

**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)**

The KEHS CCP Referral form will need to be provided with initial application, changes, review and exit of the program.

**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.

Parent 1: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent 2: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Identity of Adults in Household Verified<br>(Only needs verified once and not again at each review)                            | <input type="checkbox"/> Review<br><input type="checkbox"/> Changes                         |
| <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<br><input type="checkbox"/> Exit KEHS CCP Program |
| <input type="checkbox"/> Income Verified and Approved   | <input type="checkbox"/> Already on Subsidy but Newly Enrolled with KEHS/CCP                |

Child 1	
Child's Name:	
Is this child in foster care in the custody of the secretary of the Kansas Department for Children & Families? <input type="checkbox"/> Yes <input type="checkbox"/> No    Date placed in Foster Care Home:	
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"/> 25 hrs. per week or less. Sep-May/More than 25 hrs. June-Aug (example would be siblings in school all day needing care when school is out, siblings in half-day school programs such as preschool, Head Start and half day Kindergarten) Monthly Hours: 108 hrs. or less Sep-May/109 hour hrs. June-Aug	
<input type="checkbox"/> 26 hrs. per week up to 50 hours per week All Year (recommended for KEHS/CC participating children and siblings not in school, preschool, Head Start or half day Kindergarten) Monthly Hours: 109 hours per up to 215 hours All Year	

More than 50 hrs. per week or more than 215 hours per month or different than recommendations above.

Number of hours per week: \_\_\_\_\_ \*4.3= \_\_\_\_\_ Monthly Hours

Justification for more than 50 hours per week or reason for something different than recommended in each block of time:

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(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:

Is this child in foster care in the custody of the secretary of the Kansas Department for Children & Families?  Yes  No Date placed in Foster Care Home:

SSN:

Date of Birth:

Name of Child Care Provider:

DCF Provider ID:

Date Child Will Begin Child Care:

Weekly Hours of Care Needed:

25 hrs. per week or less. Sep-May/More than 25 hrs. June-Aug (example would be siblings in school all day needing care when school is out, siblings in half-day school programs such as preschool, Head Start and half day Kindergarten)

Monthly Hours: 108 hrs. or less Sep-May/109 hour hrs. June-Aug

26 hrs. per week up to 50 hours per week All Year (recommended for KEHS/CC participating children and siblings not in school, preschool, Head Start or half day Kindergarten)

Monthly Hours: 109 hours per up to 215 hours All Year

More than 50 hrs. per week or more than 215 hours per month or different than recommendations above.

Number of hours per week: \_\_\_\_\_ \*4.3= \_\_\_\_\_ Monthly Hours

Justification for more than 50 hours per week or reason for something different than recommended in each block of time:

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Child 3	
Child's Name:	
Is this child in foster care in the custody of the secretary of the Kansas Department for Children & Families? <input type="checkbox"/> Yes <input type="checkbox"/> No    Date placed in Foster Care Home:	
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"/> 25 hrs. per week or less. Sep-May/More than 25 hrs. June-Aug (example would be siblings in school all day needing care when school is out, siblings in half-day school programs such as preschool, Head Start and half day Kindergarten) Monthly Hours: 108 hrs. or less Sep-May/109 hour hrs. June-Aug	
<input type="checkbox"/> 26 hrs. per week up to 50 hours per week All Year (recommended for KEHS/CC participating children and siblings not in school, preschool, Head Start or half day Kindergarten) Monthly Hours: 109 hours per up to 215 hours All Year	
<input type="checkbox"/> More than 50 hrs. per week or more than 215 hours per month or different than recommendations above.	
Number of hours per week: _____ *4.3= _____ Monthly Hours Justification for more than 50 hours per week or reason for something different than recommended in each block of time: _____ _____ _____	

**Additional Correspondence Recipient:** Please list your additional correspondence recipient address and point of contact name, phone, and email. This individual will be the point of contact for questions related to KEHS-CCP Child Care Assistance.

Program Name: KEHS-\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
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. I authorize the Kansas Early Head Start Grantee to receive copies of all child care correspondence while I participate in this program. 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. You must also include **all** documentation used when determining eligibility along with this form to the DCF Office.

Last Day of Care: \_\_\_\_\_  
Date

Please provide a reason below for the parent leaving the KEHS CCP program.

- Income over 85% SMI
- Moved
- Non-compliance with 30-hour activity requirement
- Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If parent has moved, please provide their forwarding address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(DCF Note: When the last KEHS CCP child has exited from the child care case DCF Staff will terminate the KEHS grantee as the child care notice correspondence recipient for the child care case.)

**SECTION III**

Completed by the Kansas Early Head Start Staff when there is a change to be made to a case. Mail or hand deliver to your local DCF Office.

Please provide a reason below for the change in the KEHS CCP program.

