



## Tarrant County Child Care Management Services

Child Care Management Services (CCMS) helps families find and afford quality child care. The State of Texas provides funding for CCMS, which is one of several programs administered by Texas Workforce Commission to assist families in becoming self-sufficient.

In 1989 Child Care Associates was selected to field test the CCMS program. Today, the company oversees two CCMS contracts--- Tarrant County CCMS and West Central Texas CCPO. Combined, the programs provide services to over 10,000 children in 20 Texas counties.

Parents who work, go to school or participate in vocational training may be eligible for CCMS assistance.

As a Self-Arranged Relative Provider you are making it possible for your relative to have high quality child-care in a safe and home-style environment. Thank you for the job you do!!

SELF-ARRANGED CHLD CARE  
PROVIDER INFORMATION

Name of Parent or Guardian/Nombre del Padre, Madre o Tutor

INFORMATION ABOUT THE CHILD CARE PROVIDER/INFORMACION SOBRE EL PROVEEDOR DE CUIDADO DE NIÑOS

Name of Provider Nombre del Proveedor	Date of Birth Fecha de Nacimiento	Social Security No. Numero de Seguro Social
Address (Street, City, ZIP)/Dirección (Calle, Ciudad, ZIP)		Telephone No./Telefono
Mailing Address (If different)/Dirección Postal (si es diferente)		
What is the relationship of child care provider to child?(Relación o parentesco del proveedor con el niño?)		
<input type="radio"/> Grandparent Abuelos	<input type="radio"/> Great Grandparent Bisabuelos	<input type="radio"/> Aunt Tia
		<input type="radio"/> Uncle Tio
		<input type="radio"/> Adult Sibling Hermanos
Total number of children you care for: Numero total de niños que cuida: <input type="radio"/>	Total number of children you care for who are unrelated to you: Numero total de niños que cuida que no son sus parientes: <input type="radio"/>	
Where is the care provided? ¿Dónde cuida a los niños? .....	<input type="radio"/> In the Child's Home En la Casa del Niño	<input type="radio"/> In My Home En Mi Casa
I declare under penalty of perjury under the laws of the United States of America and the State of Texas, that I am by blood, marriage or court decree, an eligible provider, of the children listed below. Declaro bajo las consecuencias de perjurio bajo las leyes de los Estados Unidos de America y el Estado de Tejas, que por sangre, matrimonio, o edicto de corte, soy proveedor eligible de los niños nombrados.		
List the names of this client's children who are in your care: Nombres de los niños que usted cuida que son de este cliente:	DATE OF BIRTH FECHA DE NACIMIENTO	DAILY RATE TARIFADIARIA

I understand that participation, as a self arranged provider, is voluntary and that the arrangement is strictly between the parent and myself. I understand that I am considered to be an independent business person, not an employee of Child Care Associates/Tarrant County CCMS or the Tarrant County Workforce Development Board. I am fully aware that the amount I receive in billing payments for each child depends on the child's age and the maximum amount the Tarrant County Workforce Development Board allows for that age less any parent fee. I will not hold Child Care Associates and/or the Tarrant County CCMS and/or Tarrant County Workforce Development Board responsible or liable for the acts that may occur while the above child/ren is/are in my care.

Comprendo que la participación como proveedor de cuidado de niños arreglado por el cliente es voluntaria y que el arreglo es estrictamente entre el padre/madre y yo. Comprendo que soy considerado como persona independiente de negocios, y no como empleado de Child Care Associates/Tarrant County CCMS o Tarrant County Workforce Development Board. Estoy completamente enterado/enterada de la cantidad que CCMS puede reembolsar por cada niño depende en la edad del niño y la cantidad máxima que Tarrant County Workforce Development Board permite para esa edad menos las cuotas del cliente. No guardare responsable al Child Care Associates y/o Tarrant County CCMS y/o Tarrant County Workforce Development Board por daños y perjuicios que puedan ocurrir mientras el niño/los niños antedicho/antedichos este/estén bajo mi cuidado.

