Reset

DSS
SOUTH CAROLINA
DEPARTMENT of SOCIAL SERVICES

South Carolina Department of Social Services
SC Voucher Program

CHILD CARE APPLICATION

Si necesita esta aplicación en idioma español, llame al 1-800-476-0199 por favor.

PLEASE COMPLETE IN BLUE OR BLACK INK AND COMPLETE ALL SECTIONS

FOR AGENCY USE ONLY

Program Name/Eligibility Category: COVID-300% **CCVS Application No.:** _____

1. Tell us who you are and where you live.

Last Name:	First Name:	Mid. Initial:
Social Security Number:	Birthdate:	Gender: ❑ M ❑ F

Residence Address:	City:	State: SC	Zip:
Mailing Address: (If different than residential address)	City:	State: SC	Zip:

CHIP Case No.: (If applicable)	County: (You live in) Select County ...	E-Mail:

Has the family been homeless for one or more days during the month of this application? ❑ Yes ❑ No
NOTE: Homeless is defined as individuals who lack a fixed, regular, and adequate nighttime residence.

Home: ( ) -	Work: ( ) -	Cell: ( ) -

Race	* Check Yes or No for Each
American Indian or Alaskan Native	❑ Y ❑ N
Black or African American	❑ Y ❑ N
Native Hawaiian or Pacific Islander	❑ Y ❑ N
Asian	❑ Y ❑ N
White	❑ Y ❑ N

Ethnicity	Check Yes or No
Hispanic/Latino	❑ Y ❑ N

Family Composition (Select One)

- ❑ Single Parent Family
- ❑ Two Parent Family
- ❑ Single Parent Guardian/In Loco Parentis
- ❑ Two Parent Guardian/In Loco Parentis
- ❑ Foster Child of a Single Parent Family
- ❑ Foster Child of a Two Parent Family
- ❑ Foster Child with a Child

Marital Status (Select One)

- ❑ Single
- ❑ Married
- ❑ Separated
- ❑ Divorced
- ❑ Widowed
- ❑ Not Applicable – Child

Educational Level (Select One)

- ❑ Less than High School Graduate
- ❑ High School Graduate
- ❑ GED
- ❑ Post Graduate (College)

Language

What is the primary language spoken in the home?

- ❑ English
- ❑ Spanish
- ❑ Native Central, South American Languages
- ❑ Mexican Languages
- ❑ Caribbean Languages
- ❑ Middle Eastern or South Asian Languages
- ❑ East Asian Languages
- ❑ Native North American/Alaska Native Languages
- ❑ Pacific Island Languages
- ❑ European or Slavic Languages
- ❑ African Languages
- ❑ Other (e.g. American Sign Language)
- ❑ Unspecified

****You must check Yes or No for each of the races and ethnicities listed. Any option left unchecked will be recorded as unknown.***

2. Tell us about your family.

Does the family have assets that exceed $1,000,000? ❑ Yes ❑ No

Sources of Income (You must check Yes or No for each source. *Any option left unchecked will be recorded as a No.*)

Source	Check Yes or No	Gross Amount	How Often Received?	Who Gets the Money?	Source	Check Yes or No	Gross Amount	How Often Received?	Who Gets the Money?
Employment	❑ Y ❑ N				Child Support	❑ Y ❑ N			
Housing Voucher or Cash Assistance	❑ Y ❑ N				Social Security	❑ Y ❑ N			
TANF (Family Independence)	❑ Y ❑ N				Unemployment	❑ Y ❑ N			
Food Stamps	❑ Y ❑ N				Disability Income	❑ Y ❑ N			
SSI or Other Federal Cash Benefits	❑ Y ❑ N				Worker's Compensation	❑ Y ❑ N			
Alimony	❑ Y ❑ N				Veteran's Pension	❑ Y ❑ N			
Other: (Specify)	❑ Y ❑ N				Other: (Specify)	❑ Y ❑ N			

3. Tell us who lives in your home. (List your name on the first line.)

Last Name	First Name	Middle Initial	Gender	Birthdate	Age	How is this person related to you?	If child age 18-21, are they in school?
							❑ Y ❑ N
							❑ Y ❑ N
							❑ Y ❑ N
							❑ Y ❑ N
							❑ Y ❑ N
							❑ Y ❑ N
							❑ Y ❑ N
							❑ Y ❑ N

