All parents are encouraged to participate in child care consultation. Finding child care that meets a family's needs is often a huge task. Fortunately parents have several options, all of which we will support in various ways. The Children's Cabinet will provide you with consumer education materials that further explain child care options and quality standards so parents can make informed choices.

1. **Choose the type of child care you want to use:**

   **Licensed Child Care:** Child care that meets licensing criteria and is monitored by a licensing agency.
   - **Licensed Family Child Care:** Child care that takes place in the home of an individual who licensed for up to 6 children.
   - **Licensed Group Homes:** Child care that takes place in the home of an individual who is licensed for up to 12 children.
   - **Child Care Centers:** Child care that takes place in an environment other than an individual's home, usually a building especially designed for child care and serves more than 12 children.

   **Family, Friend & Neighbor (FFN) Child Care:** Child care that meets minimal health and safety standards and capacity requirements. FFN care is not licensed or monitored. The Children's Cabinet does not provide referrals to FFN child care.
   - **Relative Child Care:** Child care provided by a relative either in the relative's home or your home*.
   - **Out of Home Non-Relative Child Care:** Child care that is provided by a friend or neighbor in their home.
   - **In Home Non-Relative Child Care:** Child care that is provided by a friend or neighbor in your home*.

   *All care that occurs in the client’s (your) home has a two (2) child minimum. There are no exceptions.

2. **Select Your Child Care Provider**

   **PLEASE NOTE:** Regardless of which type of provider you choose, all providers must be registered with the subsidy program before your appointment with your case manager.

   **Licensed Child Care Provider**
   1. Call (see numbers above) or visit the Children's Cabinet and ask for a Child Care Resource & Referral Specialist. You will get a list of providers based on the information you provide to the CCR&R Specialist.
   2. Call the providers asking if they have openings for children in your child(ren)'s age group.
   3. If a provider has openings, ask him/her if the child care home or center is registered with the Children's Cabinet Subsidy Program. If not, ask if he/she would be willing to register with the program.
      - If yes, contact the CCR&R Specialist so we can send the provider a registration packet.
      - If no, please continue your search for a provider.
   4. Visit the providers you have chosen to make sure that the provider will meet your and your child’s needs (see the Quality Brochure in your packet for a check list).
   5. Follow-up with the provider before your appointment with your case manager to make sure the provider has registered with the subsidy program.

   **Family, Friend & Neighbor (FFN) Child Care Provider**
   1. Identify someone you trust who is willing to care for your child(ren) on a long-term basis.
   2. Review all the FFN provider requirements (on the back of this page) with this person.
   3. Call to schedule an appointment with a FFN Specialist PRIOR to your appointment with your case manager. Your provider MUST attend this appointment with you. See locations above.
   4. **IMPORTANT!!!** You cannot be enrolled on the subsidy program until you and your provider have attended this appointment and all required paperwork is complete (see back of page).
      - If your provider lives greater than 25 miles away from a Children's Cabinet office, provider enrollment can occur over the phone.
   5. If your provider does not comply with program requirements, the provider will be dropped from the program and you will need to find a new provider.

   **IMPORTANT! Review the FFN Provider Requirements on Back.**
### Family, Friend & Neighbor (FFN) Provider Requirements

**Relative Care**
Relative who cares for your child(ren) either in your home (must care for AT LEAST two (2) children) or in his/hers.

#### PROVIDER MUST HAVE...
- Nevada ID or other documentation verifying the provider is at least 18 years old.
- Social Security Card or other proof of work authorization document to verify he or she is legal to receive income in the United States.
- Verification of Residency (e.g., phone bill, power bill or other utility bill not older than 2 months).
- Business License (requirements based on the county where care will occur).

#### PROVIDER WILL BE ASKED TO...
- Read & sign the subsidy service agreement form.
- Complete provider registration form.
- Complete a W-9 IRS form.
- Sign a Background Disclosure statement.
- Have an active telephone where child care services will take place.
- Maintain a smoke detector, fire extinguisher and a first aid kit.
- Complete a home safety survey of the home where the provider is caring for your children.
- Agree to a Health & Safety Standards Home Visit to take place within 30 days of registering for the subsidy program.
- Complete 30 hours of pre-service training within 90 days of registration.
- Complete 24 hours of training every year while caring for children on the subsidy program.
- Immunization records to your care AND the Children’s Cabinet.

