

## **Statement of Understanding** **Income Eligible/Training-Employed Child Care Assistance**

I understand to be eligible for child care assistance for the hours I attend education/training I must meet the following criteria:

1. I must be engaged in paid employment for a minimum of 20 hours per week. If self-employment, child care plans may be terminated after 6 months if I am not working a minimum of 20 hours per week and earning the equivalent of the federal minimum wage per hour.
2. My education/training meets at least one of the following criteria - skill specific and/or will create greater earning potential upon completion.
3. I must maintain passing grades/adequate progress in accordance with the standards of the institution. Grades/progress shall be verified prior to plan renewal.
4. I understand that the minimum 20 hours per week employment criteria may be waived as long as I complete my education/training within 6 months.

I understand that I must report the following changes in circumstances to the agency within 10 days:

- changes in income, household composition, address, living arrangements, choice of child care provider, hours of child care needed

**FAILURE TO RETURN THIS SIGNED FORM WILL RESULT IN NO ADDITIONAL HOURS BEING APPROVED FOR EDUCATION/TRAINING.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Date