

Case #: _____

Dear Parent/Guardian,

In order for CCMS to continue providing child care for _____ in the special needs funding, you must return the following TWO eligibility documents.

1. Confirm the child's enrollment in one of the following programs:
 - Texas Department of Assistive and Rehabilitative Services Early Childhood Intervention (ECI) program with a copy of an Individualized Family Service Plan (IFSP) dated within the past year. OR
 - A Head Start Program that identifies the child as having a disability dated within the past year. OR
 - Public school special education services, including preschool programs for children with disabilities (PPCD) with a copy of an Individualized Education Plan (IEP) dated within the last year. OR
 - Any professional or medical documentation which includes descriptions of the child's disability, goals for the child, the child's strengths and needs, and appropriate developmental activities for the child dated within the past year.
2. Form 2491B: By signing this form, you grant permission for the Inclusion Consultant to observe your child at the child care facility, as well as to obtain information which may have bearing on the education and development of your child.

These forms must be completed and returned to the CCMS office by _____.

Sincerely,

Shelby Gonzalez
CCMS Inclusion Consultant

Misrepresentation of a child having a disability in order to receive funding may be considered fraud.

We are an Equal Opportunity Employer/Program.
Auxiliary aids and services are available upon request to individuals with disabilities.
Deaf, hard-of-hearing, or speech impaired customers may contact [Relay Texas](https://tarrantcountyccms.org/): 800-735-2989 (TDD) and 711 (Voice).

Babel Notice

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. Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud. Tài liệu này có thông tin quan trọng về các yêu cầu, quyền hạn, quyết định, và/hoặc trách nhiệm để sử dụng các dịch vụ của hệ thống nhân lực. Các dịch vụ trợ giúp ngôn ngữ, bao gồm thông dịch/chuyển ngữ tài liệu này, có sẵn miễn phí khi quý vị yêu cầu.

CERTIFICATION FOR INCLUSION ASSISTANCE RATE

Section I: Identifying Information – to be completed by parent/guardian

Child's Name	Chronological Age: years months
Parent/Guardian's Names	
Home Address: Street	City, Zip
Daytime Phone Number	Evening Phone Number
To be eligible for the inclusion assistance rate, the child must be receiving or participating in one of the following (check all that apply): ☐ Supplemental Security Income (SSI) benefits; ☐ Social Security Disability Insurance (SSDI) benefits; ☐ Early Childhood Intervention (ECI) services; ☐ An Early Head Start or Head Start program that identifies the child as having a disability; or ☐ Public school special education services – including preschool programs for children with disabilities (PPCD)* *Please submit an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP).	

PARENT AUTHORIZATION FOR ADDITIONAL INFORMATION OR RECORDS

I do hereby authorize,

(name of person or organization)

having information or records concerning my child, to furnish such information to a representative of the Workforce Solutions Office child care contractor.

Name of Representative:	Tarrant County CCMS
Office Address:	500 Grapevine Hwy. Suite 400 Hurst, TX 76054

I also grant permission to the Board's designated qualified professional to observe my child at the child care facility and to obtain information that may have a bearing on the education and development of my child.

Parent/Guardian Signature

Date

This form aids in assessing the child's need for adult assistance in the child care facility. The information provided will establish a framework for meeting the child's individual needs in a child care environment. Your information about assistance will help to determine if additional funding can be provided.

SECTION II: Child's Needs – to be completed by parent/guardian

NOTE: Adult assistance is defined as additional, direct caregiver support to children who have developmental needs atypical for their chronological age. The purpose of this support is to enable children with disabilities to participate more fully in daily child care activities.

Check whether or not the child needs adult assistance in each of the following assistance areas:	YES	NO
1. Dressing/Undressing		
2. Personal Hygiene		
3. Eating (adaptive eating utensils or special procedures)		
4. Toileting		
5. Safety (danger to self, peers, or staff)		
6. Adaptive Equipment Management (needs and/or use)		
7. Medical and/or Behavioral Procedures (needs and/or use)		
8. Other Programming Areas of Need (specify):		

If you have indicated that this child needs adult assistance in one of more areas listed above, please describe the assistance needed and indicate how often you feel it is needed:

AREA OF ASSISTANCE	DESCRIPTION OF ASSISTANCE NEEDED	HOW OFTEN NEEDED	LEAVE BLANK FOR OFFICE ONLY
Dressing/Undressing			
Personal Hygiene			
Eating			
Toileting			

Tarrant County Child Care Management Services
500 Grapevine Hwy. Suite 400 Hurst, 76054
Phone: (817) 831-0374 Fax: (817)840-7211
<https://tarrantcountyccms.org/>



AREA OF ASSISTANCE	DESCRIPTION OF ASSISTNACE NEEDED	HOW OFTEN NEEDED	LEAVE BLANK (FOR OFFICE ONLY)
Safety			
Adaptive Equipment			
Medical and/or Behavioral			
Other			

SECTION III: Child Care Plan – *to be completed by child care provider*

Facility Name:	CCR #:
Facility Address:	City, Zip, and County
Facility Telephone Number:	Customer Number:

The plan must address the child's stated needs, including any special equipment required. State the adaptations you will make to enable this child to have access to and participate in program activities:

State your plan for adjusting your staff ratios in order to meet this child's needs:

Have you written part of this plan on an extra page? ☐ YES ☐ NO

I have reviewed this child's special needs with the parent and completed a plan for meeting these needs and agree to:

- follow the plan;
- review the plan and update it at least once a year;
- maintain compliance with licensing requirements;
- have every staff person caring for this child instructed in meeting this child's special needs;
- document that onsite consultation and resource materials have been provided by a qualified professional regarding the nature of the child's disability and the child care plan;
- have the director and at least one of this child's direct care staff trained in special needs within six months; and
- have training certificates available for child care contractor review.

 Parent/Guardian Signature

 Date

 Child Care Provider Signature

 Date

I authorize the release of information requested by Tarrant County Child Care Management Services. The requested information will only be used in the administration of the Child Care Subsidy Program and will not be released to any person or agency other than Tarrant County CCMS, Texas Workforce Commission, and Workforce Solutions with my consent. This release of information will be in effect while I am an applicant or recipient of Child Care Assistance and for any later investigations pertaining to my eligibility and program benefits.

Persons or organizations that may be contracted, include but are not limited to, former or current employers, landlords, school authorities, Social Security Administration, financial institutions, public assistance program contractors and grantees.

Parent/Guardian Signature

Date

Second Parent/Guardian Signature

Date

The Texas Workforce Commission prosecutes fraud to ensure that child care funds are maximized for qualified families. To report suspected fraud, call the fraud hotline at (800) 252-3642.

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