**Out of Home Non-Relative**
Person not related to you, who cares for your child(ren) in their home. Washoe County providers can only care for one (1) child on the Subsidy Program.

#### PROVIDER MUST HAVE...
- Nevada ID or other documentation to verify the provider is at least 18 years old.
- Social Security Card or other proof of work authorization document to verify he or she is legal to receive income in the United States.
- Verification of Residency (e.g., phone bill, power bill or other utility bill not older than 2 months).
- Negative TB Test OR statement of good health from a medical professional.
- Business License (requirements based on the county where care will occur).

#### PROVIDER WILL BE ASKED TO...
- Read & sign the subsidy service agreement form.
- Complete provider registration form.
- Complete a W-9 IRS form.
- Sign a Background Disclosure statement.
- Have an active telephone where child care services will take place.
- Maintain a smoke detector, fire extinguisher and a first aid kit.
- Agree to a Health & Safety Standards Home Visit to take place within 30 days of registering for the subsidy program.
- Complete 30 hours of pre-service training within 90 days of registration.
- Complete 24 hours of training every year while caring for children on the subsidy program.

**In Home Non-Relative**
Person not related to you, who cares for your child(ren) in your home. Must care for AT LEAST two (2) children.

#### PROVIDER MUST HAVE...
- Nevada ID or other documentation to verify the provider is at least 18 years old.
- Social Security Card or other proof of work authorization document to verify he or she is legal to receive income in the United States.
- Verification of Residency (e.g., phone bill, power bill or other utility bill not older than 2 months).
- Business License (requirements based on the county where care will occur).

#### PROVIDER WILL BE ASKED TO...
- Read & sign the subsidy service agreement form.
- Complete provider registration form.
- Complete a W-9 IRS form.
- Sign a Background Disclosure statement.
- Have an active telephone where child care services will take place.
- Maintain a smoke detector, fire extinguisher and a first aid kit.
- Agree to a Health & Safety Standards Home Visit to take place within 30 days of registering for the subsidy program.
- Complete 30 hours of pre-service training within 90 days of registration.
- Complete 24 hours of training every year while caring for children on the subsidy program.

### Please Note:
The following individuals CANNOT qualify as an FFN provider:
- Anyone with a criminal conviction or pending charges. Call for a complete list of criminal convictions.
- Natural/adoptive parent or legal guardian
- Anyone living in the same residence as the child (except for children with special needs).
- Any client receiving subsidy assistance.

Note: Unannounced home visit by the Children’s Cabinet can occur if we believe the health and/or safety of the child is at risk or when providers are out of compliance with the subsidy program.
Who Can Apply
Anyone can apply for child care assistance for their child. No person will be discriminated against for any reason (such as race, age, color, religion, sex, disability, political belief, sexual orientation, or national origin) in any Division of Welfare and Supportive Services (DWSS) program. To file a complaint, please contact the Chief of the Child Care and Development Program (CCDP) located at 1470 College Parkway, Carson City, Nevada 89706. You can also file a complaint at any DWSS district office or child care office and your complaint will be forwarded to the Child Care Chief.

Eligibility
The following must be verified to see if you are eligible for Child Care Assistance.

- Proof of:
  - Citizenship for all children applying for child care;
  - Identification for all adult household members;
  - Nevada residency;
  - All income;
  - Relationship for all household members;
  - Custody;
- Purpose of Care – every required adult (and minor parent) must be in an approved activity, such as working, looking for work, going to school or training, participating in DWSS approved activities related to preparation for employment, or other activities authorized by the CCDP;
- Documentation for any child(ren) in your home who has a special need.

