

Working Parents How to Guide: Working Parents Child Care Relief



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WPCCR website for Working Parents https://www.hhs.nd.gov/wpccr/parents



First Time Working Parents Application Process

Create a North Dakota Login

1. Scroll down to click the 'Apply Now' button.



2. Click 'Create an account'.



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



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

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: https://apps.nd.gov/itd/ldap/problemreport.htm



Create a WPCCR Working Parent account

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

HHS Early Childhood	Home Joseph Doe +
Working Parents Child Care Relief (WPCCR) wpccr	
Working Parents must have WPCCR Employer Code to proceed Tell us who you are. *	
Employer Working Parent	
Next	

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

HHS Early Childhoo	od		Home Joseph Doe	-					
Working Parents Child	Working Parents Child Care Relief (WPCCR)								
Edit Working Parent									
General Information		Physical Address							
Working Parent ID		Street Line 1 *							
WP-0001018									
First Name *	Middle Initial	Street Line 2							
Last Name *		City *							
Contact Phone *		State *	~						
		71- 4							
Contact Email *		Zip *							
Pavee PIN (self-selected 4-6 digi	ts) *								
Submit									



Gather the items you need before applying

Visit the website to gather all your documents needed before clicking apply. <u>https://www.hhs.nd.gov/wpccr/parents</u>

Submit an application to participate

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 'Apply'.

	Application II	Eligibili ↓ Date	ty Start Eli Da	gibility End ate	Status	Submitted By	Submitted On	
Vis htt	it the websit ps://www.hh	e to gather a s.nd.gov/wp	all your items ccr/parents#0	before clicking collapse-accor	g Apply. dion-16472-4			Apply
Wo	orking Parent	Applications	Employers	Payments				
		-						

3. Complete the requested information, click 'Next'. Note: The WPCCR Employer Code is provided by your employer.

nitial Questions	Contact Info
I confirm my contact information is accurate and up to date. If not, click "Cancel" and correct the information on the Dashboard. *	First Name Newest
Select ~	Middle Initial
Do you have a child/children under the age of 36 months currently attending ND licensed child care? *	
Select 🗸	Last Name
Do you have a WPCCR Employer Code from your employer? *	Tester Phone
Select ~	
Are you currently participating in the HHS Working Parent Child Care Relief program (WPCCR)? *	Email
Select ~	Address Line 1
Are you currently participating in the HHS Child Care Assistance Program (CCAP)? *	1111 Test Lane
Select 🗸	TestCity
Have you applied for HHS Child Care Assistance Program (CCAP) in the last 60 days? *	Address Line 2
Select 👻	State



4. Enter the Employee Information.

Employee Information	
Employee Information	
WPCCR Employer Code (must receive from your employer) *	Employer Name *
ER-#######	

5. Upload Employee Driver's License. Click 'Next'.

Uplc	pad Employee Driver's License (Front Only)	
	Click 'Upload Document' to upload the employee's driver's license.	
	Upload Document	
Pri	revious Next	

6. Click 'Add Household Member'. Enter ALL household members including the working parent/employee.

Household Members								
Enter ALL househo	ld members including	g the working parent.						
Step 1: Add Emplo Step 2: Add all oth Step 3: Add all chi Once all household	yee as Household me er adult household m Idren in the househol d members are added	mber and income. Tembers and income. d. you may continue.						
						Add Household Member		
Household Member ID	First Name	Last Name	Birthdate 🕇	Qualifying Child	Has Income	Status		

7. Complete the requested information.

WPCCR - Create Household Member	
Household Member Details	
First Name *	Middle Initial
Last Name *	Birthdate *
	M/D/YYYY 🗎



8. If an adult's birthdate is entered, Type the last four digits of the Social Security Number and answer the next questions. Then, click 'Next'.

Last 4 digits of SSN: *	
13+ Years Old	
Does this household member have any income (employer earned or self-employment)? * Select	~
Cancel Next	

9. Click 'Add Income'. Enter all sources of income for the household member shown.

In	come Sources	5				
	First Name *			Last Name *		
	First Name			Last Name		
Enter all sources of income for the household member shown above					Add Income	
	Income Source ID 1	Income Type	Name of Business	Pay Frequency	Status	
	There are no records t	o display.				

