

Working Parents How to Guide: Working Parents Child Care Relief



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Part 1: Apply Now

Click the 'Apply Now' button on the Working Parents webpage here: <u>https://www.hhs.nd.gov/wpccr/parents</u>

Create a North Dakota Login or Access an existing login

- For questions about your North Dakota Login see Frequently Asked Questions here: <u>https://apps.nd.gov/itd/ldap/faq.htm</u>
- For assistance with your North Dakota Login contact the service desk here: <u>https://apps.nd.gov/itd/ldap/problemreport.htm</u>

Sign in or create an account.

- 1. Sign in with your User ID and password.
 - a. If you have forgotten your password, you will need your User ID.
 - b. If you have forgotten your user ID you will need your email or cell number.

North Dakota login	
Sign in	
Don't have a North Dakota Login? <u>Create an account.</u>	
User ID	
Forgot user ID?	
Password	
	9
Forgot password?	
Sign In	
Update your account.	

2. If able to sign in, skip to "Part 2: Create a WPCCR Working Parent account" of this guide.



To create a Username and password.

1. Click 'Create an account'.



- 2. Complete the information requested.
- 3. Enter the activation code that was sent via email or text message and Click 'Confirm'.

Confir An activation	rm your account			
An activatior				
An activation code has been sent to gftestytester@gmail.com from donotreply@nd.gov. If you do not receive this email, check your junk mail and/or verify it hasn't been blocked.				
Enter activat	tion code			
	9			
Enter activatio	on code is required.			
	Confirm			

- 4. Then click 'Return to online service'.
- 5. Sign in and continue to "Part 2: Create a WPCCR Employer account" of this guide.



Part 2: Create a WPCCR Working Parent account

1. Once signed in, create your Working Parent account. Choose Working Parent from the drop-down menu.



2. Complete the General information. Click 'Submit'.

eral Information	Physical Address
Vorking Parent ID	Street Line 1 *
VP-0001018	
irst Name * Middle Initial	Street Line 2
ast Name *	City *
ontact Phone *	State *
(###) ###-####	~
ontact Email *	Zip *
avec DIN (calf colocted 4.6 digits) *	

Dakota

Be Legendary.

Health & Human Services

3. Starting with the Working Parent receiving the benefit. Click 'Add Household Members'.

ALL Household Members (required) Please add the applying working parent and ALL additional household members. Once all members are a open the Applications tab at the top of the page to continue.						
						Add Household Member
	Household Member ID †	First Name	Last Name	Birthdate	Eligible Child	Child Care License #
	There are no reco	ords to display.				

4. Complete the Household Member information. Click 'Submit'.

ŀ	Household Member		
	First Name *	Does the household member have gross income? *	
		~	
	Middle Initial	Does the household member attend a licensed child care in ND? *	
		~	
	Last Name *		
	Birthdate *		
	M/D/YYYY		

5. Repeat above steps until all Household Members are entered.



Part 3: Submit a Working Parent application

1. Click the 'Applications' tab at the top of the Working Parent Dashboard.

HHS Early Childhood	Home Joseph Doe -
Working Parents Child Care Relief (WPCCR) Working Parent Dashboard	
Working Parent Applications Employers Payments	

2. Click 'Add Application'.

Working Parent	Applications	Employers	Payments		
					Add Application
Application I	D Elig	ibility End Date	Status	Submitted By	Submitted On 🗸

Complete the requested information.
Note: The WPCCR Employer Code is provided by your employer.

Vorking Parents Child Care Relief (WPC	CR)
Vorking Parent Application	
ligibility Determination	
WPCCR Employer Code (must receive from your employer) *	Employer Name *
ER-######	
Household Members	
HM-0001058 - James, , Doe, 5/28/2023, Has Income: No, Attends	childcare: Yes, Provider: Krafty Kids Daycare, License #:
12345678F HM-0001057 - Johnny, , Doe, 7/15/2021, Has Income: No, Attends	; childcare: Yes, Provider: Krafty Kids Daycare, License #:
12345678F	· · · ·
# of Eligible Children	# of Adults
3	2
Enter the total number of people in your household *	Monthly Gross Income *

