

**ELRC Region 5  
Fund A Face-to-Face Checklist**

**Name (Print):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

**Zip Code:** \_\_\_\_\_

- \_\_\_\_\_ Application Processed
- \_\_\_\_\_ Application Reviewed (Client signs and dates, FS signs and dates)
- \_\_\_\_\_ I have read and signed the Parent Rights and Responsibilities
  - \*Report any changes within 10 days to the Family Specialist
  - \*Report if your child begins a Head Start/Pre-K Counts/Kindergarten Program or if you begin receiving Cash Assistance from the County Assistance Office.
  - \*Report all income including wages, child support, alimony, SSI, etc. to the ELRC
  
- \_\_\_\_\_ Authorization for Release of Information completed and signed
- \_\_\_\_\_ Photo ID copied and signature verified by ELRC employee
- \_\_\_\_\_ Identified my provider and completed the Provider Information Sheet
  - \*Parent must provide current and accurate provider information
  - \*The ELRC will contact my provider
  - \*I understand a provider change must be reported/identified before the actual change occurs
- \_\_\_\_\_ I understand I am responsible for paying provider additional charges
  - \*Meals, transportation, difference between private rate and DPW reimbursement rate
- \_\_\_\_\_ Stay in compliance with all regulations and complete Annual Redeterminations
  - \*Working an average of 20 hours per week (or 10 hours of work and 10 hours of training)
  - \*Include spouse (or live-in companion if parent of child needing care)
- \_\_\_\_\_ Subsidy available to a child from birth until the redetermination after the child's 13<sup>th</sup> birthday (exception: documented developmental/physical/behavioral disability)
- \_\_\_\_\_ HIPPA reviewed and signed
- \_\_\_\_\_ I understand I have the right to appeal and the appeal procedures
- \_\_\_\_\_ I understand that I cannot live in the same household as my child care provider
- \_\_\_\_\_ I understand that my child care provider must be 18 years of age or older
- \_\_\_\_\_ I understand I am required to pay my copay on the first day of the service week.

***Parent/Caretaker Statement***

*I acknowledge that the Parent's Handbook and Rights and Responsibilities were explained to me and that I have received a copy. I understand that I may jeopardize my subsidized child care if I fail to report changes to the ELRC. I understand that information submitted to determine my status for subsidized child care funding may be shared with the Department of Public Welfare, the Domestic Relations Section of the Courts, and the Office of the Inspector General. I understand I can be penalized by fine or imprisonment, monetary restitution and/or subsidized child care ineligibility by making false statements. I understand that if I received child care for which I was not eligible, regardless of the circumstances, I will be required to pay back the cost of the child care I received in error.*

\_\_\_\_\_  
*Parent/Caretaker Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Caretaker Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Family Specialist*

\_\_\_\_\_  
*Date*