10. Select the income source. Note: Additional income sources can be added once document is uploaded and saved.

Add Income	2	
Inc	nome Source	
	Select 🗸	
	Select	
	Earned Income (from employer)	
	Self-Employment	
	Bonuses and Commissions	
Sa	Child Support/Alimony	
	Lease and Rental Income	
	Pension/Retirement Benefits	
	Regular contributions from friends/relatives	
	Social Security	
	Unemployment compensation	



11. Employee/Working Parent should have income source from the participating employer.

Income Type *	
Earned Income (from employer)	~
Name of Business *	
Pay Frequency *	
Salact	*

12. Click 'Choose Files' to upload most recent paystubs received (total of 4 weeks of income). Multiple documents can be uploaded for the income source. Click 'Save'.



- 13. Repeat until you have uploaded all household members.
- 14. Note: For all children attending child care on the date of application submission, require information on the child care. Then click 'Next'.

Yes	✓ M/D/YYYY	i
Child Care Business Name *	Child Care License # *	
	#########A	
Child Care City *	Child Care State	
	ND	

15. Once all household members are listed, enter the total number of people in the household and add any additional information. Then Click 'Next'.



Health & Human Services

16. Answer the Economic Assistance Program questions. Click 'Next'.

NAP *			Head Start/Early Head Start *	
Select		~	Select	~
ANF *	1 - C		WIC *	
Select		~	Select	~
upplemental Security Incom	e (do not include SSDI &	SSA	LIHEAP (Energy Assistance) *	
etirement Benefits) *			Select	~

17. Read and complete the Authorization. Click 'Next'.

I, Newest Tester authorize the Working Parent Child Care Relief Program Economic Assistance and Medicaid Programs of the North Dakota Depar	to mutually exchange my relevant personal information with the tment of Human Services for the purpose of program coordination	۱.
This form does not authorize disclosure of information beyond the limits disclosed by the recipient without further written authorization from me. to access any necessary information to administer the program.	of this authorization. My personal authorization may not be re- I authorize the entities involved in the mutual exchange of informa	ation
I understand that I may revoke this authorization by sending written not understand that I may refuse to sign this form and that I do not have to the Department of Health and Human Services and its programs.	ce to the North Dakota Department of Health and Human Services sign this form in order to apply for or renew eligibility for benefits f	a I from
Full Name *	Please Select One : *	
	Select	v
Previous Next		

18. Complete the Attestation.

Attestation	
I declare that the information I have provided on this application is true and accurate. I understand the information is subjec verification. If any of the information is false, HHS matching benefit may be denied, and I will be subject to repayment and/ criminal prosecution for knowingly providing false information. *	.t to or
Select	~
I confirm that my child is currently attending a North Dakota licensed child care at the time of this application and will be attending for the duration of my participation in this program. I am aware that HHS may contact my child care provider to verify enrollment or attendance. *	
Select	~
I agree to report to HHS Early Childhood any changes that occur after the application date of submission including change in ND licensed child care provider, household members, employment status, or income. *	n
Select	~
I agree to reapply annually. North Dakota WPCCR match benefit will be terminated if I fail to reapply. *	
Select	~
l understand the HHS WPCCR matching benefit will only be paid upon monthly verification of my employer-led child care benefit. *	
Select	~
l understand my application will be reviewed in the order it was received and may take up to 30 days to process. *	
Select	~
I will watch for email(s) from NDwpccr.info@nd.gov for further communication(s) on my application regarding the Working Parent Child Care Relief program. *	
Select	~



Health & Human Services

19. Sign and Click 'Submit'.

•						
Employee 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 of Employee *	Submitted By (Portal User)					
	Newest Tester					
	Submitted On					
	2/7/2025					
Previous Submit						

20. Click 'Return to 'Dashboard'.

Working Parents Child Care Relief (WPCCR)
WP Application Success
Your application has been successfully submitted.
It will be reviewed in the order it was received and may take up to 30 days to process.
Please watch for email(s) from NDwpccr.info@nd.gov for further communication(s) on your application regarding the Working Parent Child Care Relief program.
If you have any questions or concerns, please contact the Early Childhood office at NDwpccr.info@nd.gov or 701-328-2115.
Return to Dashboard

Note: WPCCR staff sends most communication by email. Please watch your inbox, spam/junk, or All Mail folders for any information regarding your application.

