

Accelerated Priority Case (must be processed within 7 calendar days from the date of receipt at the local DCF Service Center)

Referral for Child Care Assistance for Participants in Kansas Early Head Start Child Care Partnerships (KEHS/CCP)

SECTION I

This section is to be completed by the Kansas Early Head Start Staff, signed by the parent, and sent to your local DCF Service Center attached to a Kansas Department for Children and Families Application for Benefits completed and signed by the parent. It will need to be provided with initial application and each review.

Parent 1: _____ SSN: _____ Date of Birth _____

Parent 2: _____ SSN: _____ Date of Birth _____

- | | |
|---|--|
| <input type="checkbox"/> Identity of Adults in Household Verified
(Only needs verified once and not again at each review) | <input type="checkbox"/> Review |
| <input type="checkbox"/> Citizenship Status, verification includes DOB, for Each Child Verified (Only needs verified once and not again at each review) | <input type="checkbox"/> New Applications |
| <input type="checkbox"/> Income Verified and Approved | <input type="checkbox"/> Already on Subsidy but Newly Enrolled with KEHS/CCP |

Child 1	
Child's Name:	KEHS/CC Participating Child: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:	Date of Birth:
Name of Child Care Provider:	
DCF Provider ID:	Date Child Will Begin Child Care:
Weekly Hours of Care Needed:	
<input type="checkbox"/> 10 hrs. Sep-May/40 hrs. June-Aug (example would be siblings in school all day needing care when school is out) Monthly Hours: 43 hrs. Sep-May/172 hrs. June-Aug	
<input type="checkbox"/> 20 hrs. Sep-May/40 hrs. June-Aug (examples would be siblings in half-day school programs such as preschool, Head Start and half day Kindergarten) Monthly Hours: 86 hrs. Sep-May/172 hrs. June-Aug	
<input type="checkbox"/> 40 hrs. All Year (recommended for KEHS/CC participating children and siblings not in school, preschool, Head Start or half day Kindergarten) Monthly Hours: 172 All Year	
<input type="checkbox"/> More than 40 hrs. or different than recommendations above.	
Number of hours per week: _____ *4.3= _____ Monthly Hours	

Justification for more than 40 hours per week or reason for something different than recommended:

(DCF Note: Hours for the child care plan need to equal the monthly hours indicated on this form, not the hours the parent indicates on the application/review)

Child 2	
Child's Name:	KEHS/CC Participating Child: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:	Date of Birth:
Name of Child Care Provider:	
DCF Provider ID:	Date Child Will Begin Child Care:
Weekly Hours of Care Needed:	
<input type="checkbox"/> 10 hrs. Sep-May/40 hrs. June-Aug (example would be siblings in school all day needing care when school is out) Monthly Hours: 43 hrs. Sep-May/172 hrs. June-Aug	
<input type="checkbox"/> 20 hrs. Sep-May/40 hrs. June-Aug (examples would be siblings in half-day school programs such as pre-school, Head Start and half day Kindergarten) Monthly Hours: 86 hrs. Sep-May/172 hrs. June-Aug	
<input type="checkbox"/> 40 hrs. All Year (recommended for KEHS/CC participating children and siblings not in school, preschool, Head Start or half day Kindergarten) Monthly Hours: 172 All Year	
<input type="checkbox"/> More than 40 hrs. or different than recommendations above.	
Number of hours per week: _____ *4.3= _____ Monthly Hours	
Justification for more than 40 hours per week or reason for something different than recommended:	
<hr/> <hr/> <hr/> <hr/> <hr/>	

Child 3	
Child's Name:	KEHS/CC Participating Child: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:	Date of Birth:
Name of Child Care Provider:	
DCF Provider ID:	Date Child Will Begin Child Care:
Weekly Hours of Care Needed:	
<input type="checkbox"/> 10 hrs. Sep-May/40 hrs. June-Aug (example would be siblings in school all day needing care when school is out) Monthly Hours: 43 hrs. Sep-May/172 hrs. June-Aug	
<input type="checkbox"/> 20 hrs. Sep-May/40 hrs. June-Aug (examples would be siblings in half-day school programs such as pre-school, Head Start and half day Kindergarten) Monthly Hours: 86 hrs. Sep-May/172 hrs. June-Aug	
<input type="checkbox"/> 40 hrs. All Year (recommended for KEHS/CC participating children and siblings not in school, preschool, Head Start or half day Kindergarten) Monthly Hours: 172 All Year	
<input type="checkbox"/> More than 40 hrs. or different than recommendations above.	
Number of hours per week: _____ *4.3= _____ Monthly Hours	
Justification for more than 40 hours per week or reason for something different than recommended:	

KANSAS EARLY HEAD START SIGNATURE

DATE

Permission to Release Information: My signature on this form authorizes the Kansas Department for Children and Families (DCF) and Head Start/Early Head Start to share information about my situation. This release is valid from the date set out below and shall remain valid until revoked in writing by the undersigned.

PARENT SIGNATURE

DATE

SECTION II

Completed by the Kansas Early Head Start Staff at time parent leaves KEHS program. Mail or hand deliver to your local DCF Office. Kansas Early Head Start must report this change within 10 calendar days from the date that the parent leaves the program.

