MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

OFFICE OF CHILDHOOD — CHILD CARE SUBSIDY

APPLICATION FOR CHILD CARE SUBSIDY FOR CHILDREN AND FAMILIES

INSTRUCTIONS

The Department of Elementary and Secondary Education's (DESE's) 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 who want to apply for child care assistance must complete this form or submit an application online at childcare.mo.gov/s/parent-landing.

The following documents must be mailed along with this form, or uploaded in the online application:

- Proof of applicant's residency (e.g., the applicant's Photo ID or current utility bill dated within the last 60 days)
- Copy of income verification
    - Documents must be dated within the last 60 days (e.g., the applicant's paystubs, child support letter/printout, unemployment letter/printout, tax forms, Social Security award letter)
    - Applicants of children receiving protective services are exempt from this requirement

Return the completed, signed form and any additional documents to:

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

The application will be reviewed within 15 calendar days of receipt of the completed form. Applicants will be notified of their eligibility using the contact information listed in the application.

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 their 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

List your full legal name, address, phone number, and email address.

APPLICANT NAME (Prefix, First, Middle, Last, Suffix)			DATE
HOME ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)			

PHONE NUMBER	CHECK PHONE TYPE ☐ Cell ☐ Home ☐ Work ☐ Other
ALTERNATE PHONE NUMBER	CHECK PHONE TYPE ☐ Cell ☐ Home ☐ Work ☐ Other
EMAIL ADDRESS	☐ Check here if you do not want to receive text messages

REASON FOR NEED

☐ I am working ☐ I am searching for a job ☐ I am attending school ☐ I am enrolled in a job training program ☐ My child has a special need for child care

☐ I am experiencing homelessness ☐ I am unable to care for my child due to a disability or incapacitation

☐ My job, school, or training has ended and I am looking for work

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

List the persons living at your address. Put your name and information on the first line.

NAME	RELATIONSHIP TO APPLICANT (SPOUSE, PARTNER, CHILD, OTHER RELATED, OTHER NON-RELATED)	DATE OF BIRTH	GENDER (FEMALE, MALE, OTHER)	RACE (ASIAN, BLACK, WHITE, NATIVE, HAWAIIAN)	ETHNICITY (NON-HISPANIC, HISPANIC OR LATINO)	MARITAL STATUS (SINGLE, MARRIED, DIVORCED, WIDOWED)	DCN OR SSN	PRIMARY LANGUAGE	MILITARY SERVICE YES OR NO
	Self								

INCOME AND ALLOWABLE EXPENSES

List all persons in your household with earned or unearned income (e.g., wages, child support, Social Security).

NAME	INCOME SOURCE	START DATE	HOURLY RATE OF PAY	GROSS MONTHLY INCOME	PAY FREQUENCY

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

PROVIDER INFORMATION

List the name of the child care provider and their contact information, if known.

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

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

MONDAY	START:	END:	**TOTAL HOURS:**
TUESDAY	START:	END:	**TOTAL HOURS:**
WEDNESDAY	START:	END:	**TOTAL HOURS:**
THURSDAY	START:	END:	**TOTAL HOURS:**
FRIDAY	START:	END:	**TOTAL HOURS:**
SATURDAY	START:	END:	**TOTAL HOURS:**
SUNDAY	START:	END:	**TOTAL HOURS:**

ATTESTATION

I am submitting this application to find out if my household is eligible for child care assistance.

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

_____ 1. I have read the subsidy eligibility criteria and 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 that the statements I have made are subject to investigation and verification. I agree to provide any information or verification requested to determine my eligibility.

_____ 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 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