Signature-Provider/Firma-Proveedor

Date/Fecha

Child Care Associates

An Equal Opportunity Employer/Program whose auxiliary aids and services are available upon request to individual with disabilities.  
TDD/TTY 1-800-735-2989

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language Services, including the interpretation/translation of this document, are available free of charge upon request.

for additional children (please add below)

List the names of this client's children who are in your care: Nombres de los niños que usted cuida que son de este cliente:	DATE OF BIRTH FECHA DE NACIMIENTO	DAILY RATE TARIFADIARIA
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Age Group	Full-Time	Part-Time
0-17 months	15.00	11.50
18-35 months	14.00	11.00
3-5 years	14.00	8.50
6-12 years	13.00	8.50

**Note:** The parent share of cost (commonly referred to as a “parent fee”) will be deducted from the provider’s reimbursement. It is the provider’s responsibility to collect any assigned parent fees.

## **BASIS FOR REIMBURSEMENT FOR CHILD CARE SERVICES**

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Full-time vs. Part-time Care:

- Full time care is from 6 to 12 hours a day,
- Part time care is less than 6 hours a day,
- Part-day care is for less than 5 days (or 40 hours) per week,
- School-age care:
  - ≈ Before and/or after school care is part-time care,
  - ≈ Full day care during school breaks and holidays is full day care.

CCMS is not responsible for any after hour charges that a parent may incur. This is strictly between you and the parent.

## **PARENT FEE (SHARE OF COST)**

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Most parents receiving care will be assigned a monthly parent fee. As a provider, it is your responsibility to make arrangements with the parent to receive the monthly parent fee.

# TARRANT COUNTY CCMS

## Listed Relative Child Care Letter of Understanding

I, \_\_\_\_\_, a provider of listed relative child care,  
understand I will:

- Provide Tarrant County Child Care Management Services (TCCCMS) accurate and complete information on CCMS Form 1034 and IRS form W-9.
- Collect and maintain records of parent fee collection in the amount specified on Form 2450-A, notification of Client Eligibility for Self-Arranged Care.
- Notify TCCCMS when a child has been absent for 3 consecutive days.
- Notify TCCCMS when the child continues to be absent for 5 consecutive days with contact from the parent.
- Not charge in advance for child care services, other than the required parent fee, and wait for billing payment for child care services from Child Care Associates.
- Report all earnings from billing payment of child care services to the Texas Department of Human Services (TDHS) if I receive TANF, SSI or Food Stamps benefits. I understand that these earnings may affect any assistance I may receive from TDHS. I further understand that any Social Security benefits may also be affected due to billing payments I receive.

I understand and acknowledge the TCCCMS will report billing payments to:

- The Internal Revenue Service (IRS) for tax purposes at the end of each calendar year.
- The Texas Department of Human Services if I am receiving TANF, SSI or Food Stamp benefits.

I understand that I am considered to be an independent business person, not an employee of Child Care Associates/CCMS or the Workforce Solutions for Tarrant County.

I understand that Child Care Associates will not withhold any amounts for payment of taxes from my billing payment for providing child care services. I acknowledge that I am not entitled to participate in any pension, retirement, unemployment compensation, or other benefit programs through Child Care Associates.

I understand that the amount I receive in billing payments for each child depends on the child's age and the maximum amount the Workforce Solutions for Tarrant County Board allows for that age less any parent fee.

# TARRANT COUNTY CCMS

I give permission to Child Care Associates to contact a third Party to verify authenticity of Social Security Card, Texas Identification card or Texas Driver's License.

\_\_\_\_\_ I verify that I do not have any other full-time or part-time job that conflicts with the hours that child care has been authorized. I understand if at any time TCCCMS becomes aware that I am not providing care during authorized hours, care will be terminated immediately and I will be subject to repaying any reimbursements received during this time.

