

Child Care Financial Assistance Program Case File Checklist

Redetermination
 New Application
 Denial
 Rejection

A completed checklist must accompany any determination of child care financial assistance eligibility. The sections labeled "Application", "CDDIS", and "Action Item" must be filled out. Completion of all other sections is determined by the applicant information contained in the CCFAP application and the backup documentation provided.

Case ID# and Name _____ **Authorization Period** _____

CDDIS App. # Old and New _____ **Family Share** _____

Application	Yes	No	Comments
Is application and back up documentation date stamped?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the application signed and dated?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all necessary sections fully completed?	<input type="checkbox"/>	<input type="checkbox"/>	

CDDIS	Yes	No	Comments
System search of all household members completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments entered into CDDIS?	<input type="checkbox"/>	<input type="checkbox"/>	

Documentation - Employment	Yes	No	Comments
Name: _____ Name: _____			
Are pay stubs current (within 30 days of application received date) and are they consecutive?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the pay dates and work hours highlighted? Did you verify the payment schedule (weekly, bi-weekly, semi-monthly, monthly)?	<input type="checkbox"/>	<input type="checkbox"/>	
If an EV form is used, did you inform the client that 2 current consecutive pay stubs are due following the start date or return to work date.? Did you send a MIL paystubs?	<input type="checkbox"/>	<input type="checkbox"/>	

Documentation - Seeking Employment	Yes	No	Comments
Name: _____ Name: _____			
Seeking Employment Form in file?	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment Compensation in file if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	

Documentation - Training/Education	Yes	No	Comments
Name: _____ Name: _____			
Training plan & course registration in file?	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of GPA at redetermination in file?	<input type="checkbox"/>	<input type="checkbox"/>	
Verification of income in file?	<input type="checkbox"/>	<input type="checkbox"/>	
Verification from supervisor of successful completion for on the job training	<input type="checkbox"/>	<input type="checkbox"/>	

Documentation - Special Health Needs - Adult	Yes	No	Comments
Name: _____ Name: _____			
SHN form completed in full by Physician, Nurse, Practitioner, Physician Assistance or Licensed Psychologist?	<input type="checkbox"/>	<input type="checkbox"/>	
SHN form signed by client?	<input type="checkbox"/>	<input type="checkbox"/>	
Verification of income in file?	<input type="checkbox"/>	<input type="checkbox"/>	

Documentation - Self-Employment	Yes	No	Comments
Name: _____ Name: _____			
All tax paperwork in file verified with "Required Tax Forms by Business Type" document?	<input type="checkbox"/>	<input type="checkbox"/>	
1st Year Start Up			
Business Plan in file and with start date completed and type of business marked?	<input type="checkbox"/>	<input type="checkbox"/>	
Profit & Loss (Schedule C) labeled "Actual" for months completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Profit & Loss Labeled "Projection" for balance of months to equal 12 month total?	<input type="checkbox"/>	<input type="checkbox"/>	
On-going Businesses			
Business Plan brought forward or new Business Plan in file with start date completed and type of business marked?	<input type="checkbox"/>	<input type="checkbox"/>	
All tax forms listed on top of Excel spreadsheet in file?	<input type="checkbox"/>	<input type="checkbox"/>	
Tax worksheet completed for each business listed and was the correct tab used on the Excel worksheet for the type of business?	<input type="checkbox"/>	<input type="checkbox"/>	
If a MIL was sent, did you include the document, "Required Tax Forms by Business Type"?	<input type="checkbox"/>	<input type="checkbox"/>	

Miscellaneous	Yes	No	Comments
Under household member, if special needs child is checked yes, is documentation signed by authorized person, in the file?	<input type="checkbox"/>	<input type="checkbox"/>	
If client is receiving court ordered child support , is required documentation in file?	<input type="checkbox"/>	<input type="checkbox"/>	
All income types listed on page 9 need documentation if applicable. If no income, client should have acknowledged "no income." This page should not be blank.	<input type="checkbox"/>	<input type="checkbox"/>	
If client has children adopted through Vermont DCF, is the required Adoption Assistance Agreement in file?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any preschool children who will be attending kindergarten during this eligibility period?	<input type="checkbox"/>	<input type="checkbox"/>	
Do current certificates end by the start of the school year ?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there preschool & school age children who need a FT/PT schedule during the school year?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you end certificates for school age children at the end of the school year?	<input type="checkbox"/>	<input type="checkbox"/>	
Do the days and hours in section 4 and 5 of the application match with the provider's hours of operation ?	<input type="checkbox"/>	<input type="checkbox"/>	

Action Items	Yes	No	Date Sent	Due By
Missing items letter created?	<input type="checkbox"/>	<input type="checkbox"/>		
Certificate created and sent?	<input type="checkbox"/>	<input type="checkbox"/>		
Denial letter sent?	<input type="checkbox"/>	<input type="checkbox"/>		

Eligibility Specialist Signature: _____ **Date:** _____

If Eligibility Specialist is in training, this checklist should be verified by person doing the training.

Trainer's Signature: _____ **Date:** _____