4. Tell us where you work or attend school or training.

Parent A – Work/School/Training Information		Parent B (Spouse or Child's Other Parent, if in same household) Work/School/Training Information	
Name of Parent/Guardian/Foster Parent:		Name of Parent/Guardian/Foster Parent:	
Employment/School/Training Status: (Check all that apply) ❑ Employed ❑ Employed/Attending School/Training ❑ Attending School/ Training ❑ Protective Services ❑ Disabled ❑ Federal Declared Emergency		Employment/School/Training Status: (Check all that apply) ❑ Employed ❑ Employed/Attending School/Training ❑ Attending School/ Training ❑ Protective Services ❑ Disabled ❑ Federal Declared Emergency	
Employer:	School/Training Program Attending:	Employer:	School/Training Program Attending:
Employer Address: (Including city, state, zip)	School/Training Address:	Employer Address: (Including city, state, zip)	School/Training Address:
Contact Person at Work:	Contact Person at School/Training:	Contact Person at Work:	Contact Person at School/Training:
Contact Person's Phone No.: ( )	Contact Person's Phone No.: ( )	Contact Person's Phone No.: ( )	Contact Person's Phone No.: ( )
How many hours do you work each week?	How many hours do you attend school/training each week?	How many hours do you work each week?	How many hours do you attend school/training each week?
Active military status? ❑ No	❑ Yes, active duty US military ❑ Yes, National Guard/ Military Reserve	Active military status? ❑ No	❑ Yes, active duty US military ❑ Yes, National Guard/ Military Reserve

Space to enter additional children is provided on the next page.

5. Tell us about the children who need child care services.

Child's First Name:	Child's Last Name:	Social Security Number:	Birthdate:	Age:

Race	* Check Yes or No for Each	Status	Check Yes or No	Additional Information	Check Yes or No
American Indian or Alaskan Native	❑ Y ❑ N	Is the child a U.S. citizen?	❑ Y ❑ N	Does the child currently attend school?	❑ Y ❑ N
Black or African American	❑ Y ❑ N	If no, are they a legal alien?	❑ Y ❑ N	School District:	
Native Hawaiian or Pacific Islander	❑ Y ❑ N	**Health**	**Check Yes or No**	Attends half day only?	❑ Y ❑ N
Asian	❑ Y ❑ N	Are the child's immunizations up to date?	❑ Y ❑ N	Attends full day?	❑ Y ❑ N
White	❑ Y ❑ N			Child care needed all year?	❑ Y ❑ N
Ethnicity	**Answer Yes or No**	Does the child have a disability?	❑ Y ❑ N	Child care needed school year only?	❑ Y ❑ N
Hispanic/Latino	❑ Y ❑ N			Child care needed for school breaks and summer breaks only?	❑ Y ❑ N

Child's First Name:	Child's Last Name:	Social Security Number:	Birthdate:	Age:

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Black or African American	❑ Y ❑ N	If no, are they a legal alien?	❑ Y ❑ N	School District:	
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Asian	❑ Y ❑ N	Are the child's immunizations up to date?	❑ Y ❑ N	Attends full day?	❑ Y ❑ N
White	❑ Y ❑ N			Child care needed all year?	❑ Y ❑ N
Ethnicity	**Answer Yes or No**	Does the child have a disability?	❑ Y ❑ N	Child care needed school year only?	❑ Y ❑ N
Hispanic/Latino	❑ Y ❑ N			Child care needed for school breaks and summer breaks only?	❑ Y ❑ N

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Asian	❑ Y ❑ N	Are the child's immunizations up to date?	❑ Y ❑ N	Attends full day?	❑ Y ❑ N
White	❑ Y ❑ N			Child care needed all year?	❑ Y ❑ N
Ethnicity	**Answer Yes or No**	Does the child have a disability?	❑ Y ❑ N	Child care needed school year only?	❑ Y ❑ N
Hispanic/Latino	❑ Y ❑ N			Child care needed for school breaks and summer breaks only?	❑ Y ❑ N

Note: Checking **No** under immunizations up-to-date does not automatically disqualify your child.

You must check Yes or No for each of the races and ethnicities listed. Any option left unchecked will be recorded as unknown.

Space to enter additional children is provided on the next page.

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Black or African American	❑ Y ❑ N	If no, are they a legal alien?	❑ Y ❑ N	School District:	
Native Hawaiian or Pacific Islander	❑ Y ❑ N	**Health**	**Check Yes or No**	Attends half day only?	❑ Y ❑ N
Asian	❑ Y ❑ N	Are the child's immunizations up to date?	❑ Y ❑ N	Attends full day?	❑ Y ❑ N
White	❑ Y ❑ N			Child care needed all year?	❑ Y ❑ N
Ethnicity	**Answer Yes or No**	Does the child have a disability?	❑ Y ❑ N	Child care needed school year only?	❑ Y ❑ N
Hispanic/Latino	❑ Y ❑ N			Child care needed for school breaks and summer breaks only?	❑ Y ❑ N

