



Tennessee Department of Human Services

APPLICATION FOR CHILD CARE PAYMENT ASSISTANCE/SMART STEPS

Please review the following information prior to applying for child care through the Department of Human Services. Child Care through the State of Tennessee is a family need, eligibility based program. The appropriate Child Care Specialist will discuss the eligibility requirements for the specific type of child care for which you are applying. After completing the application, contact your local TDHS County office (<https://www.tn.gov/content/tn/humanservices/for-families/child-care-services/child-care-assistance-office-locator.html>). Interpreter services are available through the Tennessee Language Center at <https://languagecenter.tennessee.edu>.

1. In order to determine Child Care Payment Assistance Eligibility the following information is needed:

Valid ID - At least one (1) of the following for each parent/guardian residing in the home:

- Driver's License
- State issued ID
- Voter's Registration Card (Tennessee)
- I-94 card
- Passport

Verification of Current Resident-At least (1) of the following must be in the parent/guardian's name:

- Rent/ lease agreement
- Mortgage receipt
- Utility bill

Verification of Citizenship-At least one (1) of the following for each child needing care:

- A U.S. Passport
- A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561)
- A birth certificate
- Hospital, clinic or doctor records
- A report or Certification of Birth Abroad of a U.S. citizen
- A U.S. Citizen ID card, or adoption papers, or a military record

Verification of relationship of the following: (Birth Certificate, Marriage Certificate, Court Orders, etc.)

- spouse/partner/other parent;
- sibling;
- other children who may receive assistance due to custody or birth

Income Verification - At least one of the following for each parent/guardian

- Check stubs for the most recent 8 weeks.
- Employer statement on company letterhead (if within eight weeks of employment)
- The Work Number
- Federal 1040 (most recent year only to be used for self-employment verification)
- Award Letters
- Self-Employment Reporting and Verification Form HS-3177

Child Support verification (Court Order, Payment Records)

Verification of school/college attendance/enrollment - parent(s), guardian(s), minor parent(s)

- Current class schedule per semester/quarter – registration and attendance must be verified

Any other verification(s) needed per request to determine eligibility.

2. **Social Security numbers are not required to submit an application for child care payment assistance. However, this information may be requested when determining eligibility.**

3. **Child with Disability as defined by Office of Child Care Administration**

“Child with a disability” includes:

- (A) A child with a disability, as defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401);
- (B) A child who is eligible for early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.);
- (C) Child who is less than 13 years of age and who is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); and
- (D) A child with a disability, as defined by the State.

4. **Homeless- as defined by Office of Child Care Administration “homeless children and youths” —**

(E) Means individuals who lack a fixed, regular, and adequate nighttime residence; and

(F) Includes —

- (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

5. **Military- as defined by Office of Child Care Administration**

The Administration has taken a number of actions to increase services and supports for members of the military and their families. We are proposing to add a new data element to the ACF-801 to determine the family’s status related to military service. This element will identify if the parent is currently active duty (i.e. serving full-time) in the U.S. Military or a member of either a National Guard unit or a Military Reserve unit. This data will allow States and Office of Child Care (OCC) to determine the extent to which military families are accessing the Child Care and Development Fund (CCDF) program.



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Primary Language (Check One)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 01 English | <input type="checkbox"/> 02 Spanish | <input type="checkbox"/> 03 Native, Central, South American and Mexican | <input type="checkbox"/> 04 Caribbean Language |
| <input type="checkbox"/> 05 Middle Eastern and South Asian Languages | <input type="checkbox"/> 06 East Asian Languages | <input type="checkbox"/> 07 Native North American/Alaska Native Languages | <input type="checkbox"/> 08 Pacific Island Languages |
| <input type="checkbox"/> 09 European and Slavic Languages | <input type="checkbox"/> 10 African Languages | <input type="checkbox"/> 11 Other _____ | <input type="checkbox"/> 12 Unspecified |

Hours of care needed: ☐ Traditional hours from _____ am ☐ pm to _____ am ☐ pm
☐ Non-Traditional Hours from _____ am ☐ pm to _____ am ☐ pm

Applicant's Name: Last: _____ First: _____ Middle Initial: _____
(Please Print)

SS#: _____ - _____ - _____ Marital Status: (Check One)
☐ Single ☐ Married ☐ Separated ☐ Widowed
Sex: ☐ Male ☐ Female
Race: _____
DOB: ____/____/____