Social Security Numbers
You will be asked to provide Social Security Numbers (SSN) for all persons (including yourself) who are applying for assistance; SSNs are used to verify your income and resources and to conduct computer matching with other agencies. It is also used to gather workforce information, conduct investigations, recover overpaid benefits and to ensure duplicate benefits are not received. Providing or applying for a SSN is voluntary. You are not required to provide a social security number and your eligibility will not be denied due to the failure to provide a SSN for required household members. If you do not want to provide your social security number, please write “refused” in the social security number fields on the application. If you provide a social security number on the application, you must provide verification.

Selection of a Child Care Provider
You must also select a child care provider that meets the needs of your family. Parents are encouraged to work with the Child Care Resource and Referral and to visit more than one provider before making a decision. Your provider must meet the following:

- Must not be the natural or adoptive parent or guardian to the child, whether or not they live with the child;
- Must not live in the same house as the child;
- Must not have an active child care case for their own child(ren);
- Providers must be enrolled with the CCDP and in good standing;

Important Information – The CCDP may send information that requires you to respond. You should make arrangements for your mail if you are away from home so you can respond by the due date. If you do not respond by the due date and/or we lose contact with you, your case may be terminated.

Special Accommodations
This application is available in English and Spanish. Please contact us if you need a Spanish version or an interpreter.

Acomodaciones Especiales
Esta solicitud está disponible en inglés y español. Por favor comuníquese con nosotros si necesita una versión en español o un intérprete.
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Child Care and Development Program

FILL IN ALL BLANKS FOR EVERYONE WHO CURRENTLY LIVES IN THE HOME WITH YOU, WHETHER YOU CONSIDER THEM HOUSEHOLD MEMBERS OR NOT. If you need additional space, please use a second application or separate piece of paper.

PLEASE ENTER RACE/ETHNICITY/MARITAL STATUS CODES FOR EACH HOUSEHOLD MEMBER IN THE BOXES BELOW:

Ethnicity:  H = Hispanic/Latino  N = Non-Hispanic/Latino
Race:  A–Asian;  B–Black or African American;  I–American Indian or Alaska Native;  N–Native Hawaiian or Pacific Islander;  W–White
Marital Status:  S–Single;  M–Married;  N–Separated;  D–Divorced;  W–Widowed

ADULTS:

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Relationship to You</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>State or Country of Birth</th>
<th>Social Security Number</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Marital Status</th>
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<td>Self</td>
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</table>

CHILDREN (Under the age of 18):

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Relationship to You</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>State or Country of Birth</th>
<th>US Citizen Y/N</th>
<th>Social Security Number</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Need Child Care?</th>
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<td>No</td>
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</tbody>
</table>

Home Address
Mailing Address

Phone
Home
Work
Cell
Phone
Home
Work
Cell
E-Mail Address

Please Answer the Following Questions About Your Household:

1. Is your Family Homeless (lack a fixed, regular, and adequate nighttime residence)?
   ________________
   Yes  No
   If Yes, Please Explain: ________________________________________________________________

2. Is any household member in the Military?
   ________________
   Yes  No
   If Yes, Name: ________________________ Active Duty or Reserve? ________________________

3. Is any adult (or minor parent) in your household unable to work and/or attend a training program?
   ________________
   Yes  No
   If Yes, Name: ________________________ Reason: _________________________________________

4. Do any of the children in the household have special needs?
   ________________
   Yes  No
   If Yes, Name: ________________________ Reason: _________________________________ Current IEP or IFSP for child? _______
   Name: ________________________ Reason: _________________________________ Current IEP or IFSP for child? _______
   Name: ________________________ Reason: _________________________________ Current IEP or IFSP for child? _______
5. Is any household member, including a minor child, temporarily out of the home?  
   □ Yes □ No  
   If Yes, Name: ___________________________ Reason: ___________________________ Expected date of Return: ________

6. Is any household member pregnant?  
   □ Yes □ No  
   If Yes, Name: ___________________________ Anticipated Delivery Date: ________________

7. Has any household member received TANF cash benefits?  
   □ Yes □ No  
   If Yes, Name: ___________________________ When: ___________________________ Where: ___________________________

8. Is anyone currently disqualified from any DWSS program for an intentional program violation (IPV)?  
   □ Yes □ No  
   If Yes, Name: ___________________________ Program: ___________________________ Start Date: ________________