\_\_\_\_\_  
Listed Relative Child Care Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (printed)

**TARRANT COUNTY CCMS**

**ACCEPTANCE OF RESPONSIBILITY  
SEFL ARRANGED CHILD CARE PROVIDER**

I UNDERSTAND THAT RESPONSIBILITY FOR THE SAFETY AND WELFARE OF ANY CCMS CHILD WHILE IN MY CARE IS MY RESPONSIBILITY, NOT THE RESPONSIBILITY OF CHILD CARE ASSOCIATES/TARRANT COUNTY CHILD CARE MANAGEMENT SERVICES OR THE TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD.

I RECOGNIZE THAT I WILL BE RESPONSIBLE FOR ANY HARM THAT OCCURS TO A CCMS CHILD WHILE IN MY CARE.

I AM PROVIDING CHILD CARE FOR THE CHILDREN OF \_\_\_\_\_  
PARENT NAME

\_\_\_\_\_  
Self-Arrange Provider Signature

\_\_\_\_\_  
Date



## Receipt of LRCC Provider Manual

Provider Name: \_\_\_\_\_

License Number: \_\_\_\_\_

I have received, read, and understand the Listed Relative Child Care Provider Manual and agree to abide by the rules and procedures described within.

\_\_\_\_\_

LRCC Provider Signature

\_\_\_\_\_

Date



# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1 Name (as shown on your income tax return).** Name is required on this line; do not leave this line blank.

**2 Business name/disregarded entity name, if different from above**

**3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.**

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

**4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):**

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

**5 Address (number, street, and apt. or suite no.)** See instructions.      Requester's name and address (optional)

**6 City, state, and ZIP code**

**7 List account number(s) here (optional)**

Print or type. See Specific Instructions on page 3.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Social security number**

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**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**or**

**Employer identification number**

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## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**      Signature of U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.





**Tarrant County Child Care  
Management Services**

Child Care Associates

305 NE Loop 820, Suite 600

Hurst, TX. 76053

(817) 831-0374

# Listed Relative Child Care Provider Manual

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**WORKFORCE SOLUTIONS**

FOR TARRANT COUNTY

a proud partner of the 6000+ job center network

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## **FOREWORD**

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This Provider Handbook is developed to inform you about the Child Care Management (CCMS) child care services and to explain your financial role as an Listed Relative Child Care provider.

All rules, policies and procedures in this Provider Handbook are based on federal or state laws and local Workforce Solutions for Tarrant County Board policies and procedures.

Please read this handbook carefully. Keep it handy as a reference for questions you may have later. Feel free to call us at 817.831.0374, if you have any questions.

## **PURPOSE**

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This handbook is for Listed Relative providers offering child care services to families receiving assistance through CCMS. It will:

- ◆ Provide you a reference guide that you can keep
- ◆ Provide and explain the conditions on which child care services are based, and your role as a provider with CCMS.
- ◆ Provide understanding about receiving reimbursement for providing child care services
- ◆ Provide ways a person may be prosecuted for obtaining or attempting to obtain, by fraudulent means, services to which she/he is not entitled

## **ELIGIBLE CHILD CARE PROVIDERS**

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A relative child care provider must meet the following criteria to be eligible to receive CCMS funds for providing child care services:

A relative, by blood, marriage, or court decree of the child, who is at least 18 years old, shall not reside at the same residence as the child, listed with Texas Department of Family and Protective Services (DFPS) and is one of the following:

- A grandparent, by birth or marriage (including common-law marriages), who lives in a separate residence,
- A great-grandparent, by birth or marriage (including common-law marriages) who lives in a separate residence,
- An aunt or uncle, by birth or marriage (including common-law marriages) who lives in a separate residence,
- An adult sibling of the child who lives in a separate residence.

## **INDEPENDENT CONTRACTOR**

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The provider shall at all times be an independent contractor and not an agent or employee of Child Care Associates. Child Care Associates does not have the right or power to control how a provider selects its employees, hires or fires, or otherwise provides child care services; nor does Child Care Associates have the right to direct the Provider's action in any way.

