



PARENT AGREEMENT

This Parent Agreement form must be signed by the parent/guardian and returned to the Child Care Assistance office to verify that the parent/guardian agrees to comply with the rules and regulations of the Child Care Assistance Program as set forth below.

1. I will receive child care assistance only during the time that I am working, in training or attending class/lab. Time spent running errands, shopping, doctor appointments, etc., will not be covered by child care assistance.
2. I will provide my child care caregiver/provider with my day time phone number as well as other emergency contact phone numbers.
3. I will never sign a blank attendance form, or sign-in sheet and will not allow my provider to claim days when my child is not at the daycare.
4. I understand and will inform my caregiver/provider that if I request additional child care services, I will pay for any additional services.
5. I will notify the Child Care Assistance office of any changes from the information provided on my original application. This will include, but is not limited to, changes in my address, telephone number and income. I understand that I have thirty (30) days to report changes or my child(ren) could be terminated from the program.
6. If I change caregivers/providers, I will notify the CCA office within (30) days.
7. I will submit documentation for all income or support in lieu of income that is received.
8. I understand that my child(ren)'s file must be considered active in order for assistance to be paid.
9. I understand that if my child(ren)'s file becomes inactive, I am financially responsible for my child care services and that the CCA program will not back pay.
10. I understand that the co-payment amount is the dollar amount I must pay per eligible child to the caregiver/provider at the beginning of each month and not to become delinquent.
11. I understand that I am responsible for payment to the caregiver/provider if my bill is less than the co-payment.
12. I understand that if any fraud is substantiated, I will repay the amount of money in question to the CCA office or as ordered by the court and will not be able to participate in the child care program for a period of one (1) year. **Defrauding a Federal Grant Program is subject to Federal prosecution and potential jail time.**
13. I understand that I will be required to complete a new application if I am terminated and wish to participate again.
14. I understand that my child is not approved for the CCA program until I receive the "Initial Approval Form" signed by the Director or the Assistant Director.
15. I understand that I will need to recertify in one (1) year to continue my assistance.

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Parent Signature *Date* *County*