9. Does your household have assets with a value over one million dollars ($1,000,000)?  
   □ Yes □ No  
   If Yes, Name: _____________________________________ Type of Asset: ___________________________

10. Do you expect any other changes in the next six (6) months?  
   □ Yes □ No  
   If Yes, Please Explain: _________________________________________________________________________________

11. Is anyone paying all or part of your expenses (rent, utilities, child care, etc.) for you?  
   □ Yes □ No  
   If Yes, who: ___________________________ Amount paid: ___________________________ How Often: ___________________________
   Are you expected to repay this money?  
   □ Yes □ No

12. Are both parents of the children living in the home?  
   □ Yes □ No

   If No, Please Complete the Information Below About the Child(ren)’s Mother and/or Father that does not live with you.  
   Attach Additional Pages, if Necessary.

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Name and Address of Parent not residing in the Household</th>
<th>Receive Child Support?</th>
<th>Amount</th>
<th>How Often</th>
<th>Received through which medium?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name:</td>
<td>□ Yes</td>
<td></td>
<td>Weekly</td>
<td>□ D.A.’s Office</td>
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<tr>
<td></td>
<td>Address:</td>
<td>□ No</td>
<td></td>
<td>Bi-weekly</td>
<td>□ Court Agreement</td>
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<td>Phone: ( )</td>
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<td></td>
<td>Semi-monthly</td>
<td>□ Private Agreement</td>
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<td>Name:</td>
<td>□ Yes</td>
<td></td>
<td>Weekly</td>
<td>□ D.A.’s Office</td>
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<td>Address:</td>
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<td>Semi-monthly</td>
<td>□ Private Agreement</td>
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</table>

INCOME/BENEFITS (OTHER THAN EMPLOYMENT INCOME):  Please attach verification of income received in the previous 30 days

   □ 01 – TANF  
   □ 02 – SNAP  
   □ 03 – Housing Assistance  
   □ 04 – Foster Care Payments  
   □ 05 – Veteran’s Benefits  
   □ 06 – Lump Sum Payments  
   □ 07 – Military Allocations  
   □ 08 – Worker's Compensation  
   □ 09 – Temporary Disability Insurance  
   □ 10 – Educational Assistance/Pell Grants  
   □ 11 – Unemployment  
   □ 12 – Contributions or Loans  
   □ 13 – Railroad Retirement  
   □ 14 – Insurance Settlements  
   □ 15 – WIC  
   □ 16 – Tips  
   □ 17 – Dividends  
   □ 18 – Royalties  
   □ 19 – Interest  
   □ 20 – Winnings  
   □ 21 – Alimony  
   □ 22 – Supplemental Security Income (SSI)  
   □ 23 – Social Security Disability Benefits  
   □ 24 – Social Security Survivors Benefits  
   □ 25 – Social Security Retirement Benefits  
   □ 26 – Pensions/Retirement Trusts  
   □ 27 – Adoption Subsidies  
   □ 28 – Medicaid  
   □ Other: ___________________________

<table>
<thead>
<tr>
<th>Income Type #</th>
<th>Who Receives the Income</th>
<th>Amount</th>
<th>How Often</th>
<th>Income Type #</th>
<th>Who Receives the Income</th>
<th>Amount</th>
<th>How Often</th>
</tr>
</thead>
</table>
EMPLOYMENT: Please list current employer and any employer each household member has worked for since your last application for child care assistance. This includes self-employment, in-kind activities and odd jobs.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Start Date/End Date</th>
<th>Employer Name</th>
<th>Address and Telephone Number</th>
<th>Average Weekly Hours</th>
<th>Rate of Pay</th>
<th>How Often Paid</th>
<th>Schedule/Shift</th>
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- Name: 
- Address: 
- Phone: ( )

- Name: 
- Address: 
- Phone: ( )

TRAINING/EDUCATION: If any of the adults in the household are students participating in a training program or attending school, please complete the following. In addition, please provide verification of your schedule.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Training Site/School Name</th>
<th>Address and Phone</th>
<th>Beginning Date</th>
<th>End Date</th>
<th>Schedule</th>
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</table>

