

ELRC Region 5  
TANF/FS/GA Personal Interview Checklist

Name (Print) \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**\*\*REMINDER\*\* Changes to your address, telephone number, employment/training, or family composition MUST BE REPORTED to your CAO office.**

**Please initial down the left column**

- \_\_\_\_\_ TANF/FS/GA Parent Rights and Responsibilities read and reviewed (includes the Right to Appeal Procedures).  
\*Report any changes within 10 days to the Family Specialist
- \_\_\_\_\_ Self-Certification form completed and signed.
- \_\_\_\_\_ Authorization for Release of Information completed and signed.
- \_\_\_\_\_ Photo ID copied, and signature verified.
- \_\_\_\_\_ Reviewed and signed HIPPA
- \_\_\_\_\_ Food Stamps funding is for training only.
- \_\_\_\_\_ Subsidy available to a child from birth until thirteen (13) days after 13<sup>th</sup> birthday (exception: documented developmental/physical/behavioral disability)
- \_\_\_\_\_ Identify provider at the Personal Interview 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.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ Working TANF families are required to pay a weekly co-payment to their providers.

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