



REPORT A CHANGE IN CHILD CARE SUBSIDY FOR CHILDREN AND FAMILIES

INSTRUCTIONS

The Department of Elementary and Secondary Education (DESE) Child Care Subsidy Program aims to increase children's access to early learning by assisting eligible families with payments for child care in Missouri. This program helps families with the cost of child care so they are able to focus on finding and holding steady jobs or attending school and training programs. You can read more about the eligibility requirements, fees, and services in the Child Care Subsidy Program brochure at: <https://dese.mo.gov/media/pdf/child-care-subsidy-brochure>.

Parents/guardians participating in the Child Care Subsidy Program are required to report the following changes:

- Change in contact information (e.g., head of household, address, phone number, email address)
- Increase in income exceeding 85% of the State Median Income (SMI) at: <https://dese.mo.gov/media/pdf/child-care-eligibility-income-guidelines-and-sliding-fee-chart>
- The need for child care has ended for more than 90 days
- The child moved out of state
- The parent/guardian no longer has custody of the child

To report a change, parents/guardians must update their online account at: <https://childcare.mo.gov/s/parent-landing>, or return the completed, signed form and any additional documents to:

Missouri Child Care Subsidy Program
PO Box 527
Hillsboro, MO 63050

Parents/guardians must report a required change, other than income, within 10 calendar days in which the change occurred. A change in income must be reported within 10 calendar days following the date the first check is received. The date of receipt of a completed report that lists the parent/guardian's name, child's name, and contact information is the effective date for a change.

The reported changes will be reviewed and processed within 10 days. Parents/guardians will be notified of any change in their benefit. Changes that increase benefits to the parent/guardian will be acted on as soon as possible; however, changes that decrease benefits will be disregarded.

Important! A social security number (SSN) is not required as a condition of eligibility for child care assistance. An application for child care assistance shall not be denied or placed in pending status because of failure or refusal to disclose an SSN or the SSN for any household member, including the child for whom child care assistance is requested.

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit <https://dese.mo.gov/veterans-services>.

APPLICANT INFORMATION

Update the parent/guardian contact information (e.g., address, phone number, email address), if applicable.

Applicant Name (<i>Prefix, First, Middle, Last, Suffix</i>)			Date
Home Address	City	State	Zip Code
Mailing Address (<i>if different</i>)			
Phone Number	Check phone type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
Alternate Phone Number	Check phone type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
Email Address	<input type="checkbox"/> Check here if you do not want to receive text messages		

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

HOUSEHOLD INFORMATION

Update the persons living at your address, if applicable.

Name	Relationship to Applicant <i>(Spouse, Partner, Child, Other Related, Other Non-Related)</i>	Date of Birth	Gender <i>(Female, Male, Other)</i>	Race <i>(Asian, Black, White, Native, Hawaiian)</i>	Ethnicity <i>(non-Hispanic, Hispanic or Latino)</i>	Marital Status <i>(Single, Married, Divorced, Widowed)</i>	DCN or SSN	Primary Language	Military Service Y or N

INCOME AND ALLOWABLE EXPENSES

Update earned or unearned income (e.g., wages, child support, Social Security) for persons in your household, if applicable.

Name	Income Source	Start Date	Hourly Rate of Pay	Gross Monthly Income	Pay Frequency

Are changes in your income expected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Do you typically work overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Do you pay for medical insurance? <i>(health, dental, vision)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much per month?
Do you have more than \$1,000,000 in assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Are you receiving any other State or Federal benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select all that apply: <input type="checkbox"/> Temporary Assistance (TANF) <input type="checkbox"/> Food Stamps (SNAP) <input type="checkbox"/> SSI/Blind Pension <input type="checkbox"/> Medicaid (MO HealthNet) <input type="checkbox"/> Public Housing/Section 8 <input type="checkbox"/> Pre-Kindergarten

PROVIDER INFORMATION

Update the name of the child care provider and their contact information, if applicable.

Provider #1 Name	DVN	Phone Number	Email
Address	City	State	Zip
Provider #2 Name	DVN	Phone Number	Email
Address	City	State	Zip

Is your child enrolled in Head Start or Early Head Start? Yes No

Update the start and stop times care is needed each day (include travel, sleep, and study time), if applicable:

Day	Start:	End:	Total Hours:
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

ATTESTATION

By inserting my initials, I confirm I have read and understand the following statements:

- _____ 1. I have read the subsidy policies found at <https://dese.mo.gov/childhood/child-care-subsidy/child-care-manual>.
- _____ 2. I certify that any information or documentation submitted is true and accurate to the best of my knowledge.
- _____ 3. I understand the statements I have made are subject to investigation and verification. I agree to provide any information or verification requested to confirm the reported changes.
- _____ 4. I understand that giving false information or failing to provide complete and correct information can also result in an overpayment and recoupment of some or all of the payment and could result in my prosecution for fraud.
- _____ 5. I understand that continued child care subsidy eligibility is based on income and I agree to report any change in my income.
- _____ 6. I understand that I have a right to appeal and have a hearing if I am determined ineligible.

Signature of Applicant

Date of Signature