- Name: 
- Address: 
- Phone: ( )

- Name: 
- Address: 
- Phone: ( )

CHILD’S SCHOOL INFORMATION:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Name of School</th>
<th>School Schedule/School Track</th>
<th>Current Grade Level</th>
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<tbody>
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</tbody>
</table>

CHILD CARE PROVIDER:

<table>
<thead>
<tr>
<th>Child or Children’s Names</th>
<th>Provider Name</th>
<th>Address and Phone Number</th>
</tr>
</thead>
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</table>

- Name: 
- Address: 
- Phone: ( )

- Name: 
- Address: 
- Phone: ( )
Anyone who has been denied, terminated, or had benefits reduced will receive a notice and instructions for requesting a hearing if you do not agree with the action taken. You can request a hearing by writing your local child care office, Division of Welfare and Supportive Services (DWSS) district office or administration office. You can also request a hearing by signing and returning the Notice of Appeal you receive. You must request a hearing within 90 days of the notice date or within 14 days if you want continued benefits while your hearing is pending a decision.

If you request a hearing, you will be notified of the hearing date, time and location in writing ten (10) days prior to the scheduled hearing. You may be represented at a conference/hearing by anyone whom you have given written authorization. This written authorization must be given to the DWSS office before the conference/hearing. Please contact us if you need information on legal services that may be available to you at no cost.

If you disagree with your hearing decision, you can appeal your case to your local District Court of the State of Nevada.

**AUTHORIZATION/RESPONSIBILITY**

The Child Care and Development Program is funded by State and federal grants. Any information provided on this form can be investigated. Criminal prosecution and other penalties may be applied to you and/or other adult members of your household according to state and federal law. If you make a false or misleading statement, misrepresent, hide or withhold facts to get or keep child care assistance, your benefits may be reduced/denied/terminated. Additionally, you may not be eligible for future assistance, and you are responsible to pay back all monies, services and benefits for which you were not entitled. Information provided is strictly confidential and is used only to determine eligibility for child care assistance.

By signing below, you authorize the Child Care and Development Program and/or the Division of Welfare and Supportive Services to make any investigation concerning you or other members of your household or your children’s legal/putative parent(s) that is necessary to determine eligibility for child care assistance administered by the Child Care and Development Program.

By signing below, you authorize the release of information about your household members to the Child Care and Development Program including, wage information, information made confidential by law or otherwise, and patient information privileged under NRS 49.225 or any other provision of law or otherwise. You release the holder of such information from liability, if any, resulting from disclosure of the required information. A reproduced copy of this authorization legally constitutes an original copy.

By signing below, you acknowledge that you understand the questions on this application and the penalty for hiding or giving false information. In addition, you understand that if you make a false or misleading statement, hide or withhold facts to get or keep child care assistance, your benefits may be reduced, denied, or terminated and you may be disqualified from program participation, criminally prosecuted, or otherwise penalized according to state and federal law.

In addition, by signing below, you confirm that the provider(s) listed above reflect the choice made by you, the parent/caretaker, and you agree to indemnify and hold harmless the State of Nevada, the Child Care and Development Program, their officers, agents, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of, or in any way connected with the provider chosen by you.

I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability.

<table>
<thead>
<tr>
<th>Signature or Mark of Applicant (Parent/Guardian)</th>
<th>Date</th>
<th>Signature or Mark of Spouse/Second Parent/Guardian of Child(ren)</th>
<th>Date</th>
</tr>
</thead>
</table>

2151-WC (10-15)
IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, 
WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY? 
(Please check one)

☐ YES  ☐ NO

If you do not check either box, you will be considered to have decided not to register to vote at this time.

The **NATIONAL VOTER REGISTRATION ACT** provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

**IMPORTANT NOTICE:** Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance you will be provided by this agency.

<table>
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<th>Signature</th>
<th>Date</th>
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**CONFIDENTIALITY:** Whether you decide to register to vote or not, your decision will remain confidential.

IF YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, Capitol Complex, Carson City, Nevada 89710.