

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



June 25, 2004

ALL COUNTY LETTER NO. 04-24

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CHILD CARE COORDINATORS  
ALL COUNTY WELFARE TO WORK COORDINATORS  
ALL ALTERNATE PAYMENT PROVIDERS

**REASON FOR THIS TRANSMITTAL**

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by  
One or More Counties
- Initiated by CDSS

SUBJECT: NEW FORM – CalWORKs CHILD CARE REIMBURSEMENT REPORT  
(CCP 2145)

REFERENCE: ALL COUNTY LETTER NO. 03-18, DATED APRIL 29, 2003

**Purpose**

This letter transmits a new form, CCP 2145, CalWORKs Child Care Reimbursement Report. This form replaces the TEMP 2145, CalWORKs Child Care Eligibility Report. This is a recommended form; substitutes are permitted with approval from the Child Care Programs Bureau.

The California Work Opportunity and Responsibility to Kids (CalWORKs) and Food Stamp Programs are implementing a Quarterly Reporting (QR) system in place of monthly reporting for calculation of cash assistance. Since QR does not apply to child care, this form is intended to provide a means of reporting changes that may affect a client's eligibility for child care.

Included in the CCP 2145 is a statement reminding clients of change reporting requirements for child care. This statement is intended to remind current and former clients about the need to report changes in family size, family composition, and family income that may impact monthly child care eligibility or family fee computation. This is not intended to duplicate established county processes that already address capturing the required information.

**Background**

All County Letter (ACL) 03-18 provided information to the counties regarding the new QR system. As stated in the ACL, QR does not apply to child care, transportation, or other ancillary services that a CalWORKs client receives. As a result of the implementation of QR for CalWORKs and Food Stamps, county child care programs will no longer receive reported changes in income, family size, and family composition from monthly eligibility reports; i.e., CW7, SAWS7.

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Current Manual of Policies and Procedures (MPP) Section 47-320.27 establishes the client's responsibility to report changes in family size and composition or changes in family income. Since child care is paid based on need, both current and former recipients must report when an absent parent of a child receiving child care moves into the home. When a parent has moved into the home, the county must evaluate whether that additional parent in the home is able and available to care for the child during the hours child care is otherwise needed. Also, if an additional child moves into the home, including a newborn, the family's need for care would increase.

In addition to the above, reporting changes in income and family size continue to be required for family fee purposes. If a parent of a child receiving child care subsidy moves into the home and is not considered in the CalWORKs grant calculation, his/her income must be counted for family fee determinations. If a change in income results in a new family fee income threshold being reached, a new family fee will be assessed.

Further, MPP Section 47-420.21 states that a child care payment will be made only when the client provides, on a monthly basis, the number of hours of care given per child and the cost per child on a document signed by both the provider and the client. Therefore, families who wish to receive subsidized child care must continue to provide on a monthly basis the necessary information to process child care payments. This information is captured on the CCP 2145.

### Changes to the Form

Below is a summary of the changes that were made to the CCP 2145:

- The form number and name of the TEMP 2145 have been changed to the CCP 2145, CalWORKs Child Care Reimbursement Report.
- The instructions have been modified to specify that the form be sent to the child care worker each month instead of being included with the CA 7/SAWS 7.
- The certification section of Part A has been revised as follows:
  - Minor wording changes have been made to some statements.
  - The following statements to remind clients to report changes in family size/composition or changes in family income have been added:
    - I must report to my child care worker any time a parent of a child receiving child care moves into my home or another child moves into my home, including newborns.

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- I must report if my family income has reached or is over the following family fee income thresholds and has changed since last reported to child care:

Family Size *	Monthly Income
1-2	\$1,820 per month
3	\$1,950 per month
4	\$2,167 per month
5 or more	\$2,513 per month

\*Family size includes adults and children related by blood, marriage, or adoption that live in the home of the child receiving child care.