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Black or African American	❑ Y ❑ N	If no, are they a legal alien?	❑ Y ❑ N	School District:	
Native Hawaiian or Pacific Islander	❑ Y ❑ N	**Health**	**Check Yes or No**	Attends half day only?	❑ Y ❑ N
Asian	❑ Y ❑ N	Are the child's immunizations up to date?	❑ Y ❑ N	Attends full day?	❑ Y ❑ N
White	❑ Y ❑ N			Child care needed all year?	❑ Y ❑ N
Ethnicity	**Answer Yes or No**	Does the child have a disability?	❑ Y ❑ N	Child care needed school year only?	❑ Y ❑ N
Hispanic/Latino	❑ Y ❑ N			Child care needed for school breaks and summer breaks only?	❑ Y ❑ N

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Black or African American	❑ Y ❑ N	If no, are they a legal alien?	❑ Y ❑ N	School District:	
Native Hawaiian or Pacific Islander	❑ Y ❑ N	**Health**	**Check Yes or No**	Attends half day only?	❑ Y ❑ N
Asian	❑ Y ❑ N	Are the child's immunizations up to date?	❑ Y ❑ N	Attends full day?	❑ Y ❑ N
White	❑ Y ❑ N			Child care needed all year?	❑ Y ❑ N
Ethnicity	**Answer Yes or No**	Does the child have a disability?	❑ Y ❑ N	Child care needed school year only?	❑ Y ❑ N
Hispanic/Latino	❑ Y ❑ N			Child care needed for school breaks and summer breaks only?	❑ Y ❑ N

Note: Checking **No** under immunizations up-to-date does not automatically disqualify your child.

You must check Yes or No for each of the races and ethnicities listed. Any option left unchecked will be recorded as unknown.

6. Please read the following Applicant Rights and Responsibilities.

Applicant Rights

1. You have the right to choose a child care center, family child care home, group child care home, church facility, or care by a neighbor, friend, or relative. If you are receiving services under Child Protective Services or Foster Care, you may choose only licensed facilities or programs.
2. You have the right to visit your child any time the child is in the provider's care.
3. You have the right to make complaints or discuss areas of concern or suggestions regarding the SC Voucher Program by calling 1-800-763-2223.
4. You have the right to receive a fair hearing regarding any decision that results in the denial or termination of services, provided that the decision is not due to funding. Requests for fair hearings shall be submitted in writing to Individual and Provider Rights, SCDSS, P.O. Box 1520, Columbia, South Carolina, 29202-1520.

Applicant Responsibilities

1. It is your responsibility to provide current and accurate verification of gross family income, family size, age of child(ren), change of address, and employment/school/training and to report all changes to this information within 10 calendar days after the change occurs.
2. It is your responsibility to pay your provider for child care services you receive before or after the authorized dates of service.
3. It is your responsibility to choose a child care provider within 15 calendar days from the date you are notified of your eligibility for services.
4. It is your responsibility to pay a weekly client fee, which is based on your family size and income, for each child receiving child care services through the SC Voucher Program. The weekly fee is due to your provider before the weekly child care service is provided. You may also be responsible for paying the difference between the maximum amount the SC Voucher Program pays and what the provider charges.
5. It is your responsibility to assure your child(ren) attends the provider in accordance with SC Voucher Program attendance policies.
6. It is your responsibility to call the SC Voucher Program at 1-800-476-0199 to request approval to transfer to a new provider before you stop attending one provider and before transferring to another.

7. By my signature below:

I certify that all of the information I have provided is true and correct. I understand that state officials may verify the information and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. I further understand that upon my approval for this program, I may be assessed a fee based on the information I have provided. I agree, by my signature, to pay that fee according to the terms and conditions of the approved child care provider. I further certify that I have read the Applicant Rights and Responsibilities and will comply with the Responsibilities.

Please print your name:_____

Signature of Parent/Caretaker:_____ Date:____/____/____

Name of Child Care Provider Selected: _____

Address of Child Care Provider Selected: _____

NOTE: The SC Voucher Program WILL NOT pay for any children who are served prior to receiving written authorization by the SC Voucher Program.

CHECKLIST

- ❑ Have you completed all sections of the Application?
- ❑ Have you signed and dated this Application?
- ❑ Have you attached copies of paystubs for the last **30 days**, or a letter from your employer on company letterhead that shows your gross pay and hours worked for the last 30 days? This information must also be provided for your spouse or your child's second parent if in the home.
- ❑ If you attend school or a training program, have you attached a copy of the schedule and proof of paid registration for the term during which you are applying for services? This information must also be provided for your spouse or your child's second parent if in the home.
- ❑ If you are self-employed, did you attach your most recent income tax forms?

If you are not sure what to send, or need assistance in completing this application, please call 1-800-476-0199.

Return Application and documentation to:

SCDSS, SC Voucher Program, P.O. Box 100160, Columbia, SC 29202-3160 ***or*** Fax to 1-800-310-5417