

Twist ID # \_\_\_\_\_

Dear Parent,

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 copy of an Individualized Family Service Plan (IFSP) dated within the past year.
- ✓ A Head Start program that identified the child as having a disability dated within the past year.
- ✓ 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 2419B:** By signing this form, you grant permission for the Inclusion Specialist 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,  
Inclusion Specialist

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

## CERTIFICATION FOR INCLUSION ASSISTANCE RATE

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

Child's Name		Chronological Age:    Years    Months	
Parent's Names			
Home Address: Street	City	Zip	County
Daytime Telephone Number		Evening Telephone Number	
<p style="color: red;">To be eligible for the inclusion assistance rate, the child must be receiving or participating in one of the following (check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Supplemental Security Income (SSI) benefits;</li> <li><input type="checkbox"/> Social Security Disability Insurance (SSDI) benefits;</li> <li><input type="checkbox"/> Early Childhood Intervention (ECI) services*;</li> <li><input type="checkbox"/> An Early Head Start or Head Start program that identifies the child as having a disability; or</li> <li><input type="checkbox"/> Public school special education services - including preschool programs for children with disabilities (PPCD)*.</li> </ul> <p style="color: red;">*Please submit an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP).</p>			

### 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	305 N.E. Loop 820, Suite 300 Hurst, Texas 76053

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 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:

	NEEDS ADULT ASSISTANCE	
	Yes	No
1. Dressing/Undressing	<input type="checkbox"/>	<input type="checkbox"/>
2. Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>
3. Eating (adaptive eating utensils or special procedures)	<input type="checkbox"/>	<input type="checkbox"/>
4. Toileting	<input type="checkbox"/>	<input type="checkbox"/>
5. Safety (danger to self, peers, or staff)	<input type="checkbox"/>	<input type="checkbox"/>
6. Adaptive Equipment Management (needs and/or use)	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical and/or Behavioral Procedures (needs and/or use)	<input type="checkbox"/>	<input type="checkbox"/>
8. Other Programming Areas of Need (specify):	<input type="checkbox"/>	<input type="checkbox"/>

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
1. Dressing / Undressing			
2. Personal Hygiene			
3. Eating			
4. Toileting			



Local Workforce Development Board

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AREA OF ASSISTANCE	DESCRIPTION OF ASSISTANCE NEEDED	HOW OFTEN NEEDED	LEAVE BLANK (FOR OFFICE ONLY)
5. Safety			
6. Adaptive Equipment			
7. Medical and/or Behavioral			
8. Other			

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

Facility Name		Child Care Licensing Provider Number	
Facility Address: Street	City	Zip	County
Provider 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Care Provider Signature

\_\_\_\_\_  
Date

Send form to the child care contractor immediately. You will be notified of the approval or disapproval of this request. Approval times may vary.

Equal opportunity employer/program  
 Auxiliary aids and services available upon request  
 to individuals with disabilities Relay Texas:  
 1-800-735-2989 (TDD) or 7-1-1 (Voice)

Doc: MedIncPack.pdf, Revised: 7/18/2022  
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**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.

**SECTION IV: Authorization – to be completed by Local Workforce Development Board’s designated professional**

<b>Designated Professional’s Name</b>
<b>Office Address</b>

- Current First Aid Training not met (40 TAC §746.1315).
- Current CPR Training not met (40 TAC §746.1315).
- Child Care Plan (Section III above) incomplete or inadequate.
- Adult assistance is required.
- Adult assistance is not required.
- Training to meet child’s needs is required.
- Adaptive equipment is required.
- Adaptive equipment is not required.
- Minor renovation is required.
- Minor renovation is not required.

**Inclusion assistance rate is authorized.**  Yes  No

\_\_\_\_\_  
Percent of Rate  
Increase

\_\_\_\_\_  
Expected Duration of Inclusion Rate (months)

**If inclusion assistance rate is not authorized, please explain why.**


\_\_\_\_\_  
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 without 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 contacted, include but are not limited to, former or current employers, landlords, school authorities, Social Security Administration, financial institutions, public assistance program contractors and grantees.

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Parent Signature Date

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Spouse/Second Parent Signature (If applicable) 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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Auxiliary aids and services available upon request to  
individuals with disabilities Relay Texas:  
1-800-735-2989 (TDD) or 7-1-1 (Voice)

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