- References to sharing information with other entities have been eliminated from Parts A and B.
- The declarations under Parts A and B have been amended to clarify that clients are subject to California law regarding perjury.
- The revision date should be 5/04.

#### Camera-Ready Copies

For camera-ready copies of this form in English, please call the Forms Management Unit at (916) 657-1907. As an alternative, you may e-mail your request to [fm@dmu.ca.gov](mailto:fm@dmu.ca.gov). This form is available as a master only; printed stock will not be maintained at the warehouse. If you need several forms, you may fax your request to (916) 657-3429.

#### Translations

Counties are required to provide bilingual/interpretive services and written translations to non-English speaking populations in accordance with MPP, Division 21, Civil Rights Nondiscrimination, Section 115. Translations of this form are available. Completed translations in other languages are posted on an on-going basis on our website and can be found at: [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm). If you have questions regarding translated forms, please contact Languages Services at (916) 445-6778.

#### Disposition of Old Forms:

Counties are instructed to begin using the CCP 2145 upon receipt. To ensure compliance with program regulation, copies of the Temp 2145 should be destroyed.

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Contact

If you have any questions or need further information regarding this letter or the attached form, please contact Suzanne McNamee in the Child Care Programs Bureau, at (916) 657-3815.

Sincerely,

BRUCE WAGSTAFF  
Deputy Director  
Welfare to Work Division

Attachments

# CalWORKs CHILD CARE REIMBURSEMENT REPORT

**Instructions:**

- If you have approved child care costs and want a payment, fill out and return this report to your child care worker each month. If a complete report is not received each month, your child care benefits may be late, denied, or stopped.
- PART A must be filled out by you and PART B, on the back of this form, must be filled out by each child care provider. If needed, ask your worker for more copies.

**PART A - PARTICIPANT FILLS IN THIS SECTION.**

<b>1.</b> MONTH/YEAR OF REQUEST	<b>2.</b> NAME (FIRST, MIDDLE, LAST)	CASE NAME, IF DIFFERENT	HOME PHONE (    )
WORK PHONE, IF APPLICABLE (    )	ADDRESS (STREET, CITY, STATE, ZIP CODE)		

**3.** List the number of hours you worked or participated in a CalWORKs county approved activity each day in the month. (Do not write in the blanks on days you did not go to work or did not participate in a county approved activity.) Attach proof.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS

**4.** List your normal work or CalWORKs county approved activity hours.  
*For example: Monday-Thursday, 8:00 a.m. to 5:00 p.m.; Saturday, 1:00 p.m.-5:00 p.m., Sunday 1:00 p.m. - 4:00 p.m. and 6:00 p.m. - 9:00 p.m.*

**5.** It takes me \_\_\_\_\_ hours \_\_\_\_\_ minutes each day to go to and from my child care provider(s) and where I go to work and/or other CalWORKs county approved activity.

CHILD'S NAME	BIRTHDATE	AGE	PROVIDER'S NAME	AMOUNT PAID

**6.** My child care provider has changed since my last request for a child care payment. (If "yes", your new provider must be approved before you can get a payment.)  YES  NO

**7.** I am receiving child care subsidies from another source. (If "Yes", please describe)  YES  NO

<b>COUNTY USE ONLY</b>	
Date Received:	
Worker Number:	
Case Name:	
Case Number:	
<input checked="" type="checkbox"/> the boxes below when the status for each has been verified.	
<input type="checkbox"/> Total Hours Verified	
<input type="checkbox"/> Evening/weekend Hours	
For License Exempt Provider <input type="checkbox"/> Applied For Trustline <input type="checkbox"/> Trustline Registered <input type="checkbox"/> Exempt From Trustline <input type="checkbox"/> RMR Changed	

**CERTIFICATION**

I understand that:

- I am certifying I worked or participated in other CalWORKs county approved activity on the days and hours listed above.
- Any statements made on this form are subject to investigation and verification.
- I must report to my child care worker any time a parent of a child receiving child care moves into my home or another child moves into my home, including newborns.
- I must report if my family income has reached or is over the following family fee income thresholds and has changed since last reported to child care:
 

