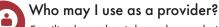
### WHAT DO I NEED TO **KNOW ABOUT PROVIDERS?**



Families have the right to choose their own child

care provider. Providers may be nonprofit, for profit, religious, or relatives. Families must contact the Customer Support Center for information about licensing, self-declaration or approval of relative providers.



#### Who qualifies to be a provider?

To receive payment providers must be at least 18 years old, licensed, self-declaration,

tribal registered or an approved relative. An approved relative must be related to the child by marriage, blood relationship or court decree, and:

- a grandparent or great grandparent
- an aunt or uncle
- a siblina

Approved relative providers can not live in the same home as the child for whom care is being provided.

## What if my provider requires a contract?

If your child care provider requires you to sign a contract, read it carefully before signing so you are aware of all your obligations. HHS is not bound by or responsible for either party's compliance with the terms of any contract entered between a provider and a parent/ caretaker.

### What access to my children do I have while they are at my providers?

Families must be given unlimited access to their child(ren) in child care and to the providers who are providing the care. This access is to be during normal operating hours of the child care facility.

#### Who do I contact for more information?

The Customer Support Center at 1.866.614.6005, or Health and Human Services 1-800-755-2716.

### WILL MY PERSONAL **INFORMATION BE PROTECTED?**



#### Is my information kept confidential? The information you provide is held in confidence and used solely for program administration.

#### Do I have to provide my Social Security ß Number?

The Privacy Act of 1974 requires the following information be provided when individuals are requested to disclose their social security numbers:

- Disclosure of the social security number is voluntary and it is requested for identification purposes.
- Failure to disclose this information will not affect participation in this program.

### Non-discrimination in Federal **Assistance Program**

You have the right to file a written complaint if you believe that you or members of your household have been discriminated against by reason of race, color, religion, sex, national origin, age, political beliefs, handicap, or status with respect to marriage or public assistance. A written complaint may be filed with your local human service zone office; the North Dakota Department of Health and Human Services office for Civil Rights, Legal Advisory Unit, 600 E. Boulevard Ave., Dept 325, Bismarck, ND 58505-0250, 701-328-2311 or 711 (TTY); Fax 701-328-2173, email: dhslau@nd.gov; or U.S. Department of Health & Human Services, Office for Civil Rights, 200 Independence Ave. SW, HHH Building, Room 509-F, Washington, DC 20201 (1-800-368-1019 or TDD 1-800-537-7697; Fax 202-619-3437).

> Economic Assistance Division 600 E Boulevard Ave Dept 325 Bismarck, ND 58505-0250 Phone: 800-755-2716 Fax: 701-328-1060 ND Relay 711 (TTY) email: dhseap@nd.gov www.hhs.nd.gov/applyforhelp



# **Child Care Assistance Program**

# **Helping Families** with Child Care Costs



Health & Human Services

# ABOUT CCAP

The Child Care Assistance Program (CCAP) helps pay a portion of the cost of child care for working families, or families in training or education programs.

# Who does CCAP serve?

#### Families with low income who are:

- Working
  - Paid employment or self-employed
- In allowable education or training programs
  - Note: You must turn in a copy of your class schedule if attending allowable post-secondary school or training
- Looking for employment, education or training activities, and housing in situations of homelessness (limited time)

# • Who may be eligible?

#### What are the age requirements for children?

- Children are eligible from birth through the certificate period in which their 13th birthday falls.
- A child with special needs may qualify up to age 19.

#### What are the income and asset limits?

- Monthly income from wages, child support, pensions, veteran's benefits or other sources must be less than the CCAP income limits. Please contact the Customer Support Center or visit <u>www.hhs.nd.gov/ccap</u> for the current limits.
- A CCAP Sliding Fee Schedule was developed to determine cost sharing by a family and CCAP based on income, size of the family, age of the child, type of provider, and level of care.
  - The CCAP Sliding Fee Schedule can be found at: <u>https://www.hhs.nd.gov/sites/www/files/ documents/EA/CCAP/DN241.pdf</u> or through the Customer Support Center.

# Application Information

#### How do I apply?

#### Online: <u>www.hhs.nd.gov/applyforhelp</u>.

**By Request**: Applications are available from the Customer Support Center.

Print: www.nd.gov/eforms/Doc/sfn00405.pdf

### Need help?

# Who can help me find a child care provider?

- Child Care Aware® of North Dakota can assist parents in choosing a provider who will meet their needs.
- You can also search for care and view resources at www.ndchildcare.org/parents, or call 800-997-8515 (press 1) to speak with a referral specialist.

#### Who do I contact for more information?

- The Customer Support Center at 1.866.614.6005
- Health and Human Services 1-800-755-2716

### WHAT DO I NEED TO KNOW ABOUT CCAP?

### How is my child care paid?

The ND Department of Health and Human Services (HHS) will pay a portion of your child

care determined by using the CCAP Sliding Fee Schedule. Payment is made directly to the provider.

# 

### What is a Child Care Certificate?

A child care certificate is issued to a family and provider once they are determined eligible, and

have chosen an eligible provider for the program. The certificate contains:

- the name and address of the parent/caretaker
- the period of time covered by the certificate
- the monthly co-payment for which the family is responsible
- the children who are eligible to receive child care
- the level of care and provider each child is eligible for

#### What are my program rights?

As a participant in CCAP there are certain rights that protect you. You have the right to:

- Review the policy manual.
- Withdraw your application prior to receiving benefits.
- Appeal and request a fair hearing if you disagree with any decision made by CCAP to deny, reduce, or terminate benefits.
  - Note: Appeals must be requested within 30 days from the print date on the notice that is being appealed.

# What happens if I give false information on purpose?

If you give false information on purpose, it might result in legal action against you (criminal or civil). It might also mean we reduce your benefits, take money back from you, or disqualify you from benefits temporarily or permanently.