

**CHILD DEVELOPMENT AND CARE (CDC) APPLICATION**  
 State of Michigan  
 Department of Human Services(DHS)

Grantee Name					
Grantee ID				Case Number	
County	District	Section	Unit	DHS Specialist	Date

**INSTRUCTIONS:** • You must live in Michigan. • Your completed and signed application must be received by the local DHS office serving the county or district where you live before payments can begin. • Providing your Social Security Number (SSN) is voluntary. If you do provide it, the SSN may be used for establishing identity and for tracking and reporting purposes.

**SECTION 1 – APPLICANT INFORMATION**

1. Full name of applicant ( <i>First, middle, last</i> )		2. Former/maiden name		3. Marital status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
4. Authorized representative name ( <i>First, middle, last</i> )			5. Authorized representative address		
6. Will the authorized representative be providing care for any of the children on this application? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes ▶ Name of child(ren):					
7. Check where you live: <input type="checkbox"/> House/apartment/mobile home <input type="checkbox"/> Homeless <input type="checkbox"/> Other					
8. Address where you live, or address of facility (number, street, rural route, apartment/lot number)					
City		State	Zip code	County	
9. Mailing address (if different from above or PO box)					
City		State	Zip code	County	
10. Home phone		11. Cell phone		12. Work phone	13. TTY #
14. Phone number where we can leave a message		Whose is it? (name/relationship)			15. Email address
16. Ethnicity (optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		17. Race (optional) <input type="checkbox"/> American Indian/Alaska Native – Enter tribe name _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White			
18. Have you ever received cash assistance benefits from DHS? <input type="checkbox"/> Currently receive <input type="checkbox"/> Never received <input type="checkbox"/> No longer receive ▶ Date last received: _____			19. Why do you need child care services ( <i>Check all that apply.</i> ) <input type="checkbox"/> For Work <input type="checkbox"/> For High School or GED Completion <input type="checkbox"/> Approved Education/Training/Employment Preparation <input type="checkbox"/> Emotional/Heath or Social Program (explain): _____		

**SECTION 2 – LIST ALL PERSONS LIVING IN YOUR HOME:** (*Attach additional sheet if needed.*)

Name (First, middle, last)	Date of birth	U.S. citizen?	Sex (M/F)	Relationship to you	Social Security Number (voluntary)	Does this person attend school?	Receive cash assistance benefits from DHS	Receive SSI benefit?
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F	<b>SELF</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where and address _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where and address _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where and address _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where and address _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where and address _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**SECTION 3 – LIST CHILDREN IN YOUR HOME WHO NEED CHILD CARE:** *(Attach additional sheet if needed.)*

Child's name <i>(First, middle, last)</i>	Age	Date care began or will begin	Days and times child care is needed	Name of Provider	Provider's address and phone number	Provider ID or license number	Is care provided in child's home?	Is provider related to the child?
Child 1							<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how? _____
Child 2							<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how? _____
Child 3							<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how? _____
Child 4							<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how? _____

**SECTION 4 – OTHER INFORMATION: Check all that apply.**

I am a foster parent requesting child care **only** for a foster child(ren).

I need child care **only** to participate in a required activity for my **DHS Protective Services or Prevention** case.

**SECTION 5 – INFORMATION ABOUT ALL CHILDREN UNDER AGE 18 WHO LIVE IN YOUR HOME**

Complete table below. *(Attach additional sheet if needed.)*

List the full name of all children under the age of 18 who live in your home <i>(First, middle, last)</i>	List full name of each child's mother and father. Write "Unknown" if you do not know who the mother or father is. <i>(First, middle, last)</i>	Is parent living in the home?	If the child does not live with a parent, who does the child live with and the relationship to the child?	If parent not in the home, <input checked="" type="checkbox"/> proper box.							Parent's mailing address if different from the applicant.	Does the parent provide child support?
				Married	Divorced	Separated	Prison	Dead	In the military	Absent for other reason		
Child 1	Mother	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name _____ Relationship _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide support # if known _____
	Father	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name _____ Relationship _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide support # if known _____
Child 2	Mother	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name _____ Relationship _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide support # if known _____
	Father	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name _____ Relationship _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide support # if known _____
Child 3	Mother	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name _____ Relationship _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide support # if known _____
	Father	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name _____ Relationship _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide support # if known _____
Child 4	Mother	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name _____ Relationship _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide support # if known _____
	Father	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name _____ Relationship _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide support # if known _____

CONTINUE ON PAGE 3 ▶

**SECTION 6 – SELF EMPLOYMENT ONLY – Attach current proof. (Attach additional sheet if needed.)**

Self-employed person(s)	Type of work or business (i.e.: child care provider, personal care provider, etc.)	Business name and address	Gross monthly income (amount before any expenses)
			\$
			\$

