

## 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 15 hours per week. If self-employed, child care plans will be terminated at the end of my 12-month eligibility period if after 6 months of self-employment I am not working a minimum of 15 hours per week and earning the equivalent of the federal minimum wage per hour.
2. My education/training meets the following criteria - skill specific and/or will create greater earning potential upon completion. My occupational goal must have at least an average job outlook according to the United States Department of Labor (USDOL). If the occupational outlook according to the USDOL is below average and I do not have a specific job offer that is available upon completion of my program (verification required), DCF will not provide child care unless a DCF supervisor approves the plan\*. Worker will request this approval if needed.
3. Regardless of the length of my educational plan, DCF may provide DCF child care for post-secondary education purposes for a maximum of 24 months in my lifetime.
4. I must maintain a minimum GPA of 2.0 on a 4.0 scale or its equivalent in another grading system. Grades/progress shall be verified at the time of my Review for Assistance, based on the cumulative GPA of my most recently completed term.
5. I understand that I must report the following changes in circumstances to the agency within 10 days: changes in my household's gross monthly income that cause the total amount to exceed 85% of the state median income for my household size, address, living arrangements, choice of child care provider, hours of child care needed, including when child care is no longer being used.

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

My occupational goal is:   Estimated date of completion of degree or certificate:	Occupational Outlook: (Agency Use)  Average or above  Below average (*supervisory approval required)
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\_\_\_\_\_  
 Signature of Client

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Supervisor  
 (\*required if occupational outlook is below average  
 and client does not have a specific job offer)

\_\_\_\_\_  
 Date