Last Day of Care: _____
Date

If parent has moved please provide their forwarding address:

INSTRUCTIONS

1. For each parent entering KEHS/CC Partnership, Section I of the Request for Services Form will need to be completed by the Kansas Early Head Start Staff and signed by the parent. The SSN is not required to be filled in but if you have it, it should be completed. This will help DCF identify the parent on any existing cases on our eligibility system. Section I of the form will also need to be completed for each yearly review and turned in with the review form. The parent's signature is needed to serve as permission to release information between DCF and Kansas Early Head Start. Provide as much information as possible for each parent to match them on the DCF eligibility system.
2. **Identity of Adults in Household Verified** Verification of identity for the adults in the household must be obtained and kept with the Kansas Early Head Start records. This verification of identity only needs to be provided once for each adult and will not be needed at each review, as identity does not change. Any document with the adult's name on it may be used. Once obtained, mark this box in Section I. If the parent is under 18 and not emancipated, obtain the verification for the parent's caregiver.
3. **Citizenship Status of Child Verified** Verification of citizenship and immigration status is required for each participating **CHILD**. This verification of citizenship only needs to be provided once for each child and will not be needed at each review unless there is a change reported in their status. For children who are U.S. Citizens, acceptable forms of documentation include birth certificates, religious records, Certificates of Citizenship or Naturalization, or U.S. Passports. Children who are non-citizens may be eligible. Please obtain a copy of their immigration documents and send it to the Kansas Early Head Start Program Manager at DCF who will determine if they are qualifying non-citizens. Verification of the child's date of birth is also required, but this will typically be present on the citizenship or immigration documents and this will serve as verification. Once obtained, mark this box in Section I and keep a copy of the verification with the Kansas Early Head Start records.
4. **Income Verified and Approved** Families must have income below 185% of the Federal Poverty Level to be eligible for Kansas Early Head Start Child Care Assistance. Each May, this income limit will need to be updated to use the new Federal Poverty Level for that year. The Kansas Early Head Start will utilize existing Head Start standards to determine the income used. Once obtained, mark this box in Section I and keep a copy of the verification with the Kansas Early Head Start records.
5. **Child's SSN** The SSN is not required to be filled in but if you have it, it should be completed. This will help DCF identify the child on any existing cases on our eligibility system. The date of birth will need to be provided as verification of the child's date of birth is required.
6. **Weekly Hours of Care Needed** The number of hours of child care needed for each child will need to be marked. The appropriate box will be selected with the justification provided for the hours needed based on the families need for child care if different hours are needed for the non EHS sibling. For parents who are participating in 30 hours of approved activities per week, 40 hours of care would typically be needed for the children who are in the partnership and other siblings who are not in school due to ½ hour of travel time to work, ½ hour of travel time from work and 1 hour for lunch. 40 hours of care should be selected when appropriate. If more hours of care are needed, the number of hours needed and the justification of why the additional hours are needed will need to be provided on the form. For example, if the parent is participating in

more than 30 hours of approved activities, the parent needs more travel time than 1 hour per day to and from work, the child needs to finish nap time or other activities in the best interest of the child that would be interrupted with the 40 hours of care or other needs that are reasonable. The number of weekly hours needed (40 or more than 40) will need to be multiplied by 4.3 to come up with the number of hours needed per month. This amount needs entered on the form.

7. Kansas Early Head Start maintains a copy of this form and sends a copy to their local DCF Service Center attached to a Kansas Department for Children and Families Application for Benefits completed and signed by the parent. If the parent is under 18 and not emancipated, the parent's caregiver will need to complete the DCF Application for Benefits. Kansas Early Head Start may want to go to the local DCF lobby with the consumer to speed up the processing of the application or review, as it will be completed the same day when the parent stays in the lobby.
8. Section II is completed and sent to DCF by the Kansas Early Head Start when the child is no longer enrolled in the Kansas Early Head Start/ Child Care Partnership program. It needs to be turned in to the local DCF office within 10 calendar days from the day the child is no longer enrolled. If the parent is no longer participating because they have moved, Kansas Early Head Start should fill out the forwarding address for the parent so the notices can be delivered to the parent.
9. A DCF Notice of Case Closure will be sent to the parent from the DCF Service Center. A copy should be maintained in client file.

Accelerated Definition

For new applications, the case must be processed within 7 calendar days from the date of receipt at the local DCF Service Center. DCF will ensure the family is cooperating with Child Support enforcement and any past fraud investigations. If eligible, benefits will be issued back to the date that the application is received at the local DCF Service Center or the date the child will begin child care with the provider, whichever is later. Benefits will not be issued prior to the date the application is received at the DCF office.

Reviews will be mailed out about 45 days before the end of the review period, 11 months after the initial application month. Because there should be ample time to return a review without interrupting services, reviews will not be accelerated.

Kansas Early Head Start has the option to go to the local DCF lobby with the consumer to speed up the processing of the application or review, as it will be completed the same day when the parent stays in the lobby.