**SECTION 7 – EMPLOYMENT INCOME – List anyone who resides in your home with any earnings including yourself. Attach current proof. (Attach additional sheet if needed.)**

Employee's name (First, last)	Type of work	Job Title	Employer's name	Employer's address and phone number	Will employment continue?	Start date	If new, first check date	How often paid:				
								Weekly	Every other week	Twice a month	Monthly	Other
1					<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue answering questions for the above employee(s)	Day of week pay is received (i.e. Mon, Tues, Wed, etc.)	Most recent check date	Do you receive:				Hourly rate of pay & Average number of hours expected to work per:
			tips?	bonuses?	commissions?	overtime?	
1	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, average tips not included \$_____ per: <input type="checkbox"/> Week <input type="checkbox"/> Pay period <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount \$_____ How often? _____	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount \$_____ How often? _____	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount \$_____ How often? _____	Hourly rate of pay \$_____ <input type="checkbox"/> Week <input type="checkbox"/> Pay period _____
2	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, average tips not included \$_____ per: <input type="checkbox"/> Week <input type="checkbox"/> Pay period <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount \$_____ How often? _____	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount \$_____ How often? _____	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount \$_____ How often? _____	Hourly rate of pay \$_____ <input type="checkbox"/> Week <input type="checkbox"/> Pay period _____

**SECTION 8 – UNEARNED INCOME – Attach current proof. (Attach additional sheet if needed.)**

Does anyone in your household receive, or expect to receive, any other income other than earnings?  
 No  Yes ▶ Check all boxes that apply and complete the table.

<input type="checkbox"/> DHS cash assistance	<input type="checkbox"/> Social Security benefits	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Veteran's benefits
<input type="checkbox"/> State Disability Assistance (SDA)	<input type="checkbox"/> Unemployment compensation	<input type="checkbox"/> Worker's compensation	<input type="checkbox"/> Military allotments
<input type="checkbox"/> Pension/retirement benefits	<input type="checkbox"/> Education grants or loans	<input type="checkbox"/> Child support	<input type="checkbox"/> Rental income
<input type="checkbox"/> Unemployment compensation	<input type="checkbox"/> Pension/retirement benefits	<input type="checkbox"/> Housing assistance	Name of tenant: ▶ _____
<input type="checkbox"/> Gaming distribution (lottery)	<input type="checkbox"/> Crops and farm income	<input type="checkbox"/> Money from friends or relatives, etc.	<input type="checkbox"/> Other _____
<input type="checkbox"/> Income/payments from a tribe (tribal GA, land claims, casino profit sharing, per capita, etc.)	<input type="checkbox"/> Land contract, mortgage or other payable to a household member	<input type="checkbox"/> Disability benefits	

Person(s) receiving/ expecting money	Income source/type listed above	How often received	Amount received	Expected to continue	Date expecting if not yet receiving
			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CONTINUE ON PAGE 4 ▶

**SECTION 9 – RIGHTS AND ACKNOWLEDGMENTS:**

1. **APPLICATION:** I understand that I have the right to file an application today or at any time, including prior to any interview or appointment, and the application must be approved or denied within 45 days from the day it is received by the Department.
2. **NON-DISCRIMINATION:** I understand that if I believe I have been discriminated against because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, handicap, or political beliefs, I have the right to file a complaint with the Secretary, Department of Health and Human Services in Washington, D.C.
3. **REPORTING REQUIREMENTS:**
  - I understand that the Department needs to know of any changes in income or circumstances of any person listed on this form.
  - **I will report to the DHS specialist who handles my Child Development and Care (CDC) case, any changes within ten days of the change.** These changes include changes in my employment, school/training, income, child care arrangements (i.e. provider, where care is provided), name, address, phone numbers, household members, marital status, etc., and any other change which may affect my eligibility or the amount of benefits.
  - I understand that if I neglect or refuse to report required changes, or make false or misleading statements, I can be prosecuted for fraud or perjury.
  - I understand I must report my daily activity and child care hours each pay period using the I-billing or IVR system.

