

## CalWORKs STAGE ONE CHILD CARE INFORMING NOTICE & REQUEST FORM

If you are a California Work Opportunity and Responsibility to Kids (CalWORKs) recipient and you are employed or attending a Welfare-To-Work activity, you may be eligible for paid child care assistance. Child care payments in Stage One cannot go back more than 30 calendar days from the date you request paid child care from your worker. In order to receive child care reimbursements in Stage One, you must be determined eligible and your provider has to meet certain requirements. If you change child care providers you must also inform your worker within 30 days from the first day you receive services from your provider.

**A license-exempt provider who is required to be TrustLine registered must be registered before payment can be made. License-exempt child care providers who become TrustLine registered may receive retroactive payment for up to 120 calendar days from the date that they become TrustLine registered.**

You must sign and return this form to your worker. You may also use this form to request child care if you need it at this time.

**Please check one of the following:**

**Oral Request**

- I need paid child care assistance at this time so that I can go to work or attend my Welfare-To-Work activity.
- I do not need paid child care at this time. I understand that I must request paid child care from my worker if I need it in the future.

I understand that as a CalWORKs recipient, paid child care is available to me to work and attend my Welfare-To-Work activity. If I need assistance to find and/or choose a child care provider, I can contact the local Child Care Resource and Referral agency listed below:

Name: **MAOF, MONTEREY COUNTY RESOURCE AND REFERRAL (R&R) PROGRAM**  
 Telephone: **(831) 757-0775 or 1-(800) 339-9306**  
 Address: **11 Quail Run, Suite #101, Salinas, CA 93907**

I understand that I must inform my worker as soon as I have a need for paid child care and each time I change providers.

I understand that CalWORKs will help me pay for child care only after I request paid child care. My worker's telephone number is: (831) \_\_\_\_\_.

I understand that after I ask for help paying for child care, I will have to give my worker certain information within 30 calendar days to see whether or not I am eligible. If I cannot get the information, I can ask my worker for help to get the information I need. If I do not give my worker this information within 30 calendar days, my child care request may be denied.

I understand that I need to request paid child care within 30 calendar days from the first day I received services from my provider. This way, my child care provider can be paid for the services s/he provides to me. I understand that I will be responsible for any child care services I receive before the 30 calendar day period.

I understand that my child care provider has to meet certain requirements in order to get paid, and I must pay for any child care services I receive if my child care provider does not meet these requirements. **If I choose a child care provider who is required to be TrustLine registered, I understand that I am responsible to pay for child care if the provider does not become TrustLine registered.**

I understand that I must be determined eligible in order to receive paid child care.

**I have read this notice or have had it read to me, and I understand that if I have any questions or need additional information regarding this notice, I can ask my worker.**

CASE NAME (PLEASE PRINT)		CASE NO.
SIGNATURE	CUSTOMER'S DAY TIME PHONE #	DATE OF SIGNATURE OR REQUEST
CWES CASE MANAGER NAME		PHONE

Provider Name: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Provider's Relationship to Child \_\_\_\_\_  
(If family please enter title. If not family enter no relationship)

Customer refused to sign. Worker's Initials: \_\_\_\_\_

**DISTRIBUTION: ORIGINAL To:** Child Care Payment Unit **COPIES:** Customer, CB File (if completed at CB) or CWES File (if completed in KC or SE)  
 C-IV Indexing: Case/Child Care /Child Care Request