Military Service

Active: ☐ Yes ☐ No Date of Service: ____/____/____
Active Reserve: ☐ Yes ☐ No Location/Duty: _____

Spouse/Other Parent/Partner Name: Last: _____ First: _____ Middle Initial: _____
(If living in the home) **(Please Print)**

SS#: _____ - _____ - _____ Marital Status: (Check One)
☐ Single ☐ Married ☐ Separated ☐ Widowed
Sex: ☐ Male ☐ Female
Race: _____
DOB: ____/____/____

Address: **If homeless *(Definition on page 1) Check here** ☐
Street Address: _____ Apt# _____

City: _____ State: _____ Zip: _____
County: _____
Email: _____ Home Phone: _____-_____-____ Cell: _____-_____-____

Please enter preferred method of contact: ☐ Home Phone ☐ Cell ☐ Email

Alternate Contact Name: _____ Alternate Contact Phone: _____-_____-____

Children Needing Child Care:**Name of child**

Last Name	First Name	Date of Birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Race	SSN (optional) / /	Does child have a disability? (Definition on Page 1) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last Name	First Name	Date of Birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Race	SSN (optional) / /	Does child have a disability? (Definition on Page 1) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last Name	First Name	Date of Birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Race	SSN (optional) / /	Does child have a disability? (Definition on Page 1) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last Name	First Name	Date of Birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Race	SSN (optional) / /	Does child have a disability? (Definition on Page 1) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last Name	First Name	Date of Birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Race	SSN (optional) / /	Does child have a disability? (Definition on Page 1) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Other family members including children NOT needing Child Care

Last Name	First Name	MI	Relationship	DOB	SSN
				/ /	- -
				/ /	- -
				/ /	- -

Employment:

1.					
Employer Name: _____					
Address: _____				Work Number _____ - _____ - _____	
Pay Frequency: (Check One)		<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Monthly
Hourly Wage: \$ _____ Hours per Week: _____					
2.					
Employer Name: _____					
Address: _____				Work Number _____ - _____ - _____	
Pay Frequency: (Check One)		<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Monthly
Hourly Wage: \$ _____ Hours per Week: _____					

Education:

Applicant (Check One) <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Technical School <input type="checkbox"/> Other	Presently Attending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where Attending: _____ Credit Hours: _____ If not currently attending, Degree/Certification Earned: _____
Spouse/Other Parent/Partner (Check One) <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Technical School <input type="checkbox"/> Other	Presently Attending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where Attending: _____ Credit Hours: _____ If not currently attending, Degree/Certification Earned: _____

Other Income:

Type	Monthly Amount	Who Receives	Monthly Amount	Who Receives
Child Support	\$		\$	
Alimony	\$		\$	
Social Security/SSI	\$		\$	
Veteran Pension	\$		\$	
Unemployment	\$		\$	
Self Employ-Non	\$		\$	
Self Employ-Farm	\$		\$	
Military	\$		\$	
Other (please specify)	\$		\$	

***Books from Birth (Imagination Library):** I understand by applying for child care payment assistance I am authorizing the Tennessee Department of Human Services to enroll my age eligible child(ren) (birth to age 5) in the Books from Birth program. I further understand upon enrollment my child(ren) will receive an age appropriate free book each month via mail until my child reaches age 5. I consent to share my information with Books from Birth Foundation staff and their partners for the purpose of enrolling my child in the Books from Birth program.

****CLIENT DECLARATION:** I certify that the above information is true and correct. I also understand my obligation to report and provide verification of any changes in family income and size within ten (10) calendar days. My right to appeal the decision concerning services has been discussed with me. I further understand that if I willfully withhold any information or willfully give false information or misrepresent the circumstances of anyone for whom services are requested and thereby receive services to which I am not entitled that I will be subject to criminal prosecution under the issue of the State of Tennessee.

RELEASE OF INFORMATION: I further understand and agree to cooperate if a representative from the Department of Human Services requests verification of income and family size.

PERMISSION TO CONTACT ME:

I agree that TDHS may contact me by U.S. Mail and by phone at the address and numbers indicated on my application, and leave messages when I am unavailable, as necessary to provide information about my application for assistance/services or the assistance/ services that I am already receiving.

Signature of Client or Representative: _____ Date: _____

Relationship of Representative to Client: _____

Fair Hearing Appeal Policy

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice

If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for payment assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.