

**CHILD CARE AND PARENT SERVICES (CAPS)
APPOINTMENT LETTER AND VERIFICATION CHECKLIST**



Parental Authority Name
Parental Authority Address
Apt/Suite #
City, State, Zip
Parental Authority E-mail Address

Date
Child Care Service Agent Name
Child Care Service Agent E-mail Address
Child Care Service Agent Phone Number
Child Care Fax Number

Your application has been received by the CAPS program. To determine your eligibility, the checked items must be received no later than _____. Information can be provided by fax or e-mail to the e-mail address and or fax number listed above or mailed to: _____. If mailing information, please do not provide originals. Failure to provide information before _____ may result in denial or closure of your CAPS application.

Appointment (If applicable)

You have an appointment on _____ at _____. Your interview will be conducted by telephone or in person at the following location _____.

IMPORTANT: If you cannot keep your appointment, call your caseworker BEFORE your scheduled appointment date. If you cannot obtain the requested information and/or need more time, contact your caseworker by phone or mail by _____. Your caseworker may give you more time and may be able to help you obtain the information you need.

The following is needed to complete your:

- In Person Interview
 Phone Interview
 In Person Review
 Phone Review

Parental Authority	
<input type="checkbox"/>	Check stubs or statement from employer for last 4 weeks for:
<input type="checkbox"/>	Social Security Card (optional)
<input type="checkbox"/>	Proof U.S. Citizenship/Alien status for all children requesting or receiving care
<input type="checkbox"/>	Immunization record for:
<input type="checkbox"/>	Proof of any unearned income (e.g., Child Support, SSI, Social Security, Disability, Unemployment, etc.)
<input type="checkbox"/>	TANF work plan completed by TANF case manager
<input type="checkbox"/>	Application completed by you
<input type="checkbox"/>	HIPAA Notices of Privacy Practices signed by you
<input type="checkbox"/>	If you have chosen an Informal Provider, bring him/her with you to your appointment with items checked in the provider section
<input type="checkbox"/>	Proof of Residency (e.g., lease, utility bill, etc.)
<input type="checkbox"/>	Proof of Identity (e.g., Driver's license, State ID, etc.)
<input type="checkbox"/>	Separation Notice from:
<input type="checkbox"/>	Verification of enrolment in middle or high school or vocational, technical school
<input type="checkbox"/>	Rates from childcare provider for all children requesting care
<input type="checkbox"/>	Other:

Child Care Provider	
<input type="checkbox"/>	Copy of License/Registration/Exemption Letter
<input type="checkbox"/>	Copy of Published Rates
<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	Picture ID
<input type="checkbox"/>	Other