



Summer Transition Program 2016
Application for New 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

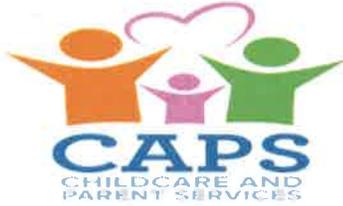
1. Review all documents to ensure signatures are not missing
2. Review all documents attached to STP package that will be used for verification
3. Verify that the child is enrolled in an approved Pre-K Summer Transition Program for the current year (2016)
4. Verify family is Georgia resident
5. Verify 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.





Georgia Department of Early Care and Learning

CHILD CARE AND PARENT SERVICES (CAPS)

VERIFICATION CHECKLIST

Childs Name _____ Childs Date of Birth _____ Parents Name _____ Provider ID # _____

Eligibility Required Documents (Please check all items submitted with package below)

Citizenship Verification	Residency Verification	Activity Verification	Income Verification
<ul style="list-style-type: none"> <input type="radio"/> Birth Certificate <input type="radio"/> Certificate of Citizenship (Forms N-560) <input type="radio"/> Naturalization Certificate (N-550) <input type="radio"/> Vital records (document information viewed on case activity log in SPMS) <input type="radio"/> Report of Birth from Abroad of a U.S. Citizen (Form FS-240, FS-545, DS 1350) <input type="radio"/> U.S. Citizen I.D. card (I-97) <input type="radio"/> U.S. Passport <input type="radio"/> Consoler's report of birth <input type="radio"/> American Indian Card (first issued by USCIS in 1983) 	<ul style="list-style-type: none"> <input type="radio"/> Current Georgia issued Driver License/ I.D. Card <input type="radio"/> Current lease/mortgage statement <input type="radio"/> Statement from landlord or person with whom applicant resides <input type="radio"/> Utility bill within the last three months (gas, electric, water, land-line telephone) <input type="radio"/> Current paycheck stub issued within the last 60 days listing address <input type="radio"/> Documentation of verification of residency via SUCCESS <input type="radio"/> Children's school records within current school year <input type="radio"/> ID for health benefits <input type="radio"/> Voter registration card <input type="radio"/> Work or school ID 	<ul style="list-style-type: none"> <input type="radio"/> Pay stubs for the most recent four weeks of earnings <input type="radio"/> Personal income ledger or tablet of the most recent four weeks of earnings and hours worked (e.g., self-employment) <input type="radio"/> Letter/statement from employer (new employment < 4 weeks) <input type="radio"/> Letter/statement from employer (only with new employment < 4 weeks) <input type="radio"/> Vocational Training Schedule 	<ul style="list-style-type: none"> <input type="radio"/> Pay stubs for the most recent four weeks of earnings <input type="radio"/> W-2 Forms <input type="radio"/> Employer's wage records <input type="radio"/> Personal income ledger or tablet of the most recent four weeks of earnings (e.g., self-employment) <input type="radio"/> Letter/statement from employer (new employment < 4 weeks only) - Letter/statement must be on employer letterhead and include contact information for employer, expected/current hire date, number of hours employee is scheduled/works, and hourly rate of pay and/or gross salary). <input type="radio"/> Quarterly income tax payments receipts to the IRS <input type="radio"/> Annual income tax returns when presented in the January – March quarter <input type="radio"/> Form 809 or itemized statement completed by the employer (new employment only)



Other Documents Required (Please check all items submitted with package below)

- **Application for Child Care Services**
- **Summer Transition Program: Employment Verification** Use if no other written verification (paystubs, etc.) is available
- **Income Eligibility Worksheet**
- **Pre-K Referral Form**
- **Provider Rate Sheet with provider ID number**
- **Provider Rate Sheet post STP**

**Georgia Department of Human Services
APPLICATION FOR CHILD CARE SERVICES**

(Please Print)						PLEASE FILL IN THE FOLLOWING INFORMATION						
Your Name: First Name				Middle Initial		Last Name				Telephone Numbers		
										Home:		
										Cell:		
Social Security No.				Date of Birth		Email Address:						
Residential Address:		Street		Apt.		City		County		Zip Code		
Mailing Address:		Street		Apt.		City		County		Zip Code		
Do both the Parents of the child(ren) needing care live at the address above? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Name of other Parent				Social Security No.				Date of Birth / /				
Have you received subsidized child care from Childcare And Parent Services (CAPS) before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what county were you living in?												
If you are not registered to vote where you live now, would you like to apply to register to vote here today? <input type="checkbox"/> Yes <input type="checkbox"/> No												
ACTIVITY INFORMATION												
Why do you need child care? <input type="checkbox"/> Training <input type="checkbox"/> Education <input type="checkbox"/> Working												
SCHOOL INFORMATION												
Name and address of Program/School you are enrolled in:						Are you a full time student as deemed by the school? <input type="checkbox"/> Yes <input type="checkbox"/> No						
CURRENT EMPLOYMENT INFORMATION (Include spouse or other parent's employment information)												
First Name, Middle Initial, Last Name			Employer's Name and Address				Telephone No. of Employer		Weekly Work Schedule		Total No. Hours per Week	

