

Application for Child Care Services



Application Process

For the most efficient processing, families can complete the online child care application at www.gateway.ga.gov. If you need assistance in submitting an online application, call 1-833-4GA CAPS (1-833-442-2277). If you are not able to submit an online application, complete the sections below in entirety and either submit it via [CAPS Contact Us](#) or mail the completed application to:

**Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive SE, Suite 754
Atlanta, GA 30334**

(Please Print)						FILL IN THE FOLLOWING INFORMATION					
Applicant First Name			Middle Initial			Last Name			Primary Telephone Number:		
						Secondary Telephone Number:					
Social Security No:				DOB:		Email Address:					
Residential Address		Street		Apt.		City		County		Zip Code	
Mailing Address		Street		Apt.		City		County		Zip Code	
If you are not registered to vote where you live now, would you like to apply to register to vote?									<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do both parents of the child(ren) needing care live at the address above?									<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, enter the name of the second parent below.						Date of Birth			Social Security No.		
Race / Ethnic Affiliation											
The following information is being collected only to ensure everyone receives assistance on a fair basis. This information will not affect your eligibility.											
Ethnicity (check one)		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic									
Race:		<input type="checkbox"/> White			<input type="checkbox"/> Native Hawaiian or other Pacific Islander			<input type="checkbox"/> Asian			
		<input type="checkbox"/> Black/African American			<input type="checkbox"/> American Indian or Alaskan Native			<input type="checkbox"/> Other (specify):			
Child Information											
Child Name		Gender	Date of Birth		Ethnicity		Race		Social Security Number		

Activity Information

To be eligible for CAPS, each parent in the household must either be working or going to school. Indicate each parent's activity below.
Complete the school or employment information for each parent as applicable.

Applicant: Working School

Parent #2: Working School

SCHOOL INFORMATION

(Skip to employment information if not attending school)

Applicant	Name of School	Address of School	Number of Credit Hours Currently Taking	Type of Program (Diploma/GED, Vocational, Associates, or Bachelors)
Parent #2	Name of School	Address of School	Number of Credit Hours Currently Taking	Type of Program (Diploma/GED, Vocational, Associates, or Bachelors)

CURRENT EMPLOYMENT INFORMATION

(Skip to next section if not working)

Applicant	Name of Employer	Employer Address	Employer Phone #	Number of Hours Worked Weekly
Parent #2	Name of Employer	Employer Address	Employer Phone #	Number of Hours Worked Weekly

Income Information

(Enter income received for each parent separately for each source of income received.)

Source of Income	Applicant Income			Parent #2 Income		
	Income before Deductions	Frequency	Monthly Gross Income	Income before Deductions	Frequency	Monthly Gross Income
Wages/Salary						
Self-Employment						
Alimony						
Capital Gains						
Child Support						
Dividends						
Military allotments						
Lottery Payments						
Retirement/Pension						
Unemployment Benefits						
Veteran's Benefits						
Worker's Compensation						

Other income not listed above:

Declaration of Assets Certification

Does the family have assets/resources that exceed \$1,000,000 in value? (Assets may include, but are not limited to, cash on hand, checking or savings account balance, real estate, jewelry, cars, boats, stocks or bonds, trust funds, pension plans, or retirement accounts.) Yes No

Rights and Responsibilities

Parent Rights

- You have the right to apply for assistance, withdraw the application, request termination of assistance, or reapply for CAPS at any time.
- You are authorized to receive child care services as long as funds are available, and the parent remains eligible and has complied with all CAPS program requirements.
- You have the right to choose any eligible child care provider within the limits prescribed in [CAPS Participating Providers Policy \(CAPS/00-11\)](#) and [CAPS Provider Rights and Responsibilities Policy \(CAPS/00-12\)](#).
- You have the right to enroll your school age child in any educational program of your choice. However, CAPS may reimburse a provider only for before and after school care for school age children attending a public or private school while school is in session.
- Temporary Assistance for Needy Families (TANF) recipients have the right to be informed of the availability of exemptions from mandatory participation in employment services activities if appropriate when child care is not available, affordable or cannot be accessed.
- Parents who state that they or their children have been victims of domestic violence or who state that they are at risk of further domestic violence must be informed of the available community services that assist victims of domestic violence and how to voluntarily and confidentially access such services.
- You have the right to have access to their child during all times the child is in child care.
- Information that you provide is placed in a database used by the CAPS program will remain confidential in accordance with any applicable state or federal regulations.
- You have the right to see your case file unless this is prohibited by state or federal laws or regulations.
- You have the right to file a grievance or appeal when the Agency imposes an adverse action that is appealable, such as a denial or case closure if you do not agree with the action taken by the agency.
 - Changes where adverse actions are a direct result of implementation of federal and state regulations/policies and the change affects entire populations are not appealable.
- You have the right to request a grievance mediation and/or the right to an administrative hearing.
- Parents who speak Spanish have the right to request and receive forms and notices in Spanish and request CAPS to provide an interpreter when contacting the CAPS program. Other non-English speaking individuals or persons with limited English proficiency shall have the right to request an interpreter provided by the agency.
- Parents with vision or hearing impairments have the right to request auxiliary aids or other accommodations.
- You have the right to be treated fairly without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs, or disability.