21. Under the 'Applications' tab, you will see your submitted application. You can view the status at any time.

Working Parent Dashboard							
Working Parent	Applications	Employers	Payments				
Visit the websi https://www.hł	te to gather a ns.nd.gov/wpo	Ill your items ccr/parents#	before click collapse-acc	ing Apply. ordion-16472	4		
Application I	Eligibilit D ↓ Date	ty Start Eli Da	gibility End ite	Status	Submitted By	Submitted On	
AP-0001113				Submitted	Newest Tester	2/7/2025	~

Note: Most applications are for an annual period. Reminder emails to reapply are sent at the beginning of the last month eligible to let you know it is time to reapply.



Application Statuses

Application Started

A working parent has opened an application and has advanced to page two of the application.

Submitted

A working parent has completed and submitted the application for review.

In Review

WPCCR staff are in the process of reviewing the application for eligibility.

Awaiting Response

Working Parent application is missing information or documentation. An email with request for missing information is sent.

Awaiting Payee ID

Working Parent application has been processed and is pending payment information. Working Parent will receive an email to set up an OMB Payee Portal account allowing the State of North Dakota to pay the WPCCR match payment.

Once Payee account is submitted, watch for a follow up emails from <u>no-replyvendor@nd.gov</u> and <u>NDwpccr.info@nd.gov</u>

Approved

Working Parent application is approved and are eligible to receive benefits. Working Parent and participating Employer will receive an email at time of approval.

Eligibility Ended

Working Parent's approved application has reached the end of the eligibility period. If interested in continuing participation, visit our website to review the eligibility requirements. <u>https://www.hhs.nd.gov/wpccr/parents</u> If eligibility is still met, a new application must be submitted for review.

Denied

Working Parent application is denied. Email is sent with reason for denial.

Withdrawn

Working Parent has voluntarily ended participation/eligibility in the program.



Health & Human Services

Participating Working Parents

Working Parent Dashboard Login

- 1. Click the website here: <u>https://www.hhs.nd.gov/wpccr/parents</u>
- 2. Scroll down to click the 'Log in' button.



- 1. Sign in with your User ID and password.
 - a. If you have forgotten your password or user ID, you will need to use the forgot button for assistance.
 - b. WPCCR staff are unable to assist with forgotten log in information.
 For assistance with your North Dakota Login contact the service desk here: <u>https://apps.nd.gov/itd/ldap/problemreport.htm</u>

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

2. Once you sign in, your contact information will be displayed on the screen.

Working Parents Child Care Relief (WPCCR)							
Working Parer	t Dashboard						
Working Parent	Applications	Employers	Payments				
General Inform	nation						
Working Pare	nt ID			Street Line 1	Edit Working Parent		

If your contact information is not displayed, try a different Username and password associated with your WPCCR account, or contact our office.



Match Payments

ND WPCCR match payment history can be viewed under the 'Payments' tab in your Working Parent account.

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

Report a change

Report to HHS Early Childhood by emailing <u>NDwpccr.info@nd.gov</u> any changes that occur during your approved State match eligibility period, including:

- Mailing address
- ND Licensed child care
- Household members
- Employment status
- Income

Note: Your contact phone number and email address can be updated in your Working Parent Dashboard at any time.

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.

Contact Information

Working Parents Child Care Relief pilot program Email: <u>NDwpccr.info@nd.gov</u> Phone: 701-328-2115 press 2; 711 (TTY) Toll Free: 800-997-8516 press 2