The provider is not entitled to wages or benefits from Child Care Associates and the provider is fully responsible for the payment of all federal, state and local taxes or contributions imposed or required under unemployment insurance, Social Security and employment tax laws.

## **NECESSARY DOCUMENTATION**

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A mandatory orientation will be scheduled to explain the rules and must be attended within 30 days of start of care. The following documents must be maintained by CCMS staff on all Listed Relative providers:

- Current Providers Texas Driver's License or Texas ID
- Current Parents Texas Driver's License or Texas ID

- Sex Offenders Search Form (SOS)
- DFPS Listed Status
- Receipt of USACC Handbook
- Current Social Security Card
- Financial Agreement – Form 1034
- Form W-9
- Acceptance of Responsibility - Forms LU-3
- Letter of Understanding
- Unemployment Insurance (UI) Report will be reviewed by CCMS staff.

If any of the above-mentioned items change (due to moving or marrying) the CCMS must be notified immediately. Payments will not be made until all paperwork is complete and is accurate.

**When you are no longer “Listed” with DFPS, CCMS must be notified immediately.**

**Note:** CCMS cannot provide reimbursement for child care services to a child care provider who has been found to be in serious noncompliance with, seriously deficient by, or debarred from any other State or Federal program (such as the Child Care Food Program).

## **VERIFICATION VISITS**

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Within 60 days from the date the provider attends the mandatory orientation an initial verification visit will be conducted. This will be an unscheduled visit by CCMS staff which will include the following:

- Verifying providers Driver’s License or Texas ID
- Verifying providers Social Security Card
- Verifying the children in care

A notice will be left if the CCMS staff cannot verify the provider and children. A second attempt to verify the care will be made within a couple of weeks.

A notice will be left for the provider if the second attempt was not verified. The parent will be informed they must select regulated care.

Annual visits will be conducted on each Listed Relative provider. These visits will also be unannounced. The items listed above will be re-verified. The same steps will be followed if the care is not verified.

### **ARRANGEMENTS FOR CHILD CARE**

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Arrangements for child care are made between the parent and child care provider according to the parent's child care needs. CCMS will reimburse the child care provider after the provider has attended a mandatory orientation.

Providers may not have any other full-time or part-time job that conflicts with the hours that child care has been authorized. At any point, a time conflict is discovered care will be terminated and will be subject to review.

### **ATTENDANCE**

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It is the parent's responsibility to record attendance for each child receiving CCMS services. It is the provider's responsibility to make sure parents are recording attendance by checking the CCAA web portal daily. Attendance for CCMS funded children must be recorded through the CCAA Interactive Voice Recognition System (IVR). All providers are required to have a working phone.



## **PARENT SHARE OF COST**

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Most parents receiving care will be assigned a monthly parent share of cost. As a provider, it is your responsibility to make arrangements with the parent to collect the monthly cost.

## **REIMBURSEMENT TERMS**

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N/A CCMS will reimburse the child care provider after services are rendered. Automated claim import attendance data is sent to the CCMS from the Child Care Automated Attendance System (CCAA) on a weekly basis. Payments are reviewed and processed on a weekly basis. All reimbursements will be received through Electric Funds Transfer (EFT).

### CCAA:

N/A CCMS will not pay for parents not reporting attendance. Providers will follow the following procedures when parents do not report attendance:

Relative child care providers are:

- ~~N/A~~ • ~~Not reimbursed on days when attendance is not recorded;~~
- Not reimbursed for days when the child is absent;
- Not reimbursed for holidays.
  
- Provider will call CCMS on 3<sup>rd</sup> day for consecutive non swipe/reporting attendance.
  
- Provider will call the CCMS on the 5<sup>th</sup> day, if parent is still not reporting attendance. The provider will be asked to speak to parent about not reporting. The provider will ask parent to correct attendance, and CCMS will issue the parent a CCAA violation letter.