**If you have any doubt about whether you should report a change, call your specialist at the local DHS office.**
4. **REPAYMENT OF BENEFITS:** I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.
5. **HEARINGS:** I understand that if I do **not** agree with any decision made on any matter concerning my case, I have the right to ask for an Administrative Hearing. I understand that I can ask for information about an Administrative Hearing by calling the county Department of Human Services office, and that I can request an Administrative Hearing by writing to the local Department of Human Services office.
6. **AFFIDAVIT:** I swear or affirm that all the information I have written on this form or told to a DHS specialist is true. I understand that I can be prosecuted for perjury if I have intentionally given false information. I also know that I may be asked to show proof of any information I have given. If I have intentionally left out any information or given false information which causes me to receive benefits I am not entitled to, or more benefits than I am entitled to, I understand that I can be prosecuted for fraud.
7. **RELEASE OF INFORMATION:** I authorize the DHS to send notices and/or provide information to my child care provider(s) when CDC services have been authorized or when there are changes in the authorization information previously given to the provider or when my application for CDC is denied or withdrawn or my case is cancelled. I also authorize the DHS or any child care provider that may provide care for my child(ren) to release information necessary to determine my right to benefits under any other local, state or federal program. I authorize the Social Security Administration to give to the DHS all information necessary to determine my eligibility for CDC benefits.
8. **COMPUTER CROSS-CHECKING:** DHS will check with federal, state and private agencies to make sure the information you provide on this application is correct. DHS may check wages, income, assets, unemployment benefits, income tax refunds, Social Security benefits and numbers, immigrations status, etc.

**I UNDERSTAND THAT:**

- If approved for CDC, I may only use child care services during the times that I, and all other parents/substitute parents in my home, are unavailable due to employment, high school completion classes, approved education and training activities and approved activities for a health or social condition.
- I must keep the DHS-641, Child Development and Care Parent Record and supporting documentation for four years.
- I am responsible for any child care costs not paid by the DHS, including benefits which may have been authorized but for which I no longer qualify, based on a change in circumstances.
- I am not eligible for CDC benefits before the need exists or before the DHS local office receives my signed application.
- If a reported change results in a reduction in benefits, the reduction will be made as soon as administratively possible by the DHS without advance notice.
- Child care must be provided in Michigan by either a licensed child care center, licensed group child care home, registered family child care home, a DHS-enrolled day care aide who provides care in the home where the child lives or a DHS-enrolled relative care provider who is a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt/great-aunt/step-great-aunt, uncle/step-uncle/great-uncle/step-great-uncle or sibling/step-sibling of the child and who provides the care in his/her home and does not live in the same home as the child.
- If I am a day care aide, I am the employer and responsible:
  - : to discuss health and safety issues such as: emergency phone numbers, storage of poisons, handwashing, diapering, discipline procedures and immunization records with the aide.
  - : for the employer's share of any employer's taxes which need to be paid, such as Federal Insurance Contributions Act (FICA) and Federal Unemployment Tax Act (FUTA) taxes.
  - : to provide the day care aide with a W2 form at the end of the year for income tax purposes.
  - : to get and keep receipts to verify the money I receive is paid to my day care aide for DHS-funded child care. (If my day care aide is not paid, other DHS benefits I receive may be affected.)
- As a condition of eligibility for CDC, it is my responsibility to pursue other benefits for which I may be eligible such as child support, unemployment benefits, etc., and that I must cooperate in child support actions.
- My application may be one of those chosen for a complete investigation, and a DHS representative might call my home and might contact other people in order to verify my eligibility for assistance.
- My day care aide or relative care provider will not be enrolled and will not receive, or will stop receiving, payment if:
  - he/she, or any adult reported as living in the relative care provider's home, is on the DHS central registry as a perpetrator on a substantiated Children's Protective Services case or has been charged or convicted of certain disqualifying crimes.

**I HAVE READ AND UNDERSTAND ALL PARTS OF THIS FORM.** (If you have any questions, be sure to ask your DHS specialist.)

Signature of applicant or representative	Date of signature
Signature of DHS Specialist	Date of signature

Grantee Name					
Grantee ID				Case Number	
County	District	Section	Unit	DHS Specialist	Date

**SECTION 10 – MICHIGAN WORK! AGENCY (MWA) – APPROVED ACTIVITY**

Please complete information on the activity that the client(s) listed on page 1 is participating in:

Client Name		Activity Location				Begin Date		Expected End Date	
Activity	#1					/ /		/ /	
Activity	#2					/ /		/ /	
Activity	#3					/ /		/ /	
Enter days and times of assigned activity (or attach a schedule).		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL HOURS
	#1								
	#2								
	#3								
#	Signature of Worker			Date	Telephone Number		If completed by DHS, date verified with MWA staff.		
#1									
#2									
#3									

Client Name		Activity Location				Begin Date		Expected End Date	
Activity	#1					/ /		/ /	
Activity	#2					/ /		/ /	
Activity	#3					/ /		/ /	
Enter days and times of assigned activity (or attach a schedule).		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL HOURS
	#1								
	#2								
	#3								
#	Signature of Worker			Date	Telephone Number		If completed by DHS, date verified with MWA staff.		
#1									
#2									
#3									

<b>NOTES</b>									
<b>MICHIGAN WORKS! AGENCY (MWA)</b>									

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	This form is issued under authority of Public Act 280 of 1939. Completion of this form is voluntary. However, if it is not completed, your eligibility cannot be determined and you will not receive child care services.
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