



Summer Transition Program 2016
Application for Existing CAPS Families



Current CAPS Recipients Procedures to submitting Summer Transition Program (STP) package

1. Pre K referral form
2. Provider rate sheet
3. Provider rate sheet post STP

New CAPS Recipients Procedures to submitting Summer Transition Program (STP) package

1. Review all documents to ensure signatures are not missing
2. Review all documents attached to STP package that will be used for verification
3. Verify that the child is enrolled in an approved Pre-K Summer Transition Program for the current year (2016)
4. Verify family is Georgia resident
5. Verify Pre-K referral form is signed by provider
6. Verify family participates in a state-approved activity for a minimum of 24 hours per week
7. Verify family meets income guidelines
8. Verify that child is four years of age on or before September 1 of the program (Rising Pre-K STP)
9. Verify that child is five years of age on or before September 1 of the program year (Pre-K Summer Transition)
10. Review entire package to ensure it is complete

Processing

- New CAPS applicants will be notified of the eligibility deposition within 3 business days of receipt of the application.
- There is a 1 business day turnaround for current CAPS clients to be notified.
- In the situation where an incomplete package is submitted, the parental authority should submit requested information to the state office within **3 business days** of request. Failure to do so will delay eligibility determination.

Submit complete package via email at CAPS.STP@dec.al.ga.gov with family name and provider ID number in the subject line or via fax at 866.467.7869. For all questions, contact Sharda Short at 404.657.5559.





Procedures Post Summer Transition Program & Continuing CAPS services

- Approval for CAPS STP does not guarantee approval for ongoing services. STP does not guarantee approval for ongoing services. Families who would like to continue receiving childcare subsidies beyond the 6-week STP program will have to meet all CAPS eligibility requirements.
- Families not participating in CAPS before STP and are seeking continuing services must complete an online application on the COMPASS website www.Compass.ga.gov.
- All children currently on CAPS will need to ensure that a new provider rate sheet is uploaded on COMPASS, at the time of submitting the CAPS STP application to ensure certificates are created for care after STP. Children not on CAPS will need to complete an application on www.Compass.ga.gov.

Submit complete package via email at CAPS.STP@dec.al.ga.gov with family name and provider ID number in the subject line or via fax at 866.467.7869. For all questions, contact Sharda Short at 404.657.5559.





CAPS Referral for Children Enrolled in Pre-K Summer Transition Program Start _____ End _____

Full Name of child enrolled in Pre-K	Date of Birth / /	Social Security Number / /
Full Name of child enrolled in Pre-K	Date of Birth / /	Social Security Number / /
Full Name of Parent/responsible adult	Date of Birth / /	Social Security Number / /
Full Name of Parent/responsible adult	Date of Birth / /	Social Security Number / /
Family Address	County	Family Size
Daytime Phone #	Alternate phone #	Email
<i>Each parent/responsible adult must meet income requirements and be in an approved activity; i.e., employment at least 24 hrs weekly, training at least 24 hours per week or enrolled full time in middle or high school if age 21 yrs. or younger</i>		
Parent/Responsible Adult	Activity Working <input type="checkbox"/> School <input type="checkbox"/> Training <input type="checkbox"/>	Total hrs per week
Activity Name and location		Total days per week
Frequency of pay Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/>	Gross income from wages	Other gross income (i.e. child support)
Parent/Responsible Adult	Activity Working <input type="checkbox"/> School <input type="checkbox"/> Training <input type="checkbox"/>	Total hrs per week
Activity Name and location		Total days per week
Frequency of pay Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/>	Gross income from wages	Other gross income (i.e. child support)
Name of Pre-K Site	Phone #	
Site Address	County	
Name of Childcare provider if different	Phone #	
Provider Address	County	

Signature of Parent/Responsible Adult /Date

Signature of GA Pre-K Provider or Designee

NOTE: Please provide the published rates of the child care facility the child will attend. If approved, child care will be authorized from the date of approval to the end of the **Summer** Pre-K school year listed on the form.

FOR CAPS PURPOSES ONLY		
Referral received: _____	Family is: Potentially eligible <input type="checkbox"/>	Ineligible <input type="checkbox"/>
Parent Contacted: _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Application Received: _____		

Georgia Department of Human Services Childcare and Parent Services (CAPS) Published Provider Rate Form

The Childcare and Parent Services (CAPS) program is designed to help low income families afford safe quality childcare. Choosing child care is one of the most important decisions a parent can make. If you need assistance in finding quality child care, please visit All Georgia Kids. All Georgia Kids is an independent agency who assists with finding child care providers based on your criteria. The website is www.allgakids.org.

Please have your provider of choice complete the Provider Only Section of this form fully by your day care provider of choice.

The client is responsible for any charges that are more than the amount the Department of Human Services will pay. The Department of Human Services does not pay for transportation fees, book or extracurricular fees such as field trips or meals (not all inclusive) that may be charged over the provider's rates.

CHILD CARE PROVIDER ONLY (PLEASE PRINT CLEARLY)

PARENT'S NAME: _____

CHILD(REN)'S NAME	AGE

RATES

Please provide your published rate for all types of care. **The Provider shall charge the same rates to Georgia Department of Human Services clients as it charges other consumers and shall provide documentation, upon request, to demonstrate compliance with this requirement.** Furthermore, the provider shall not bill and the Department of Human Services will not pay for child care during any period of time when another federal or state program, including but not limited to, Head Start or Georgia's Pre-K, has paid for the child's care. **CAPS rate changes may not coincide with your rate changes. Please adjust accordingly.**

<u>Infants (newborn-12 months)</u>	\$ _____
<u>Toddler (13-36 months)</u>	\$ _____
<u>Pre-School (3-5 years)</u>	\$ _____
<u>Before and After School (5 years and up)</u>	\$ _____
<u>Weekly Rate (5 years and up)</u>	\$ _____
<u>Part time rate (5 years and up)</u>	\$ _____
<u>Registration Fee</u>	\$ _____

Provider's Official Name(Required) _____

Complete Address(Required) _____

Phone number _____ EIN/Social Security Number _____

Provider's Email Address _____

Person completing this form

Date