### ABSENCES:

Please note the following contact must be made to the CCMS Finance staff when children are absent:

- **Absences without contact:** If a CCMS-referred child is absent for 3 days in a row without contacting you, as a provider, must contact your Financial Specialist.
- **Absences with contact:** If a CCMS-referred child is absent for 5 days with contact you, as a provider, must contact your Financial Specialist.

## **HOLIDAYS:**

CCMS will not reimburse the child care provider during recognized holidays unless the provider keeps the child on a holiday. Child must be authorized to attend, and parents must report attendance.

## **REIMBURSEMENT RATES**

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Workforce Solutions for Tarrant County sets maximum reimbursement rates that providers can be reimbursed for child care services based on the following:

- The type of child care provided,
- The age of the child receiving child care services, and
- Whether full-time or part-time care is authorized

Workforce Solutions for Tarrant County utilizes the annual survey conducted by the Texas Workforce Commission. Rates are then set according to local policy and need.

**Note:** The parent share of cost (commonly referred to as a “parent fee”) will be deducted from the provider’s reimbursement. It is the provider’s responsibility to collect any assigned parent share of cost.

### Full-time Care:

- Full time care is from 6 to 12 hours a day,
- School-age care:
  - ≈ Before and/or after school care is part-time care,
  - ≈ Full day care during school breaks and holidays is full day care.

CCMS is not responsible for any after hour charges that a parent may incur. This is strictly between you and the parent.

## **RECORD KEEPING REQUIREMENTS**

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Providers must maintain financial records for each child receiving subsidized child care and make them available for review by CCMS upon request. At a minimum the provider must keep the following for each child receiving subsidized care:

- receipts for parent share of cost paid by the parent,
- financial documents showing payment for child care services provided, and
- any other records pertaining to financial claims for a child receiving subsidized care.

In accordance with Federal law, providers must keep financial records for 3 years and 90 days from the last day the child receives subsidized child care.

CCMS has the right to conduct an on-site fiscal monitor on the above-mentioned documents during operational hours.

## **TERMINATION OF FINANCIAL AGREEMENT**

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The following are reasons the Financial Agreement could be terminated:

- 1) Failure to submit proper documentation during provider enrollment.
- 2) Failure to submit proper documentation during verification visit.
- 3) Not an eligible relative as outlined on page 4 in this handbook.
- 4) Verification visit unable to be completed.
- 5) Failure to report change such as address, name change, losing "Listed" status with DFPS- child care licensing, etc. s
- 6) ~~Failure to comply with CCAA procedures and requirements~~
- 7) Work hours conflicting with authorized child care hours

Providers should not call in a parent attendance under any circumstance using the CCAA system. Providers should not possess or keep swipe cards on premises.

## **COMPLAINTS/GRIEVANCES**

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Providers have the right to have complaints or grievances heard without the threat of losing child care services. Providers should begin by explaining the problem or complaint to CCMS staff. If this is unsuccessful, ask to speak with the CCMS Director and explain the problem. If both of these attempts fail to resolve the issue, providers may contact Workforce Solutions for Tarrant County. Formal complaints must be put in writing.

Workforce Solutions for Tarrant County  
Child Care Program  
1320 S. University Dr., Suite 600  
Fort Worth, TX. 76107

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# Relative Self Arranged Child Care Orientation

## 1. Welcome and Introductions

## 2. Overview of USACC

- How USACC works
- Eligible Relative Providers
- USACC verification visits (limit of two attempts only, please see inserts in folder)
- Eligibility Notifications and Termination Notifications 2450A
- DFPS Listing requirements

## 3. Explanation of Forms

- W-9 Request for Taxpayer ID Number and Certification
- 1034 USACC Provider information
- LU-1 Letter of Understanding
- LU-2
- LU-3 Acceptance of Responsibility
- USACC Listed Provider Agreement
- Authorization Agreement for Automatic Deposits
- USACC Handbook Acknowledgement

