



Care 4 Kids Redetermination

Care 4 Kids ■ 1344 Silas Deane Highway ■ Rocky Hill, CT 06067

Care 4 Kids is the child care assistance program for the State of Connecticut. This form will give us the information we need to see if you are eligible for continued assistance from Care 4 Kids.

1. **Fill out this Redetermination.** If you need help, call 1-888-214-5437 or visit www.ctcare4kids.com.
2. **Fill out the Parent Provider Agreement (PPA)** with your child care provider. New providers to the Care 4 Kids program must complete a W-9 form and return it with the completed PPA.
3. **Provide all necessary information.** Submit a copy of the requested information with your Redetermination.
4. If you have chosen a child care provider, include the completed PPA with your Redetermination. **Please make sure you sign and date your Redetermination and PPA.**
5. If you need help finding a licensed child care provider, call 2-1-1 Child Care at **2-1-1** or **1-800-505-1000**.

Information that you provide on this form must be checked before you can continue receiving Care 4 Kids. The following documents can be used to prove the information you provide is true.

- **Income from Employment** – Copy of your most recent pay stubs or a statement from your employer.
- **Self-Employment** – Recent tax records and tax returns, or receipts of business income and expenditures.
- **Social Security Income** – Current award notice, copy of current check or statement from social security.
- **Child Support Paid** – Cancelled check, money order, or wage stub showing deduction.
- **Foster Care Payment** – Foster care stipend check or award letter from Department of Children and Families.
- **Rental Income You Receive From Someone Else** – Business records or income tax records.

SECTION 1: HEAD OF HOUSEHOLD INFORMATION

The head of household is the parent or adult legally responsible for the child(ren) and currently receiving Care 4 Kids benefits. If the parent is under the age of 18 and living with an adult, the adult is considered the applicant and must fill out and sign this Redetermination.

_____ / _____ / _____
 FIRST NAME M.I. LAST NAME DATE OF BIRTH

 STREET ADDRESS FLOOR/APARTMENT NUMBER

_____ () _____ ()
 CITY STATE ZIP PRIMARY PHONE WORK PHONE

_____ - _____ - _____
 SOCIAL SECURITY NUMBER (OPTIONAL)

Is this redetermination for child care assistance for a foster child? Yes No

Sex: Female Male Marital Status: Married Single Separated Divorced

Marque aquí si desea recibir cartas y formularios en español.

(Check here to receive letters and forms in Spanish.)

SECTION 2: CHILD(REN) INFORMATION

To be eligible, children must be under age 13. Children with special needs may be eligible up to age 19.

CHILDREN FOR WHOM YOU ARE REQUESTING CHILD CARE ASSISTANCE

KEY: A (Asian) B (Black/African Decent) C (White) N (Native American/Alaska Native) P (Native Hawaiian/Other Pacific Islander)

Child's Name <i>(First Name, Middle Initial, Last Name)</i>	Date of Birth	Relationship to Applicant	Sex	Is child Hispanic?	Social Security Number <i>(optional)</i>	Is child a U.S. citizen?	Race <i>(circle all that apply)</i>	Is child up to date with shots? <i>(immunizations)</i>
1.	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	___-___-___	<input type="checkbox"/> YES <input type="checkbox"/> NO	A B C N P	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	___-___-___	<input type="checkbox"/> YES <input type="checkbox"/> NO	A B C N P	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	___-___-___	<input type="checkbox"/> YES <input type="checkbox"/> NO	A B C N P	<input type="checkbox"/> YES <input type="checkbox"/> NO

NAME (First/Last): _____

SECTION 2, CONTINUED: CHILD(REN) INFORMATION

Child's Name <i>(First Name, Middle Initial, Last Name)</i>	Date of Birth	Relationship to Applicant	Sex	Is child Hispanic?	Social Security Number <i>(optional)</i>	Is child a U.S. citizen?	Race <i>(circle all that apply)</i>	Is child up to date with shots? <i>(immunizations)</i>
4.	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO	A B C N P	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO	A B C N P	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do any of the above children have special needs? Yes No If YES, provide name(s): _____

CHILDREN UNDER 18 IN THE HOME WHO DO NOT NEED CHILD CARE ASSISTANCE

First Name, Middle Initial, Last Name	Date of Birth	Sex	Relationship of Child to Applicant	Social Security Number <i>(optional)</i>
1.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____
2.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____
3.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____

Do any of the children listed above have their own children living in your home? Yes No If YES, list the names of the minor parents (under age 18) and the name(s) of their children:

Parent(s) Under Age 18: _____

Child(ren) of Parent Under Age 18: _____

SECTION 3: INFORMATION ON OTHER ADULTS LIVING IN YOUR HOME

List **all** other adults **over 18** living in your home. Include your spouse and any relatives and non-relatives who live in your home. This helps us determine which household members are included in your family size and if their income is counted.

First Name, Middle Initial, Last Name	Date of Birth	Sex	Relationship to Applicant	Social Security Number <i>(optional)</i>	Is this person a parent of child living in the home?
1.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of Child _____
2.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of Child _____

SECTION 4: WORK/EDUCATION/TRAINING ACTIVITIES

List all parents and other adults, including yourself, who are working, in training, or in school. Include parents or other persons legally responsible for the children in the home and their spouses. Fill out information for each activity.