4. Once you have completed all the information, click 'Next'.

orth Dakota Child Care Assistance Program (CC	AP)		
Have you recently applied or are you currently particip	ating in C	CAP? (HHS reserves the right to verify CCAP participation) *	
			~
ave you qualified/been approved for any of the	followir	g economic assistance programs in the previous 6	
ionths?			
SNAP *		Head Start/Early Head Start *	
	~		
TANF *		WIC *	
	~		,
Supplemental Security Income (do not include SSDI &	SSA	LIHEAP (Energy Assistance) *	
Retirement Benefits) *			,
	~		

5. You will then upload the required documents. Click 'Add Document'.

Working Parents Child Care Relief (WPCCR)
Working Parent Application
Required to provide: 1. A copy of a Government Issued ID for primary applicant 2. Proof of most current gross income for all household members 18 and older including: • Pay (Pay Stubs or Employer Statement) • Self-employment Income (most recent copy of Federal Income Tax Form) • Bonuses and Commissions • Social Security, SSI benefits, Veteran's benefits, Worker's compensation benefits, Interest, Dividends • Pension/Retirement Benefits • Lease and Rental Income • Unemployment compensation (Statement of eligibility from Job Service) • Child Support/alimony (payments received) • Regular contributions from friends/relatives (signed statement from the individual)
Click 'Add Document' to upload required documents.
Add Document
Previous Next



6. Select Type and attach the corresponding file. Click 'Upload'.

Upload Docum	ent	×
* Туре	~	
* Attach a file	Government Issued ID (Required) Gross Income for Previous 4 Weeks (Required)	
	Upload Cano	el

- 7. Repeat until you have income uploaded for all household members over 18. Note: If anyone has Self-Employment income, a full tax return is required.
- 8. Then click 'Next'.

Attachments			
Document Type: Government Issued ID (Required)	▼		
Government Issued ID .docx (11.69 KB)			
Document Type: Gross Income for Previous 4 Weeks (Required)	•		
Household Income .docx (11.69 KB)			
Add Document			
Previous Next			



9. Complete the Attestation.

orking Parent A	oplication
testation	
I confirm that I v duration of my p attendance. *	ork in the State of North Dakota and that my child is attending a ND licensed child care and will be for the rticipation in this program. I am aware that HHS may contact my child care provider to verify enrollment o
l agree to report ND licensed child	o HHS Early Childhood any changes that occur after the application date of submission including change ir care provider, household members, employment status, or income. *
Lagree to reapp	annually. North Dakota WPCCR match henefit will be terminated if I fail to reapply. *
	annuary. No tri baketa in cert match benefit win be terminated in han to reappy.
I declare that the verification. If ar criminal prosecu	information I have provided on this application is true and accurate. I understand the information is subjec / of the information is false, HHS matching benefit may be denied, and I will be subject to repayment and/c ion for knowingly providing false information. *

10. Sign and Click 'Submit'.

Signature

I understand that by typing my name below that I am electronically signing my application. I agree that my electronic signature is the legal equivalent of my handwritten signature.

Full Name *	Submitted By (Portal User) Earl Sinclair
	Submitted On
	6/26/2023
Previous Submit	

11. Click 'Return to 'Dashboard'.





Health & Human Services

12. Under the 'Applications' tab, you will see your submitted application. You can view the status your application.



- 13. Once your application has been approved, you will receive an email to set up an OMB Payee Portal account allowing the State of North Dakota to pay your WPCCR match payment. Full instructions are provided in the email.
- 14. State match payment history can be viewed under the 'Payments' tab in your Working Parent account.

V	Working Parents Child Care Relief (WPCCR)								
Working Parent Dashboard									
w	Working Parent Applications Employers Payments								
	Payment ID	Bene Employer Code Endi	fit Month ng ↓	Amount	Payment Date ↓	Payment Method	Status		
There are no records to display.									



Part 4: Report Changes

Report to HHS Early Childhood any changes that occur during your approved State match eligibility period, including:

- Change in ND Licensed child care
- Household members
- Employment status
- Income

Contact our office by email at <u>NDwpccr.info@nd.gov</u> or call 701-298-4972 press2; 711 (TTY).

Part 5: Reapply annually

Near the end of your annual state match eligibility period, you will receive an email notice to submit a new application to determine continued eligibility. North Dakota state match will be terminated if an application is not received.