- Change in Provider
- Change in Household Members
- Change in Hours
- Add Foster Care Child
- Other

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## INSTRUCTIONS

1. **Initial Application:** 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. 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.

**Foster Care:** For child in foster care, you will complete the appropriate line for each child. You will **still** select the box for income eligible but do not need to collect income for that foster care child or the parents if the only child enrolled is foster care. The child in foster care is categorically eligible if the parent(s) complete the 30 hours of activities each week. If there are other children enrolled with the foster family that are not children in foster care, they can be enrolled as well but you will then count income for the child and parents as normal. You will turn in the KEHS CCP Referral and Application, as normal. If you have only children in foster care enrolled, you will complete the foster care child care application (ES-3100FC) and turn in the KEHS CCP Referral with it. No signature needs to be obtained from the foster care case manager. You will send the paperwork via email directly to [DCF.FosterCareCC@ks.gov](mailto:DCF.FosterCareCC@ks.gov). If you have children on the KEHS CCP referral that are not foster care, please proceed with the normal process of sending them directly to the local DCF office or going in person to the lobby to process. The ES-3100 application will be needed instead of the ES-3100FC, if the family is seeking assistance for both their own children and those in foster care.

**Review Application:** The review applications are usually received 7 to 10 days the month before their review is due. For example, if a person was eligible from January 1, 2022 to December 31, 2023, the review will likely be received November 18<sup>th</sup>. The KEHS CCP referral cannot be turned into the DCF Service Center before the review is mailed out. The dates these are mailed out will be sent to you by your KEHS Program Manager in advance. KEHS grantees should track when reviews are due and talk to the parents about the need to turn in the referral with the review application. Ensure you have previously collected the required verification of citizenship for the children who receive assistance and the verification of identity for all adults in the household. Income **must** be verified at the time of the review and checked against the most current SMI/FPL chart. If the family does not receive the review application an electronic version can be printed and used. You can contact your KEHS Program manager to obtain an electronic version.

### **Review Periods for Child Care –**

If a household's countable income exceeds 250% of the FPL but remains below 85% or the SMI for their household size, a new 12-month eligibility period (Tier II) will be established. During this 12-month Tier II eligibility period, reporting responsibilities and actions taken in response to reported changes are the same as for those families approved with incomes below 250% of the FPL (Tier I eligibility). Family shares will not be changed during this 12-month eligibility period. There is no limit to the number of times a family may be approved for a Tier II eligibility period.

- At review, if the family's income exceeds 85% of the SMI, the completed KEHS CCP referral form including Section II indicating that the family's income exceeds 85% SMI will need sent to the DCF service center.

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 250% 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. Income eligibility will need to be re-determined at review. After that determination or re-determination, the family's income will need to stay below 85% SMI to remain eligible for child care assistance during each 12-month period. See bullet #1 above for guidance on income eligibility at review. The monthly income and family share deduction schedule chart should be followed to ensure the family is under 85% SMI.
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, the 26-50 hours of care per week 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. 26-50 hours of care per week 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 up to the 50 hours of care or other needs that are reasonable. The number of weekly hours needed (more than 50) 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 along with the first page of the Referral form originally submitted by the Kansas Early Head Start when the child is no longer enrolled in the Kansas Early Head Start/ Child Care Partnership program. On the first page you will need to select the box exit KEHS CCP 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. You will need to complete the reason why the parent is leaving the KEHS Child Care Partnership program by selecting the correct box it applies to and/or selecting the other box and providing the reason below it. You will need to send in **all** documentation that was used to determine the family eligible with the exit KEHS CCP Referral form paperwork. The documentation to be sent in would include identity, citizenship and proof of school or work activities as well as income. 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. The more information that is provided at exit will help the DCF Office determine how to proceed with subsidy for the family.

When the KEHS CCP child is exited from the child care case DCF Staff will terminate the KEHS grantee as the child care notice correspondence recipient for the child care case. Follow the step by step process provided in the desk aide.

9. Section III is completed anytime the change box is selected on the first page of the Referral form. Check the appropriate box that applies to the change that is being made to the case. If none of them apply, complete the other section and explain the change. The KEHS CCP Section I and III of the Referral form will need to be completed including signature from the KEHS Grantee and Parent.
10. Kansas Early Head Start (KEHS) Grantees must maintain **all** documentation pertaining to the KEHS Child Care Partnership on site for **5 years** including child and family files. This information must be made available upon request for audit purposes.
11. A change will need to be reported if there is an increase or decrease in hours needed, change in providers or change in children participating in the program. A new KEHS CCP Referral form with the updated information will need to be submitted along with the changes box selected in Section 1. The new KEHS CCP Referral form will need to be signed by the parent and the grantee.

### **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.

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.