1. _____ Do you work at home? Yes No

NAME OF PARENT OR OTHER ADULT IN THE HOME

Type of Activity: Work Education High School Self-Employed Training Disabled

Name of Employer/Program/School _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Phone (____) _____

PARENT/ADULT – TYPICAL WEEKLY SCHEDULE

(Enter start time and end time, and circle AM or PM)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
End	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM

If your work schedule or activity is flexible or varies, please explain: _____

Daily commute to/from child care setting/activity? _____ minutes Do you use public transportation? Yes No

NAME (First/Last): _____

SECTION 4, CONTINUED: WORK/EDUCATION/TRAINING ACTIVITIES

2. _____ Do you work at home? Yes No

NAME OF PARENT OR OTHER ADULT IN THE HOME

Type of Activity: Work Education High School Self-Employed Training Disabled

Name of Employer/Program/School _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Phone (____) _____

PARENT/ADULT – TYPICAL WEEKLY SCHEDULE

(Enter start time and end time, and circle AM or PM)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
End	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM

If your work schedule or activity is flexible or varies, please explain: _____

Daily commute to/from child care setting/activity? _____ minutes Do you use public transportation? Yes No

SECTION 5: CHILD SUPPORT PAID

If you or another adult living in your home pays child support, that amount may be deducted from your income. If **YES**, payment is made to _____ . Submit verification of child support paid.

What is/(are) the name(s) of the child(ren) for whom you pay support? _____

How much is paid? \$ _____ How often? Weekly Bi-Weekly Semi-Monthly Monthly

SECTION 6: INCOME INFORMATION (Household Composition)

Send verification of all income for parents, parents of children under 18, step-parents, and children under 18. These family members are part of your household and their income will be counted when deciding eligibility. Send at least 2 weeks of your MOST RECENT paycheck stub(s). If you are self-employed, submit a copy of your most recent tax records and returns, including the schedules or receipts of business income and expenditures.

Persons with Income →	Name	Name	Name	Name
Gross Wages (before taxes) and Frequency	\$ _____ * per wk bwk sm mo (circle one)	\$ _____ * per wk bwk sm mo (circle one)	\$ _____ * per wk bwk sm mo (circle one)	\$ _____ * per wk bwk sm mo (circle one)
Self Employment	\$ _____ per week or month (circle one)	\$ _____ per week or month (circle one)	\$ _____ per week or month (circle one)	\$ _____ per week or month (circle one)
DCF Stipend	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
Social Security Income	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
Unemployment Compensation	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
Other Income <i>(i.e. alimony, pensions, worker's compensation, veterans benefits, rental income)</i>	\$ _____ Type: _____ * per wk bwk sm mo (circle one)	\$ _____ Type: _____ * per wk bwk sm mo (circle one)	\$ _____ Type: _____ * per wk bwk sm mo (circle one)	\$ _____ Type: _____ * per wk bwk sm mo (circle one)

*KEY: per: **wk** (weekly), **bwk** (bi-weekly), **sm** (semi-monthly), **mo** (monthly)

Do you get food stamps? Yes No

Do you get cash assistance from the Department of Social Services? Yes No

Do you get housing assistance? Yes No

Do you get child care assistance from another source? Yes No

If **YES**, from whom? _____ How much? \$ _____ How often? _____

NAME (First/Last): _____

SECTION 7: PARENTS RIGHTS AND RESPONSIBILITIES

Please read the following section carefully. If there is anything you do not understand, call **Care 4 Kids** at **1-888-214-5437** and ask that it be explained to you.

- When you have read this section, please sign and date below.
- You have certain rights and there are certain rules you need to follow.
- You have the right to file an Application and/or Redetermination, withdraw an Application and/or Redetermination, or discontinue your participation in Care 4 Kids at any time.
- You have the right to be treated fairly by Care 4 Kids without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs, or disability. You have the right to request forms and notices in Spanish. All non-English speaking participants have the right to the services of an interpreter.
- You have the right to ask for a review of any decision made by Care 4 Kids on your Application and/or Redetermination. You have the right to speak to a supervisor or mediator and the right to request a hearing from the State of Connecticut.

I understand and agree that:

- I must report any changes in my situation to Care 4 Kids **within 10 days** of the change, including but not limited to change in address, income, household size, child care provider, hours of employment or training, additional hours of care, etc..
- Care 4 Kids may verify the information I have given on this form.
- The Department of Labor will share unemployment compensation and wage information for applicants and household members for determination of eligibility for Care 4 Kids. OEC may disclose to its contractor confidential information from the Department of Labor concerning unemployment compensation benefits and quarterly wage information pertaining to individuals who have signed the application, only as necessary, to determine eligibility for the Care 4 Kids program.
- The information on this form is confidential. The State of Connecticut or its agent will only use this information to administer a State of Connecticut program. Information may be shared with others as permitted by law.
- Care 4 Kids will disclose information about my eligibility for Care 4 Kids to my provider.
- On request, Care 4 Kids may be required to provide information on program applicants and participants to law enforcement officials.
- The child care arrangement is between my provider and me. The State of Connecticut and Care 4 Kids are not responsible for the child care arrangement.
- The State of Connecticut may conduct unscheduled visits to verify any household, employer, or provider circumstances.
- Care 4 Kids may not pay the full amount charged by my provider. I am responsible for paying all additional provider charges.
- I have the right to choose any eligible child care provider that meets the health, training, and licensing requirements.
- I may be required to repay any benefits received in error, including administrative errors. I may be subject to criminal prosecution for fraud if I knowingly supply any false information to Care 4 Kids or fail to report changes on time. I also may be disqualified from the program. In order to remain eligible, I must cooperate with the Care 4 Kids and State of Connecticut quality control process.

PLEASE READ AND SIGN: I have read my rights and responsibilities or have had them read to me in a language I understand. I certify, under penalty of perjury, that all of the information provided is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Signature of other legally responsible adult living with you (i.e. spouse, child's parent, etc.)

Other Signature: _____ Date: _____

**RETURN THIS REDETERMINATION FORM TO:
Care 4 Kids ■ 1344 Silas Deane Highway ■ Rocky Hill, CT ■ 06067
FAX: 1-877-868-0871**