## 4. CCAA (Child Care Automated Attendance) system

- IVR – provider must use listed phone
- ~~Parent records daily attendance~~ N/A

## 5. Questions

## 6. Adjourn

# SELF-ARRANGED CHILD CARE

## IMPORTANT INFORMATION FOR RELATIVE PROVIDERS

### **PARENT ELIGIBILITY AND RESPONSIBILITIES**

The parent providing this information packet is eligible for child care service sponsored by Workforce Solutions for Tarrant County. This parent has chosen to arrange child care for her child(ren) with a relative.

### **PROVIDER ELIGIBILITY**

To be an eligible provider you must be a grandparent, great grandparent, aunt, uncle or sibling of **each** eligible child and be at least 18 years old. Must have, or obtain proper identification before becoming a Self-Arranged Child Care Provider.

### **ROLE OF THE CHILD CARE MANAGEMENT SERVICES (CCMS)**

The Child Care Management Service (CCMS) performs certain important functions for you and the parent. The name and address for the CCMS is:

#### **TC CCMS**

**305 NE Loop 820, Suite 600**

**Hurst, TX 76053**

### **INITIAL ELIGIBILITY DETERMINATIONS**

1. DETERMINE IF THE PARENTS ARE ELIGIBLE
2. IDENTIFY THE CHILDREN FOR WHOM IT WILL PAY
3. RECORD THESE DETERMINATIONS ON FORM 2450-A
4. PAY THE RELATIVE PROVIDER

Form 2450-A will also indicate what hours and days the CCMS will pay for care for each child. This notification is important because you will receive payment for only those children who are included. Read the form carefully to be sure that you understand how much you will be paid. The amount paid for each child is subject to:

1. Age of child
2. Maximum reimbursable rate for each child
3. Amount of parent's fees

### **CHANGES IN ELIGIBILITY**

The CCMS will also notify you on a new 2450-A when children are no longer eligible to receive care, when there are changes in the hours and days that care is needed or other changes.

### **PAYMENT PROCEDURES**

Before you can receive payment from CCMS, you must complete and sign all forms contained in this packet.

NOTIFICATION OF CLIENT ELIGIBILITY FOR SELF ARRANGED CHILDCARE

To:

SELF ARRANGED  
1234 ANYWHERE  
FT WORTH, TX 76111

Case Number/Caso Número 18948
From: CCS Contractor/DE: Contratista de CCS
Office Address & Telephone Number/Oñcina Y Teléfono CCA - TARRANT COUNTY CCMS P. O. BOX 7675 FORT WORTH, TX 76111- 817-831-0374

NOTIFICATION OF CLIENT ELIGIBILITY  
SELF-ARRANGED CHILD CARE

AVISO DE ELEGIBILIDAD PARA CUIDADO  
DE NIÑOS ARREGLADO POR EL CLIENTE

The children listed below ARE ELIGIBLE for board sponsored child care services. Care should be provided according to the days and hours listed. Payment is made to the child care provider. You will collect from the parent the parent fee and any difference in what you charge and TWC maximum rates.

Los niños nombrados abajo SON ELEGIBLES para servicios de cuidado de niños patrocinado por la Mesa Directiva. El cuidado de niños debe ser durante las horas y dias notadas abajo. El pago se dara a el proveedor del servicio. Debe usted colectar del padre de familia la cuota y la diferncia entre lo que usted cobra y el maximo que le paga TWC.

