be used to verify citizenship only.

- U.S. public birth certificate showing birth in one of the 50 states, the District of Columbia, or a U.S. territory
- Final adoption decree
- *Certification of Report of Birth*
- *Certification of Birth Abroad*
- *U.S. Citizen I.D. Card*
- Official military record of service
- *American Indian Card (I-872)* with "KIC" classification
- Evidence of civil service employment by the U.S. government
- Religious record showing either the date of birth or the person's age when the record was made
- Extract of hospital record on hospital letterhead that shows a U.S. place of birth
- Other documents that show a U.S. place of birth and were created at least 5 years before the *hawk-i* application date
- Medical (clinic, doctor, or hospital) record
- *Consular Report of Birth Abroad of a U.S. Citizen (Form FS-240)*
- Verification of automatic citizenship under sec. 320 of the Immigration and Nationality Act (Child Citizenship Act)
- Life, health, or other insurance record showing a U.S. place of birth
- Early school record showing a U.S. place of birth
- Institutional admission papers
- *Affidavit signed under penalty of perjury; Affidavit Concerning Documentation of Citizenship and Affidavit of Citizenship*

### Section 3 - Secondary Identity Documents: The following documents can be used to verify identity only.

- Driver's license issued by a U.S. state or territory
- ID cards issued by a state, federal, or local government, or a school ID with photograph
- Military dependent's identification card
- **For children under age 16:** Clinic, doctor, hospital, or school record
- Certificate of Degree of Indian Blood or other U.S. American Indian/Alaskan Native tribal document
- Cross match with a federal or state governmental, public assistance, law enforcement, or corrections agency's data system; if the agency establishes and certifies the true identity of the individuals
- U.S. passport issued with limitations
- **For children under age 16:** *Affidavit of Identity*
- If **none** of the above evidence of identity is available, three or more corroborating documents may be accepted if the same items were not used to document citizenship.

HAWC Empowerment Area  
**Infant and Toddler Quality Child Care Program**

**Tell Us About the People in Your Home**

If both parents/step-parents or caretakers are in the home, include information for both.

Parent/step-parent or caretaker name	Social Security Number	Phone (    )	Email
Parent/step-parent or caretaker name	Social Security Number	Phone (    )	Email
Street	City	State	Zip

List all children less than 2 years of age needing child care.

Indicate the race and ethnicity of each child. Your answer will not affect your eligibility for child care. Use the following codes:

Race: (choose all that apply)

**W** = White

**B** = Black or African American

**A** = Asian

**I** = American Indian or Alaskan Native

**N** = Native Hawaiian or other Pacific Islander

Ethnicity:

**H** = Hispanic or Latino

**N** = Not Hispanic or Latino

Name (First, Last)	Relationship to you	Country of Birth	Birth Date	Social Security Number	Sex	Race	Ethnicity	U.S. Citizen Yes/No

List all other people living in your home, including children 2 years of age and older that attend child care.

Name	Relationship to you	Birth Date	Enter "X" if person attends child care

**Child Care Provider Information**

Provider name	Phone (    )		
Street	City	State	Zip

**Eligibility for Service**

<b>Parent/Guardian:</b>	<b>Parent/Guardian:</b>
Are you working? <input type="radio"/> Yes <input type="radio"/> No	Are you working? <input type="radio"/> Yes <input type="radio"/> No
How many hours a week?	How many hours a week?
What is your hourly wage?	What is your hourly wage?
Employer name:	Employer name:
Phone:	Phone:
Are you a student? <input type="radio"/> Full-time <input type="radio"/> Part-time	Are you a student? <input type="radio"/> Full-time <input type="radio"/> Part-time
School name:	School name:
Have you lost your job in the last six months? <input type="radio"/> Yes Indicate last day of employment: _____ <input type="radio"/> No	Have you lost your job in the last six months? <input type="radio"/> Yes Indicate last day of employment: _____ <input type="radio"/> No
If you lost your job, are you currently seeking work? <input type="radio"/> Yes <input type="radio"/> No	If you lost your job, are you currently seeking work? <input type="radio"/> Yes <input type="radio"/> No
How many hours a week will your child need child care while you are at work, in class or completing job search activities (including travel time)? <u>Remember</u> , this child care program only pays for child care when you are working, in class or completing job search activities. _____	

To determine eligibility for this child care program, attach your pay stubs from the last 30 days, pages 1 and 2 from last year's Federal Income Tax Statement, or a letter from your employer stating your wage and the number of hours you work each week. If you are a student, attach a copy of your class schedule.

**Monthly Family Income**

List your family income below. If you are not the parent/step-parent of the child needing care, list only the child's income.

Gross Wages (before taxes)	\$	SSI	\$
FIP Benefits	\$	Social Security	\$
Child Support or Alimony	\$	Other	\$

If you are receiving Food Assistance, FIP, or medical assistance please write your worker's name here

\_\_\_\_\_

Signature	Date
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**RELEASE OF INFORMATION:**

I hereby authorize the following Allamakee, Clayton, Howard, and Winneshiek Department of Human Services, Promise Jobs, and Iowa Workforce Development County offices; child care provider(s); employer(s); and school(s) to release confidential information concerning my personal situation to the HAWC Empowerment Area if such information is necessary for me to receive the services I am applying for. I also authorize HAWC Empowerment Area to release to the previously named agencies and persons, confidential information if such information is deemed necessary. This release is valid until June 30, 2011.

Signature	Date
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**Employer's Statement of Earnings**

Dear \_\_\_\_\_:

Please complete this form and send or fax it back by \_\_\_\_\_. The employee has given permission for you to give us this information. Only the checked sections need to be completed. Please attach another sheet of paper if you need more space. Thank you.

**Employee Permission**

I give my employer permission to share information about my job. I will not take legal action against them for sharing this information. This permission will stop the last day of the sixth month after the month signed.

Employee Last Name	First	SSN	Employee Signature	Date
			X	X

**Starting Employment** Date started: \_\_\_\_\_ Date of first check: \_\_\_\_\_

Rate of pay \$ \_\_\_\_\_ per  hour  day  week  month  year

Pay period ends on: \_\_\_\_\_ (day of week) paid \_\_\_\_\_ days later on \_\_\_\_\_ (day of week)

Employee is paid:  weekly  biweekly  monthly  semimonthly  other \_\_\_\_\_

Hours of work per week: \_\_\_\_\_ Average hours of overtime per week: \_\_\_\_\_

Does employee get tips?  Yes  No Estimated monthly tips: \$ \_\_\_\_\_

Does employee get commissions?  Yes  No Estimated monthly commission: \$ \_\_\_\_\_

Title of employee: \_\_\_\_\_ Is health insurance available?  Yes  No

**Ending Employment** Reason ended:  quit  fired  laid off  other \_\_\_\_\_

Last date of employment: \_\_\_\_\_ Date of last check: \_\_\_\_\_ Gross amount \$ \_\_\_\_\_

Is this job still available?  Yes  No Would you rehire this person?  Yes  No

**Amount of Pay** Please list the gross amount of pay that the employee will get or has gotten for the time period listed. For future income, please estimate the gross amount.

Time period requesting information for: \_\_\_\_\_ to \_\_\_\_\_

Date pay period ends	Date pay received	Gross amount—before taxes/deductions	Hours worked

Is any of the gross amount Earned Income Tax Credit?  Yes  No If yes, amount \$ \_\_\_\_\_

 **Employer Information**

Employer/Representative Signature	Phone	Date
Employer's Name	Address	

**Questions???** Please contact:

Worker Name	Phone Number	Fax Number	E-mail Address
Mailing Address			