Child Care Assistance Program

The Department of Workforce Services' Child Care Assistance Program helps parents pay an approved provider for child care while they are working.

Depending on your work schedule and household income, you may be eligible to have up to 100% of your fees covered!

Eligibility Requirements:

- ☐ Your household must include an eligible child under the age of 12.
- ☐ You must earn minimum wage for the number of hours working.
- ☐ A single parent must be working at average of at least 15 hours/week.
- ☐ For 2 parent households: one parent must work an average of 15 hours/week and the second parent must work an average of 30 hours/week.

Individuals who already receive SNAP or TANF benefits will not need to complete a full application.

Income Eligibility Chart

Household Size	Max Monthly Income
2	$2310
3	$2854
4	$3398
5	$3941
6	$4485
7	$4587
8	$4689

*Once you are approved for Child Care, the income limit increases.

How to Apply:

Option 1: Apply online at:
https://jobs.utah.gov/customereducation/services/childcare

Option 2: Complete the attached application, sign the third party authorization form and return to a YMCA staff member who will submit on your behalf.

DWS Child Care Assistance Program Application Questions

You may apply online or complete this form and return to a YMCA staff member along with the attached 3rd party authorization form and we will submit on your behalf.

1. Are you a migrant or seasonal farm worker? (Yes or No)
2. What is your total monthly household income (including child support, social security and/or unemployment)? $_____
3. How much money do you currently have in the bank? $ _____
4. How much do you pay each month for rent or mortgage? $ _____
5. Which of the following expenses are you responsible for (circle all)?

   Heat Cooling Electric Water/Sewer Garbage Telephone
6. Have you applied for HEAT assistance in the last year? (Yes or No)
7. List everyone who is applying for benefits with you: _____

   _____

   _____
8. Are you and everyone applying Utah residents? (Yes or No)
9. Are you living in one of the following facilities: hospital, shelter, rehab center, group home, nursing home or prison? _____
10. Are you a fleeing felon? (Yes or No)
11. Have you ever applied for or received financial or medical benefits or food stamps before from DWS? If so, who, what type of assistance, when and where? _____
12. Are you currently disqualified from the food stamp program due to violation? (Yes or No)
13. Is there anyone living with you not applying for benefits? (Yes or No)
14. What is the primary language spoken at home? _____
15. Are you or anyone you're applying with pregnant? (Yes or No)

    If so who and when is due date? _____
16. Are you or anyone applying a veteran? (Yes or No)
17. Does anyone in your case have the following assets? (Circle all and explain)

    Checking (how much?); Savings (how much); IRA, Stocks, Bonds, Time Certificates; 401-K; Money Market; Trust Funds; Other

    _____

18. List all vehicles owned by you or anyone applying with you. Include Registered owner, make, type, model, year, is it licensed, state, amount owed.

    _____

    _____

    _____

19. Do you have any of the following assets: home, life insurance, burial funds, campers, time shares, tools, rental property, land, mineral rights, cemetery plots, trailers, livestock? (Circle all)

20. Do you have any of the following unearned income: social security, SSI unemployment, child support, settlements, school financial aid, retirement, worker's comp, veterans benefits, alimony, inheritance? (Circle all)

21. Please list earned income: Name of person working, employer, hourly wage, hours per week (if two guardians, list for both)

    _____

    _____

    _____

22. Do you or partner have any of the following expenses: child support, alimony, child care, medical (circle all and list how much total per month) _____

23. List housing expenses: Rent/Mortgage (circle which), taxes and insurance if own your own home. List amounts. _____

24. Do you have subsidized housing? (Yes or No)

25. Do you have heating/cooling expenses separate from your rent/mortgage (Yes or No)

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Rev. 01/2013

State of Utah
Department of Workforce Services

myCase AUTHORIZATION TO RELEASE INFORMATION TO A THIRD PARTY

D02914001840101

Name: _____ Case Number: _____

I authorize the Department of Workforce Services and/or the Department of Health, Division of Medicaid and Health Financing to Release the information contained in the myCase database to the following third party:

LIST THE NAME OF THE PERSON/ORGANIZATION BEING ALLOWED ACCESS: _____

1. **I am granting the above-named Third Party access to my myCase information as follows: (CHECK ALL THAT APPLY)**

   ☐ "**View**:" I am granting access to view my case information only. The third party may view my information relating to the following assistance programs:

   ☐ All Programs ☐ Child Care ☐ Financial Assistance ☐ Food Stamps ☐ Medical Assistance

   ☐ "**Full Access**:" I am granting access to update, alter, or otherwise make changes to my information, as well as view all case information. This also includes completing and signing my case review.

   ☐ "**Notices**:" I am granting access to view any notice that was sent to me by the Department, regardless of the type of benefits I will, or have received.

   ☐ "**Verifications**:" I am granting access to view any request for verification that the Department has asked me to provide, regardless of the type of benefits that I will, or have received.

2. The third party may have access to my information for the following purpose: _____
3. I understand that I am not required to grant access to any third party. I also understand that the Department of Workforce Services and/or the Division of Medicaid and Health Financing cannot deny eligibility if I refuse to grant access to a third party.
4. I understand that I will be responsible for any overpayments that may occur as a result of incorrect information being provided by an individual that I authorized to update, alter or make changes to myCase information.
5. I understand that I can choose to grant view only or full access to members of my household.
6. I understand I can choose to grant view only or full access to individuals who are not members of my household, such as my primary care physician or other healthcare providers.
7. By granting access to myCase, I specifically authorize the Department of Workforce Services to share all information regarding my case, including my medical applications, medical cases, and any medical application or case which was denied or closed to the above-named third party. I understand that if there is anything in my case that I do not want shared, I must not grant access to my case.
8. The Department may share limited information with my child care provider(s) through the provider website. If I choose to grant my child care provider access to view my case information, I specifically authorize access to information as it pertains to child care benefits to be paid to them for services provided. I understand if I grant my child care provider access to notices and/or verifications, the provider will be able to view any notice and/or verification regarding all benefits I receive, or have received.
9. I understand that once information is shared because of this authorization, it is possible that it will no longer be protected by privacy laws and could be re-disclosed by the person or agency that receives it.
10. I understand that the Department of Workforce Services and the Department of Health cannot control the information once it has been released to the above-named third party. As such, I specifically release the Department of Workforce Services and the Department of Health or any other state agency from any liability that may accrue as a result of the release or sharing of my information with those parties I have authorized to view, alter, or amend my information.
11. I understand that I may revoke this authorization at any time by removing authorization through my "myCase" account or by sending written notification to my Department caseworker. I also understand that a revocation will not change the fact that information may have already been shared before I revoked my consent. I also understand that the Department or another state agency may have relied on and acted on such information and that revocation may not affect the results of such action.
12. I understand that this authorization is effective from the date authorization is granted, until 12 months from the date granted, or until I revoke access in myCase or provide written notification to my Department caseworker, whichever is sooner.

    Access will be granted within one (1) business day.

Customer Signature: _____ Date: _____

Signature of Third Party: _____ MC#: _____ Date: _____

Printed Name of Third Party: _____ Phone: _____

Signature of Third Party: _____ MC#: _____ Date: _____

Printed Name of Third Party: _____ Phone: _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.