

Bulletin

September 28, 2006

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- County Supervisors and Staff
 - Child Care
 - Child Support
 - Fiscal
 - Fraud
 - Income Maintenance
 - Social Services
- County Child Care Administrative
 - Contacts and Client
 - Access Contacts
- Child Care Resource and Referral Agencies
- Employment Service Providers
- Tribal Representatives

ACTION/DUE DATE

Please read and implement upon receipt.

EXPIRATION DATE

The policies in this bulletin expire as of September 2008.

DHS Announces the Child Care Assistance Program Change Report Form

TOPIC

Child Care Assistance Program Change Report Form.

PURPOSE

To notify counties and their partner agencies of Child Care Assistance Program (CCAP) Change Report Form and when to use it.

CONTACT

Contact your CCAP Technical liaison (see Page 2) or submit your question through Policy Quest.

CCAP Technical Liaisons (see Page 2)
Minnesota Department of Human Services
P.O. Box 64951
St. Paul, MN 55164-0951

SIGNED

CHARLES E. JOHNSON
Assistant Commissioner
Children and Family Services

Technical Liaisons contact information:

Region	Technical Liaison	Phone Number	Email Address
2, 3, 5, 7E	Tia Chang	(651) 431-4036	tia.chang@state.mn.us
4	Brenda Clark	(651) 431-4047	brenda.clark@state.mn.us
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Background

Minnesota Statutes, section 119B.025 subdivision 1 (b) states, “If a family reports a change in an eligibility factor before the family’s next regularly scheduled redetermination, the county must recalculate eligibility without requiring verification of any eligibility factor that did not change”. Minnesota Statutes, section 119B.025 subdivision 1 (c) states, “The commissioner shall develop a redetermination form to redetermine eligibility and a **Change Report Form** to report changes that minimize paperwork for the county and the participant.”

Minnesota Rules, part 3400.0040, subpart 4a states, “When there is a change in the information reported by a participant at application or at the most recent redetermination of eligibility, **the participant must report the new information to the county within 10 calendar days after the change occurs.** This reporting requirement applies to change in income, residence, employment status, education or training status, family status, or family size. A **change in income** occurs on the day the family receives the first paycheck that includes the change in income”.

Minnesota Rules, part 3400.0040, subpart 4b states “Except in cases involving alleged child abuse by a provider or a complaint that the health and safety of a child in care is in imminent danger, **a participant must notify the county and the provider of the intent to change providers at least 15 calendar days before changing providers.**”

Purpose

The Child Care Assistance Program (CCAP) Change Report Form (DHS 4794) is designed for families to report a change which occurs after initial application and before the next scheduled redetermination date. Use of this form is optional; families must be allowed to report changes via other methods outlined in the next paragraph. A shortened penalty warning and an acknowledgement statement is included on the signature page of the Change Report Form. The family would complete the form, attach the verification, and send the changed information to the county to process. The changes in eligibility factors that must be reported include: a change in address/residence, family size and status, child care arrangement, employment and training status, and income and deductions. The Change Report Form asks families about other types of family services they receive for federal reporting purposes; these questions do not affect the family’s eligibility for child care assistance.

Families can also report changes in person, by telephone, facsimile and mail including electronic mail (email). All eligibility factor changes must be verified. The Change Report Form allows families to report the change and attach the verification of the change to the form and send it to the county agency. In addition, when the Change Report Form is given to the family in advance, it acts as a reminder to families to report changes to the agency within 10 calendar days of the change.

Required County Action

Give the CCAP Change Report Form to eligible families:

- At application and redetermination, so they have it easily available.
- When the family reports a change in a different way and more information or verification of change is needed.
- When the county sends notification to the family of the effect of a reported change, so the family will have it to report their next change.

When the Change Report Form is returned without the required verification, request the verification. There is no penalty if the change is reported and verified without using the Change Report Form.

The Change Report Form is available at <http://edocs.dhs.state.mn.us/index.htm>

For current MEC² counties, this form is also available on the MEC² Resource Page at <http://mec2home.dhs.state.mn.us/Forms/index.html>.

Processing CCAP Changes

The “within 10 calendar days” reporting requirement is met the date the change is reported, not at verification.

Determine if the family timely reported to the agency according to:

- The date the agency receives the Change Report Form, and the actual date of the change.
- The date the family reports a change to the agency in another way, (in person, telephone, fax and mail including electronic mail) and the actual date of the change.

County agencies must take prompt action on changes reported regardless of the method used by the family to report the change, and must recalculate eligibility without requiring verification of any eligibility factor that did not change.

If the reported change resulted in an adverse action to the parent and/or the child care provider, the agency **must send a 15 day notice of adverse action to the parent, and/or to child care provider.**

Refer to Minnesota Rules, part 3400.0185, subpart 3 & 4, notice of adverse action to participants and notice of adverse action to child care providers. There is no overpayment if the family reported the change timely.

Special Needs

This information is available in other formats to people with disabilities by contacting Aaron Coonce at 651-431-4048 or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1 or 1-877-627-3848 (speech to speech relay service).

