

Child Care Redetermination Application

Print Name (Last, First, M.I.) _____ Phone No. _____

Social Security No. (Optional) _____ Client ID No. _____ Phone Number New? Yes No

Change in Address

Has your address changed? Yes No *If yes, please complete this section.*

Home Address (No., Street) _____

City _____ State _____ ZIP Code _____

Mailing Address (No., Street Or P.o. Box) _____

City _____ State _____ ZIP Code _____

Your Employment and Earnings Status

Has your employment/earnings status changed? Yes No *If yes, please provide current verification.*

Employer's Name and Phone No.	Start Date	End Date	Hourly Wage	Hours Per Week	How Often Paid?
1.					
2.					
3.					

Your Unearned Income Status

Has your unearned income changed? Yes No *If yes, please provide current verification.*

Does anyone in your household currently participate in the Temporary Assistance for Needy Families (TANF) Cash Assistance program? Yes No

Parent/Caretaker's Name	Income Source	Start Date	Monthly Amount
1.			
2.			
3.			

Change in Household Members

Name	Relationship to You and Your Child(ren)	Moved (Select One)	Date	Reason
1.		In Out		
2.		In Out		
3.		In Out		
4.		In Out		

Change in Child Care Providers

All Children Just the Children Listed Below:	New Provider's Name	Provider's Address	Provider's Phone No.	Last Day At Old Provider	First Day At New Provider
1.					
2.					
3.					
4.					
5.					
6.					

Do you have a child with special needs? Yes No

When answering yes, provide one of the following items for verification:

IEP IFSP ISP 504 Plan Diagnosis Other

Change in Other Eligibility Factors

Is there a change in medical condition, homeless/domestic violence shelter living arrangements or education and training activities (if applicable) for you or anyone in your household? Yes No *If yes, please explain:* _____

Name of the Affected Person _____ Date _____

Description of the Change _____

Statements made on this form by me or on my behalf are true and correct to the best of my knowledge. I understand that I will be responsible for any overpayments that occur as the result of submitting false information or concealing material facts to qualify for services and that I may be charged with fraud under A.R.S. §13-2311, a class 5 felony.

Signature _____ Date _____

Tax Claimant Questionnaire

You must complete this questionnaire to determine if there are any relatives living with you who must be included in your family size (and have their income counted) based on whether they intend to claim you, or your family members (your spouse, your children or the other parent of your children who lives with you, or the children of the other parent) as a dependent when filing their federal or state income tax return.

1. Are you the **parent** (natural, step or adoptive) of the **child(ren)** needing child care?
 - Yes If the answer is **Yes**, continue to **Question #2**.
 - No If the answer is **No**, you are **not** required to complete **Question #2**.
Read and sign the *Rights and Responsibilities* on page 6, before submitting this application.
2. Do you have an **adult relative living with you** who intends to claim you, your child(ren), or your spouse [or other parent of your child(ren), or the child(ren) of your spouse or other parent from a prior relationship as dependents on their State or Federal income tax return (*when they file their taxes in the next calendar year*)?
 - No By answering **no** and signing the ***Rights and Responsibilities*** on page 6 of this application you have declared that either no adult relative is living with you or that an adult relative living with you does NOT intend to claim you or any of your family members as dependents on their State or Federal income tax return (*when they file their taxes in the next calendar year*).**
 - Yes If the answer is **Yes**, you and the adult relative **must complete and sign Section B of the Tax Claimant Declaration, CCA-1105A** (available at any DES Child Care Assistance office).**
 - Don't know If you stated that you don't know, then you and your adult relative must determine through discussion, whether they intend to claim you or any of your family members as a dependent on their State or Federal income tax return. You and your relative must complete and sign the **Tax Claimant Declaration, CCA-1105A** and return it to your DES Child Care Specialist.**

**** Important:** The Department of Economic Security **cannot** advise you or your family whether a relative may claim a family member of your family as a dependent for income tax purposes. **If you need help** finding out whether a **relative who lives with you** may be able to claim you or any of your family members as **dependents for income tax purposes**, the Department of Economic Security recommends that you **seek help** through the **U.S. Internal Revenue Service** at www.irs.gov, and the **Arizona Department of Revenue** at www.azdor.gov, or consult a tax professional.

Tax Claimant's (Relative's) Income

If you indicated that a **relative intends to claim you or your family members as dependents** on their income tax return, **you must answer either YES or NO for each type of income source**. Check (✓) **YES** if the **Tax Claimant**, and/or their **spouse** have received or will receive income from any source. Check (✓) **NO** if no income from that source.

Received?		Source	Amount Received	How Often Received	Name of Person Receiving Income
Yes	No	Earned Income/Self-Employment Income	\$		
Yes	No	Cash Assistance	\$		
Yes	No	Social Security/SSI, SSA	\$		
Yes	No	Child Support ATLAS / Court Order No.	\$		
Yes	No	Identify other income (<i>check all that apply</i>): Gifts Loans Unemployment Insurance Rental Income Interest VA Income from Absent Parent(s) Friends or Relatives Other (<i>describe</i>):	\$		

Affidavit of Truth: I hereby apply for Child Care Assistance and affirm that I have been informed of my rights and responsibilities. I swear under penalty of perjury that statements on this form, information and documents provided by me, or on my behalf to DES are true and correct to the best of my knowledge, and that I have not withheld information. I understand that if I knowingly submit false information or conceal a material fact on the application, I may be charged with fraud pursuant to A.R.S. § 13-2311, a class 5 felony. I authorize DES to verify information through current or former employers, or other persons or institutions. I understand that I will be responsible for overpayments.

Signature of Applicant:

Print Name of Applicant:

Date:

Signature of Spouse/Other Parent:

Print Name of Spouse/Other Parent:

Date: