

CCDF CHECKLIST

BELOW IS A LIST OF ALL DOCUMENTATION NEEDED TO COMPLETE YOUR APPLICATION FOR THE CHILD CARE VOUCHER PROGRAM. YOUR APPLICATION WILL NOT BE COMPLETED WITHOUT ALL THE FOLLOWING DOCUMENTATION THAT APPLIES TO YOU.

ALL DOCUMENTS SUBMITTED MUST BE FOR THE 30 DAY PERIOD PRIOR TO THE DATE OF YOUR APPOINTMENT.

- _____ **Provider Information Page** (to be completed, signed and dated by your chosen provider)
- _____ **Wage Information** for all employed applicants for the 30 days prior to the date of your appointment
 - ~Paystubs (last 4 if paid weekly; last 2 paystubs if paid bi-weekly) must show: name or social security number, date paid, hours worked, gross wages
 - ~Cancelled checks from your employer(front and back) must show: Name, date paid, amount paid (*Please call our office or print from our website www.child-care.org if this applies to you as there is Wage Detail Form that must be filled out by you and your employer.*)
 - ~ For tipped employees, the worksheet must be completed, signed, and dated(please call our office or print from our website www.child-care.org)
- _____ **Unemployment Income** you have received in the 30 days prior to the date of your appointment
 - ~Uplink claim homepage printout or current documentation from the issuing agency
- _____ **TANF cash assistance**
 - ~IQAE screen print for TANF received in the 30 days prior to the date of your appointment OR
 - ~Award letter, not more than 12 months old OR
 - ~Screen print from www.ifcem.com or other State-supported website
- _____ **Documentation of any other income** you have received in the 30 days prior to the date of your appointment
 - ~Award letter from the current year or current documentation from the issuing agency
- _____ **If you have a New Job or will be starting a New Job**
 - ~Paystub showing your name, hours worked, and gross wages.
 - ~If paystubs are not available, a signed statement from your employer is acceptable:
 - Must contain applicant name or social security number, hire date, and anticipated hours per week **AND**
 - Be either on company letterhead OR
 - Contain the company EIN OR
 - Have an attached business card from the individual signing the statement
- _____ **If you are Self-Employed**
 - ~Profit and Loss statement for the previous calendar month (if you need a profit and loss form, please call our office or print one from our website, www.child-care.org) **AND** one of the following:
 - ~An IRS Tax Transcript which includes a Schedule C OR for a partnership Form 1065 and Schedule K for the previous tax year, OR
 - ~Evidence of a request for IRS Tax Transcript (IRS Form 4506T-EZ)
- _____ **If you work for your childcare provider**
 - ~You must include the required, completed form stating that you **WILL NOT** be responsible for your own child(ren) for any part of the day (please call our office or print one from our website, www.child-care.org). Statement must be signed by both you and the provider.
- _____ **Proof of address (must choose one)**
 - Must contain: your name, street address, city, state and/or zip code
 - ~Current rent receipt or signed and dated landlord statement
 - ~Current mortgage statement based on statement date and/or print date
 - ~Current utility bill with meter read dates, or service period dates, or statement dates
 - ~Lease or lease amendment for existing period
 - ~Addressed envelope from current mail which includes postmark (not a window envelope)
 - ~Current letter or computer printout from State of Indiana agency
 - ~Online verification from the US Postal Service showing changed address, including confirmation code
 - ~Current paystub
 - ~Valid driver's license, or State ID card, or INS green card
 - ~Documentation from a Homeless Shelter or Domestic Violence Shelter

_____ **Proof of Identity (must choose one)**

- ~Driver's license or State ID card
- ~Passport
- ~Military ID
- ~School ID
- ~Work ID

_____ **Proof of co-applicant identity (if living with you) (must choose one)**

- ~Driver's license or State ID card
- ~Passport
- ~Military ID
- ~School ID
- ~Work ID
- ~Permanent residency card
- ~ICES screen from caseworker
- ~Social Security card
- ~Birth certificate
- ~Insurance card
- ~Vehicle registration
- ~Voter registration card

_____ **Proof of children present in the home (must choose one)**

- ~Birth certificate (State issued, hospital issued or confirmation letter)
- ~Permanent residency card
- ~School enrollment forms or school identification card (if date of birth is on card) with an accompanying Social Security card
- ~Medical immunization records (if date of birth is on document) with an accompanying Social Security card
- ~ICES screen from caseworker
- ~State ID
- ~Passport
- ~Hoosier Health or Medicaid card (if date of birth is listed on card)
- ~Court record of adoption, paternity, or foster placement (if date of birth is verified)

_____ **School enrollment information** for all enrolled applicants

- ~Documentation must show: student name, school name, credit hours and/or hours of participation, semester dates
- ~If you are a high school student, you must obtain a high school enrollment verification form (please call our office or print one from our website, www.child-care.org).
- ~Acceptable methods of documentation:
 - Registration form OR
 - School schedule, which may be from school website OR
 - Written statement on institution (school) letterhead

_____ **TANF IMPACT referral** for all active participants (you must request this from your caseworker)

_____ **Foster Parents**

- ~Copy of a valid foster care license which matches the documentation submitted for residency AND
- ~Verification the child is a foster child in Indiana (State Form 3319, court placement order, current per diem documentation, or documentation from the DCS caseworker)

REMEMBER: ALL DOCUMENTATION MUST BE FOR THE 30 DAY PERIOD PRIOR TO THE DATE OF YOUR APPOINTMENT.

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