Legal References

Minnesota Statutes, chapter 119B, section 119B.025
Minnesota Rules, parts 3400.0040, subpart 4 a& b and 3400.0185, subpart 3 & 4

Child Care Assistance Program - Change Report Form

NAME		CASE NUMBER
ADDRESS		
WORKER NAME	WORKER PHONE NUMBER	

Purpose: This form is to report changes to your county human services agency which may affect your eligibility or benefit level.

Instructions: Fill out this form **only if you have changes to report**. *Report any change within 10 days.* Use a separate sheet of paper if you need more room. You may also call your child care worker to report a change. If you don't know whether to report a change, call your child care worker.



Note: Return your completed form to your child care worker. Remember to sign and date it. If you do not know your county agency's address, call your worker. **Do not** return this form to the Minnesota Department of Human Services Issuance Operation Center (IOC) in St. Paul.

You must send proof of changes

Change in address

I (we) moved to:	COUNTY MOVED TO	COUNTY MOVED FROM	
ADDRESS			NEW PHONE NUMBER
CITY	STATE	ZIP CODE	DATE MOVED

Change in people in my home

Total number of people now in my home: _____

NAME	RELATIONSHIP TO YOU	Moved in	Moved out	Married	Died	Born	Date of change	Has income?
								Yes No
SSN	BIRTHDATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	<input type="checkbox"/> <input type="checkbox"/>
NAME	RELATIONSHIP TO YOU	Moved in	Moved out	Married	Died	Born	Date of change	Has income?
SSN	BIRTHDATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	<input type="checkbox"/> <input type="checkbox"/>

Do any of the new adult family members need help with child care costs to go to work, look for work, or attend school?

☐ Yes ☐ No If yes, name(s) _____

Are there any new children in your family who need child care?

☐ Yes ☐ No If yes, name(s) _____

Change in child care arrangements

Child care hours needed due to work, looking for work or attending school? ☐ More ☐ Less

Reasons: ☐ School holiday ☐ Vacation ☐ New job ☐ Child is going to school ☐ Other _____

Have you chosen a different child care provider? ☐ Yes ☐ No If yes, complete below.

NAME
ADDRESS

Note: If you change providers, you must tell your child care worker and provider at least 15 days before the change goes into effect. Tell your provider to contact your child care worker to apply to be registered to provide child care services for your children.

This information is available in other forms to people with disabilities by calling your county worker. For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

You must send proof of changes

Types of proof: paystubs, award letters

Change in income

Earned income: Has any family member done one of the following? *(Complete appropriate section.)*

Started work	NAME OF FAMILY MEMBER	DATE STARTED	DATE OF FIRST PAYCHECK	
	EMPLOYER'S NAME	\$ PER HOUR	HOURS WORKED PER WEEK	
	EMPLOYER'S ADDRESS	CITY	STATE	ZIP
Stopped work	NAME OF FAMILY MEMBER	DATE LAST WORKED	DATE LAST CHECK RECEIVED	
	NAME OF FAMILY MEMBER			
Change in wages: <input type="checkbox"/> Increase <input type="checkbox"/> Decrease		NEW PAY RATE PER HOUR	DATE OF FIRST PAY DATE WITH CHANGE IN WAGES	
Change in hours: <input type="checkbox"/> Increase <input type="checkbox"/> Decrease		NEW HOURS PER WEEK	DATE HOURS CHANGED	FIRST PAY DATE WITH CHANGE

Other changes

MEDICAL INSURANCE PREMIUM / MONTH <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____	DENTAL INSURANCE PREMIUM / MONTH <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____	VISION INSURANCE PREMIUM / MONTH <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____
Court ordered child support paid for a child not living in your home <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s): _____, \$ _____ / Mo; _____ \$ _____ / Mo		
Tuition, fees, books and educational supplies* <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Only include these if post secondary student receives scholarships, grants, student loans, or work-study income.</i>		

Other income: Has any family member started or stopped receiving any of the types of income listed below?

NAME(S)	BEGIN DATE	AMOUNT	END DATE
<input type="checkbox"/> Social Security <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> VA <input type="checkbox"/> Retirement <input type="checkbox"/> Child support <input type="checkbox"/> Personal injury <input type="checkbox"/> School, grants, etc. <input type="checkbox"/> Other _____			

Family services received

The state and federal governments require the Child Care Assistance Program to report data on families who receive child care assistance. This information **will not** affect your eligibility for child care assistance.

Do you receive a housing or section 8 subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive food support (other than MFIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do any children in your household attend Head start? If yes, who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any family members receive SSI benefits? If yes, who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

The changes I report here ☐ will or ☐ will not continue next month.

Penalty warning

If you get child care assistance benefits, you must follow these rules. Do not give false information or hide information:

- To get or continue to get child care assistance benefits
- To help someone else to get or to continue to get child care assistance payments.

The state may bar a family with a member who breaks either of these rules from the Child Care Assistance Program. The bar lasts three months for the first fraud, six months for the second fraud, two years for the third fraud and is permanent for the fourth fraud. The maximum penalty is a fine of \$100,000 or a jail term of 20 years, or both.

Acknowledgment: I know what I reported here. It is a true and correct statement of every material point. If I give incorrect information, the county may prosecute me for fraud under state law.

SIGNATURE	PHONE NUMBER	DATE
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