Family size*	Income per Month	Family Size	Income per month
1-2	\$1820 per month	3	\$1950 per month
4	\$2167 per month	5 or more	\$2513 per month
- \*Family size includes adults and children related by blood, marriage, or adoption that live in the home of the child receiving child care.
- I have the right to choose the child care provider who is best for me and my child(ren).
- The provider must have a license or be exempt from having a license in order for me to get a child care payment.
- If I choose a license exempt child care provider, (s)he must apply for or be Trustline registered and meet Health & Safety Certification criteria unless exempt.
- The county does not act as the child care provider's employer, and does not have a business relationship with the child care provider when a child care payment is paid.
- If I choose child care in my home, I may be considered the employer and am responsible for complying with any applicable federal and state employment-related laws.
- I must pay back any child care payments I am not entitled to get.

**I declare under penalty of perjury under the laws of the State of California that the information contained in PART A on this report is true and correct.**

SIGNATURE OF RECIPIENT	DATE

**PART B - ONLY CHILD CARE PROVIDER FILLS IN THIS SECTION.**

Month/Year of Request:       

1. PROVIDER'S NAME (FIRST, MIDDLE, LAST) OR NAME OF FACILITY: \_\_\_\_\_ SOCIAL SECURITY NUMBER/TAX ID NUMBER (OPTIONAL) \_\_\_\_\_

ADDRESS WHERE CARE IS PROVIDED: NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

BILLING ADDRESS, IF DIFFERENT THAN ABOVE: ADDRESS NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

2. I provided child care in:  My Home  Child's Home  Family Day Care Home  Day Care Center  
 Small  Large  
 for the family listed on the front in \_\_\_\_\_ (Month/Year), for the following child(ren): Family fee paid \_\_\_\_\_

Child's Name	Amount Charged Per Child	Rate Charged	Specify How Charged (per hour, day, week, month)
A.			
B.			
C.			
D.			
<b>Total</b>			

3. List the number of hours you provided child care to each child for each day of the month:

Child	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
A.																																	
B.																																	
C.																																	
D.																																	

**Other information:**

**4. For the boxes listed below, check (✓) the one that applies to you.**

- I certify I am a licensed child care provider and my valid license number is \_\_\_\_\_.
- I certify I do not need a child day care license because (only one needs to apply):
  - I am related to the child: Child A: \_\_\_\_\_, Child B: \_\_\_\_\_, Child C: \_\_\_\_\_, Child D: \_\_\_\_\_.  
(RELATIONSHIP) (RELATIONSHIP) (RELATIONSHIP) (RELATIONSHIP)
  - I care for my own family's child(ren) and the child(ren) from only one other family at any one time.
  - The facility is a public or private exempt school which operates a program before and/or after school for school-age children, providing the program offered by a school is operated by the school and run by qualified teachers employed by the school recreation program or school district.
  - The facility is a public or private recreation program.

**CERTIFICATION**

- I declare that I am at least 18 years of age.
- I declare that I provided the child care listed above and that the hours of care and total monthly costs listed above are true and correct.
- I understand that if I am license exempt, I must apply for Trustline and Health & Safety certification registration unless I am an aunt, uncle, grandparent of a child(ren) in my care or a school or recreation facility.
- I understand that the social security number, provided above, may be used to check whether I am also receiving CalWORKs, Food Stamps, and/or Medi-Cal benefits and that I must report this income to my eligibility worker.
- I understand that I must charge the rate I charge for participant's children listed on the front, the same or lower child care rates that I charge other clients for the same service.
- I understand that the County does not act as my employer or have a business relationship with me when I get a child care payment.
- I understand that failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution with penalties of a fine, imprisonment or both.

**I declare under penalty of perjury under the laws of the State of California that the information contained in PART B on this report is true and correct.**

SIGNATURE OF PROVIDER	DATE
SIGNATURE OF RECIPIENT	DATE