INCOME INFORMATION (Include spouse or other parent's information)							
SOURCE OF INCOME	NO	YES	APPLICANT	SPOUSE/ OTHER PARENT	INCOME BEFORE DEDUCTIONS	HOW OFTEN PAID	MONTHLY GROSS INCOME
WAGES/SALARY/SELF EMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
UNEMPLOYMENT COMPENSATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
SOCIAL SECURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
WORKER'S COMPENSATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
ALIMONY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
CHILD SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
REGULAR LOTTERY PAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
CAPITAL GAINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
BOARDER INCOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
RENTAL INCOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
DISABILITY PAYMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
DIVIDENDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
INTEREST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
RETIREMENT/PENSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$
TRUST FUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		\$

CHILD INFORMATION

CHILD NAME	SEX	DATE OF BIRTH	Social Security No.	CHILD NAME	SEX	DATE OF BIRTH	Social Security No.

YOUR RIGHTS AND RESPONSIBILITIES

- The information you share with your case manager is confidential. This means that what you tell your case manager cannot be shared with anyone other than the Department of Human Resources without your permission except for officially designated program review agents.
- You have a right to see your case file unless this is prohibited by Federal or State law or regulations.
- You have a right not to be discriminated against because of political affiliation, religion, race, color, sex, handicap, national origin or age. Should a problem arise about your application, placement or change in service, DHS will address it promptly. If you are still not satisfied, you may call 1-800-869-1150 (this is a free call) or file for an Administrative Hearing.
- I understand that I may receive child care services as long as funds are available and I remain eligible and have complied with all CAPS program requirements.
- I certify that this application for services has been examined by me and that the information given is true and correct to the best of my knowledge and belief.
- I agree to provide such information as I can to the eligibility authority for the purpose of determining eligibility for assistance.
- I agree to provide the eligibility authority with information to verify any statements given in this application and hereby give permission to obtain such verification. I will cooperate fully with State and Federal personnel in a quality control review.
- I understand that I am receiving child care because I am low income, am working, in school, in vocational/technical training and need child care. It is my responsibility to report any changes in my circumstances to the eligibility authority within 10 calendar days of becoming aware of the change.
- I understand that child care in support of education and training requires me to be enrolled in an approved program, attend and to maintain passing grades.
- I understand that my child should attend the child care program regularly. If my child must be absent, I should give the provider as much advance notice as possible. I also understand that some providers may request signed statements of absences.
- I agree to report within 10 calendar days if my child(ren) is(are) no longer enrolled in child care or moves out of my home, or if the absent parent(s) of the child(ren) returns to the home.
- I agree to pay my child care fee to the provider, if applicable.
- I understand that if I fail to pay my child care fee my CAPS case will be closed.
- You have a right to file an appeal if your fee increases or your assistance is stopped and you do not agree with this decision. Your case manager will help you file an appeal if you wish to do so.
- I understand some child care providers charge for extra services, such as late pick-ups, transportation, etc. The provider's rate may also be more than the amount I am authorized to receive through DHS. DHS does **not** pay for these extra services.
- I understand that I will have to pay the provider if I receive child care during a period in which I am ineligible or for any child care that DHS did not authorize.
- I understand that the child care provider I have chosen is NOT affiliated with or an agent of DHS and that the eligibility authority nor DHS in no way warrant the services rendered and the provider acts solely as an independent contractor in its capacity as a child care provider.
- Under Georgia Law, any person who by false statements, withholding information, impersonation or other fraudulent device, obtain or attempts to obtain, or any person who intentionally aids or abets such person in obtaining any public assistance payments, food stamp allotment or medical assistance to which he is not entitled or greater amount than that which he is entitled, shall be punished for a misdemeanor unless the amount obtained exceeds \$500 in which event he may be punished for a felony. (See Georgia Code OCGA 49-4-45 for the full reference.) I understand the meaning of this paragraph.

Applicant Signature: _____

Date: _____

Case Manager Signature: _____

Date: _____

RACE / ETHNIC AFFILIATION FOR HEAD OF HOUSEHOLD ONLY

The following information is being collected only to be sure that everyone receives assistance on a fair basis. This information will not affect your eligibility, and is optional.

Ethnicity (check one): Hispanic Not Hispanic

Race: White Black/African American Asian American Indian or Alaskan Native Native Hawaiian or other Pacific Islander

AGENCY USE ONLY

CASE ID #	CHILD CARE CASE MANAGER	SUCCESS ID #	MAXSTAR ID #
CASE DISPOSITION			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> PENDING	<input type="checkbox"/> WITHDRAW
DATE:	DATE:	DATE:	DATE:
IF SO, REASON:			
Date Form 60 received:			



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: _____		

Summer Transition Program: Employment Verification

Use if no other written verification (paystubs, etc.) is available

Date: _____

Employee: _____

SSN: _____

Dear Sir/Madam,

The above named individual listed your company as their place of employment. In order to provide services to your employee, it is necessary that we verify his/her employment.