Note: An applicant or recipient who feels their rights have been violated may contact the CAPS program at 1-833-4GACAPS (1-833-442-2277) or CAPS.Complaints@decalfga.gov.
- You have the right to appeal to the U.S. Department of Health and Human Services Office for Civil Rights (HHS OCR) if they feel DECAL or CAPS staff has violated their civil rights.
- You have the right to request suspension or closure of your CAPS case.

Rights and Responsibilities

Parent Responsibilities

- You are responsible for providing accurate, current, and complete information to the program. Failure to provide true and accurate information may result in sanctions as prescribed in [CAPS Program Integrity Policy \(CAPS/00-16\)](#).
- You are responsible for supplying all requested forms, information, and verification needed to determine eligibility and amount of benefits. If all information is not submitted within the specified time frame, this may result in the inability to determine eligibility and a disposition of unable to process will be issued as prescribed in [CAPS Application Process Policy \(CAPS/00-04\)](#).
- You must permit DECAL to verify all information/statements on the application and during the interview.
- You must cooperate in taking any actions necessary to establish eligibility. The parent must cooperate with any CAPS investigation by completing any required forms, responding to scheduled interview appointments, and by making requested records or information available. Parents who do not cooperate may be determined to be ineligible for CAPS until they cooperate.
- You are responsible for reporting changes in your circumstances to the CAPS program within ten calendar days of becoming aware of the change. Some changes, while not required to be reported, will result in an increased benefit for the family by reporting them. Changes should be reported online through Georgia Gateway or by phone, fax, email, mail, or in person.
 - **The following is a list of changes that you are required to report within 10 calendar days of becoming aware of the change:**
 - Change in family income where the gross applicable income exceeds 85% State Median Income (SMI) for a minimum of four consecutive weeks
 - Change in activity that is not temporary (e.g., loss of employment, graduation from school or training activity)
 - Request for change in child care provider
 - Any change in child care arrangements (including child care provider's location, relationship of the provider and the child, cost, or need for care)
 - There is no longer a need for CAPS services
 - Family moves out of the state of Georgia
 - Change in contact information (e.g., phone number, email address, mailing address)
 - **The following is a list of changes that you may, but are not required to, report:**
 - Change in family income where the gross applicable income is at or below 85% SMI
 - Child birth, adoption, or addition of a new child
 - Marriage
 - Change in state-approved activity that is temporary and the activity may resume
- Failure to report required changes may result in sanctions as prescribed in [CAPS Program Integrity Policy \(CAPS/00-16\)](#).
- You are responsible for reporting within 10 calendar days if your child is no longer enrolled in child care or moves out of the home.
- You are responsible for paying any amounts above the CAPS reimbursement to the provider, if applicable.
- You are responsible for paying the provider if child care is received during a period in which the parent or the provider is ineligible.
- You are responsible for paying the provider for any child care that CAPS did not authorize.
- You are responsible for repaying any overpayments assessed against you by the CAPS program after all appeal processes have been exhausted. Any violations of responsibility for non-payment may result in additional sanctions. Refer to the [CAPS Program Integrity Policy \(CAPS/00-16\)](#).
- You or your authorized representative is responsible for signing your children in and out of care each day in accordance with both CAPS and the child care provider's policies and procedures. Failure to sign your children in and out of care each day may result in the provider being assessed an overpayment as prescribed in [CAPS Program Integrity Policy \(CAPS/00-16\)](#).

Authorized Representative

An authorized representative is an individual, with permission granted by the parent, that can assist with completing specified duties such as completing the child care application. Did someone assist you with completing this application? If yes, and you want to add the individual as an authorized representative, enter the individual's name in the below space. Also, the authorized representative must sign and date the application. Yes No

Authorized Representative Name: _____

Signature and Acknowledgement

By notating your name and date in the fields below, you are acknowledging the information entered in the above sections is true to the best of your knowledge. You further acknowledge and accept the conditions of the Parent Rights and Responsibilities.

Applicant Signature: _____ **Date:** _____

Authorized Representative Signature: _____ **Date:** _____

AGENCY USE ONLY

CASE DISPOSITION

Child Care Application Received Date: _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Case Closure	<input type="checkbox"/> Denied	<input type="checkbox"/> Withdrawn
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Denial/Withdrawal Reason: _____

CAPS Staff Signature _____ **Date:** _____