We have approved your application for Child Care beginning **\*BEGINNING DATE OF AID MM/DD/YYYY\*** for the following individuals:

**\*NAME(S)\***

You will receive benefits through **\*REVIEW MONTH MM/DD/YYYY\*.**

Your Child Care Family plan is being prepared and will be sent to you in the mail. This tells you your approved months, approved hours for each month, and any Family Share (co-payment) assigned to your case.

Tell us about any mistakes or changes needed as soon as possible. Needed changes are made for the month after the month you report them. Any overpayments must be paid back.

Your current case information is **\*$AMOUNT\*** of earned income, **\*$AMOUNT\*** of unearned income, for a total of **\*$AMOUNT\*** for a household size of **\*#\***.

It is required that you report to your local DCF office within 10 days if your household's gross monthly income exceeds the the following amounts for your household size.

Household of 2 | $4,031 per month

Household of 3 | $4,979 per month

Household of 4 | $5,927 per month

Household of 5 | $6,876 per month

Household of 6 | $7,824 per month

Household of 7 | $8,002 per month

Household of 8 | $8,180 per month

Household of 9 | $8,357 per month

Household of 10 | $8,535 per month

You also need to report any of these changes within 10 days of the time you learn of them: your new address if you move, change in child care provider and/or hours of care needed, including when child care is no longer being used or has not been used for an entire calendar month for any or all children receiving assistance.

If you are referred to Child Support Services for child(ren) with a child care plan, you must cooperate or your case will close.

Child Care Aware of Kansas (1-877-678-2548) or the Kansas Quality Network (KQN) website (http://ksqualitynetwork.org) may provide helpful information about child care, including how to find a child care provider and information about the provider you have chosen. The site also contains information about other available resources and services that you may find useful.

This action is based on the Kansas Economic and Employment Services Manual.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

If you have questions, call **\*OFFICE NAME\*** Service Center at 1- 888 369-4777 between the hours of 8 am and 5 pm Monday through Friday.

You can apply for assistance and view information about your case online. Visit [www.dcfapp.kees.ks.gov](http://www.dcfapp.kees.ks.gov/) to learn more.