Please complete the questions on the reverse side as fully as possible. Please sign, date and return this information within ____ **days** to ensure services can be provided in a timely manner.

An authorization to release information, signed by _____, is included on this form.

Your cooperation is appreciated.

Sincerely,

Authorization to Release Information

I, _____, hereby authorize my employer to furnish complete information about my earnings to _____.

Signature or Mark

Date

If signed by an "X", person who witnesses the mark must sign below.

Signature of Witness

Employee Information

(a) Name and address of employee from your records: _____

(b) Beginning date of employment: _____ Job title of the employee: _____

(c) Gross rate of pay: \$ _____ per _____

(d) Number of hours per week this employee is scheduled to work: _____

(e) Employee is paid: daily: _____ weekly: _____ bi-weekly: _____ semi-monthly: _____ monthly: _____

Please complete the following for the last _____ weeks/months. Please show the date this employee actually **received** the checks.

Pay Period End Date	Date received	# of Hours Worked	*Gross Earnings	Tips (if applicable)

*DO NOT include advance EITC payments in Gross Earnings

(a) Do you expect a change in pay? Yes No

If yes, what change do you expect? _____ when? _____

(b) If the employee is no longer employed, what was the last date this employee worked? _____

Signature and job title

Phone number

Date

(The person completing this form agrees to be contacted for clarification if needed)

Georgia's Pre-K Summer Transition Program Determining Income and Activity Eligibility

Each of the following sources of income is considered in determining income eligibility.

- Gross Wages or Salary – in a two parent family, income from both adults is considered.
- Net Income from Self-Employment
- Social Security payment;
- Unemployment & Worker's Compensation;
- Alimony & Child Support - (regular and ongoing payments);
- Veteran's Benefits & Military Income; only the base pay of the military member is considered if he/she is out of the home because of a military assignment
- Rental/Roomer/Boarder Income - (regular and ongoing payments);
- Disability Payment;
- Capital Gains, Interest, Dividends - (regular and ongoing payments);
- Retirement/Pension;
- Trust Fund;
- Regular Lottery Payments.

Do not include the earnings of a child under the age of 18, TANF Cash Assistance, Supplemental Security Income (SSI), adoption supplements, or Relative Care Subsidy payments.

Computing Income/Hours

Obtain documents from adults to verify and determine the type, amount, and frequency of countable income. This includes but is not limited to paystubs, award letters, employer statement, etc. Verify the most recent four weeks of income. For new employment, obtain a statement from the employer projecting the hours and gross earnings for the most recent 4 weeks. Follow the steps below to calculate the average gross income:

Earned Income

- 1) Add all earnings and divide by the number of paystubs provided.
- 2) Select the factor from below to convert the amount from #1 to a monthly amount:

If paid weekly, multiply the amount by 4.3333;

If paid bi-weekly, multiply the amount by 2.1666;

If paid semi-monthly, multiply the amount by 2.

If the adult indicates a paystub is not a representation of their normal earnings and/or hours, that paystub may be disregarded. The remaining paystubs should be used to calculate the adult's monthly income. Contact the employer for clarification of any discrepancies or questions with the information provided by the adult. Please document the resolution and the employer's contact information.

Add all applicable unearned income and earned income to determine a family's total gross monthly income. Please be sure to use the factors above to convert unearned income prior to combining with earned income if appropriate.

Activity Hours

To calculate activity hours, add the hours worked or enrolled in school for each week. Divide the total by the number of weeks covered. For example, for a 4 week period the adult worked 15, 18, 16, and 13 hours. Divide the total of 62 by 4. The hourly participation rate would be 15.5.

Summer Transition Program Income Eligibility Worksheet

Child Name:	
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Earned Income

Payment Frequency:	
Paystub 1:	
Paystub 2:	
Paystub 3:	
Paystub 4:	
Average Paystub	\$
x	
Monthly Earned Income	\$

To calculate monthly income:

Multiply average **weekly** income by 4.3333

Multiply average **bi-weekly** income by 2.1666

Multiply average **semi-monthly** income by 2

Other Sources of Income

Type	Monthly Amount
	\$
	\$
	\$
	\$
	\$
Monthly Other Income	\$

Total Monthly Income	\$
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Family Size	
-------------	--

85% State Median Income (SMI)

Family Size	85% SMI Annually	85% SMI Monthly
1	\$29,735	\$2,477
2	\$38,885	\$3,240
3	\$48,034	\$4,003
4	\$57,185	\$4,765
5	\$66,334	\$5,528
6	\$75,483	\$6,290
7	\$77,199	\$6,433
8	\$78,914	\$6,576
9	\$80,630	\$6,719
10	\$82,345	\$6,862

FFY 2013

***Children in families at or below 85% State Median Income are eligible for the Summer Transition Program.

**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