

**ELRC Region 5
FORMER TANF Personal Interview Checklist**

Name (Print) _____ Phone number _____

Address _____ Zip Code _____

Please initial down the left column

- _____ I have read and signed the Parent Rights and Responsibilities.
*Report any changes within 10 days to the Family Specialist
*Report if open/received cash assistance
- _____ Self-certification form completed and signed.
- _____ Authorization for Release of Information completed and signed.
- _____ Photo ID copied, and signature verified by ELRC Employee.
- _____ I have reviewed and signed HIPPA
- _____ I understand I have 183 days (6 months) as a Former TANF client.
*Working an average of 20 hours per week may include training hours
*Include spouse or live-in in family composition. Live-in will be included if biological child/ren of live-in is requesting care.
- _____ Redeterminations are completed every year.
- _____ Subsidy available to a child from birth until thirteen (13) days after 13th birthday (exception: documented developmental/physical/behavioral disability)
- _____ I understand Child Support is not required. However, if receiving, must be reported to ELRC.
- _____ I understand any unearned income must be reported (ex. SSI).
- _____ I understand I have the right to appeal and appeal procedures.
- _____ I have identified my provider and completed the Provider Information Sheet on the back of this form.
*Parent must provide current and accurate provider information.
*The ELRC ELPEs department will contact 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, and difference between private rate and DPW reimbursement rate)
- _____ I understand that I cannot live in the same household as my childcare provider.
- _____ I understand my childcare provider must be 18 years of age or older.
- _____ Co-payment is due on the 1st service day of the week.

Parent/Caretaker Statement

By my signature, 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 childcare if I fail to report changes to the ELRC Agency. I understand that information submitted to determine my status for subsidized childcare 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 that I can be penalized by fine or imprisonment, monetary restitution, and/or subsidized childcare ineligibility by making false statements. I understand that if I received childcare for which I was not eligible, regardless of the circumstances, I will be required to pay back the cost of the childcare I received in error.

Parent/Caretaker Signature	Date
Parent/Caretaker Signature	Date
ELRC Staff	Date