**Child Care Eligibility Template**

**INTERACTION:** *New App, Renewal, Changes, Questions*

**INTERVIEW TYPE:** *Face to Face, telephone*

**INTERVIEW COMPLETED:** *Yes, no 2 attempts made 15 mins apart, Interview appt scheduled- date, time, worker*

**CONTACT INFO:** *Changes to address, ph number, mailed or email*

**HH:** *Who is in the HH, How are they related*

**SHARED PLACEMENT SCHEDULE**: *Moms days, Dads days, N/A*

**SPECIAL NEEDS:** Yes, no

**EDUCATION:** *Basic/secondary/online/how participation leads to maintaining employment*

**LA:** *minor parent in a documented independent LA, Foster Care, Kinship Care, other*

**ACTS/TBRK**: *accepted, declined, reduced hours- what are they, sent request*

**ASSETS:** *less than $25,000, more than $25,000, pending ver*

**EI/SEI/UEI:** *no, if yes- if and how verified. EI: list employer, hours, pay type, pay frequency. SEI: list significant change date, start date if new, hours/mon. UEI: Source, frequency, gross amt*

**QUESTIONABLE VER:** EI VER appears questionable or falsified

**SELF-DECLARED:** *Employment/Income, rational for using best available info*

**COLLATERAL CONTACT:** *Phone convo w/ employer- dated, time, ph number, person*

**CPS/KINSHIP:** *biological parents income info was rec’d or requested or not available, phone or email communication documented, kinship payments:*

**WRAP-UP :***Anything additional to add, App expiration date, mailed good cause notice*

**SIGNATURE:** *electronic, telephonic, written*

**RESULTS:** *Pass, Fail-why, Pending .*

**PENDING VER:** *Yes- for what and when is it due*

**Child Care Authorization Template**

**DELAY REASON:** *If 2 business days have passes since the auth assessment*

**LENGTH:** *start date of auth, if less than 12 months- why*

**CONTINUITY OF CARE:** *reason for reduced hours from original auth*

**SCHEDULE:** *both parents/caretakers start and end times for each activity, days of the week, schedule type-4 wk vary, 2 wk rotate, fixed*

**EDU. TRACKER:** *parent class schedule recd, updated the edu tracker*

**TRAVEL TIME:** *both parents/caretakers travel time to daycare from activity*

**PROVIDER:** *provider name, number, location*

**DISCREPANCY:** *Questions and answers to resolve 10 hrs or less discrepancy for schedule vs verification*

**GAPS/SLEEP HRS:** *Justification of authorized hours*

**SELF-EMPLOYMENT:** *Justification of authorized hours for Foster Parents, Sub. Guardians, Caretakers, Relatives w/ court order receiving Kinship payment.*

**SHARED PLACEMENT:** *schedule used to create the auth*

**SCHOOL:** *Child school schedule-start/end time, short days, 4k hours, Headstart program.*

**SCHOOL CLOSURE:** *reason for hours and days*

**CC NEEDS:** *someone else picking up, watching children during the week*

**OVERRIDE:** *reason for the override/special needs rate (no health information).*

**12 HR AUTH:** *supporting documents summarized*

**HARDSHIP:** *reasoning, entered Hardship in CSAW*

**CONTACTS*:*** *documents attempts to contact parent before ending auth when provider reports not attending*

**CALCULATED BENEFITS** *yes, no*

***\*Good Cause Notice: Mail at Application, Renewal, Person Add, Program Add (exception is Access Applications)***

***\*Will not transfer to CWW if you include apostrophes***

**\*ACTS/TBRK: Agency workers must include the following text (or text substantially similar) as a note on the Notice of Proof Needed:***“You may be able to keep your Wisconsin Shares Child Care eligibility and any subsidy authorizations you have following this change in approved activity. Your subsidy amount may increase, but you will still be responsible for paying the difference between the subsidy amount and the price your child care provider charges. Please contact your local agency if you are interested in this. Failure to respond to this request will result in your Wisconsin Shares Child Care eligibility ending.”*