Start Date/Fecha de Comienzo:

DATE CARE WILL START

Parent's Name/Nombre de la Madre (o del Padre)

PARENT'S NAME  
1234 ANYWHERE  
FT WORTH, TX 76111

Telephone Number/Telefono

817-831-0374

CHILD'S FULL NAME NOMBRE COMPLETO DEL NIÑO	DATE OF BIRTH FECHA DE NACIMIENTO	AUTHORIZED CARE/CUIDADO AUTORIZADO			DAILY RATE TARIFA DIARIA	
		DAYS OF THE WEEK	TYPE OF CARE/TIPO DE CUIDADO			
			Full Day	Part Day	Both	
CHILD'S NAME	12/25/1996	MTWTF				\$12.00

Comments:

Parent fee is \$125.00 per month

Hours are from 8:00am - 6:00pm, may stay up to six hours per day during school or 12 hours per day on school holidays.



ALWAYS CHECK THE COMMENTS SECTION CAREFULLY.  
THIS AREA MAY CONTAIN IMPORTANT INFORMATION.



NOTIFICATION OF CLIENT ELIGIBILITY FOR SELF ARRANGED CHILDCARE

To:

SELF ARRANGED  
1234 ANYWHERE  
FT WORTH, TX 76111

Case Number/Caso Número 18948
From: CCS Contractor/DE: Contratista de CCS
Office Address & Telephone Number/Oficina Y Teléfono CCA - TARRANT COUNTY CCMS P. O. BOX 7675 FORT WORTH, TX 76111- 817-831-0374

NOTIFICATION OF CLIENT ELIGIBILITY  
SELF-ARRANGED CHILD CARE

AVISO DE ELEGIBILIDAD PARA CUIDADO  
DE NIÑOS ARREGLADO POR EL CLIENTE

The children listed below are NO LONGER ELIGIBLE for TWC-sponsored child care services. The parent will not be paid for child care services provided on any day after the termination date listed below.

Los niños nombrados abajo YA NO SON ELEGIBLES para servicios de cuidado de niños patrocinado por la Mesa Directiva. A los padres no se les pagara ningún cuidado de niños recibido después de la fecha de terminación notado abajo.

The CCS contractor cannot pay for care after this date.

El contratista de CCS no puede pagar por este servicio después de esta fecha.

Termination Date/Fecha de Terminación:

~~DATE CARE WILL END~~

Parent's Name/Nombre de la Madre (o del Padre) TRACY SELF	Telephone Number/Teléfono
Address/Dirección 1234 COLE ST., FORT WORTH, TX 76111	

CHILD'S FULL NAME NOMBRE COMPLETO DEL NIÑO	DATE OF BIRTH FECHA DE NACIMIENTO	AUTHORIZED CARE/CUIDADO AUTORIZADO			DAILY RATE TARIFA DIARIA
		DAYS OF THE WEEK	TYPE OF CARE/TIPO DE CUIDADO		
			Full Day	Part Day	Both
NICHOLAS SELF	03/23/1998				0.00

Comments:



**Child Care Associates**  
**Tarrant County Child Care Management Services**  
**Northeast 820 Business Tower 1, 305 NE Loop 820, Suite 600**  
**Hurst, Texas 76053**  
**817.831.0374**

**Self-Arranged Verification Visit**  
**Attempt #1**

**A CCMS representative attempted a home visit to verify the self-arranged child care authorized by our company.**

**A final attempt will be made to verify care within the next few weeks. If care cannot be verified on the final attempt, CCMS will notify the family to make alternative arrangements. Please notify \_\_\_\_\_ at 817.831.0374 upon receiving this notice.**

**If you are no longer providing this care please notify the CCMS representative immediately.**

**Date: \_\_\_\_\_ Time: \_\_\_\_\_**

**Child Care Associates**  
**Tarrant County Child Care Management Services**  
**Northeast 820 Business Tower 1, 305 NE Loop 820, Suite 600**  
**Hurst, Texas 76053**  
**817.831.0374**

## **Self-Arranged Verification Visit Final Attempt**

**DUE NOTICE: CCMS attempted a final home visit to verify the self-arranged child care authorized by our company.**

**This notice records both attempts made to your home and serves as a notice to you that the CCMS will be contacting the family you are providing care for and assisting them in making other arrangements for care.**

**First attempt:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Second attempt:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_