Child Care Financial Assistance Program
Case File Checklist

A completed checklist must accompany any determination of child care financial assistance eligibility. The sections labeled "Application", "BFIS", 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#: _____   **Authorization Period:** _____

Service Need(s): 1. _____   **2.** _____

Certificate Start Date: _____   **Certificate End Date:** _____

Application	Yes	No	Comments
Is application and back up documentation date stamped?	❑	❑	
Is the application signed and dated?	❑	❑	
Are all necessary sections fully completed?	❑	❑	

BFIS	Yes	No	Comments
System search of all household members completed?	❑	❑	
All BFIS entries match information listed on application?	❑	❑	
Notes entered into BFIS?	❑	❑	

Documentation - Employment	Yes	No	Comments
Are pay stubs current (within 30 days of application received date) and are they consecutive?	❑	❑	
Are the payment dates & work hours highlighted and did you enter in BFIS the payment schedule (weekly, bi-weekly, semi-monthly, monthly)?	❑	❑	
If an EV form is used, did you inform the client that pay stubs are due within 30 days and is it flagged in a "Task List"?	❑	❑	

Documentation - Self Employment	Yes	No	Comments
All tax paperwork in file (business tax forms and personal tax forms)?	❑	❑	
Tax worksheet completed for each business listed?	❑	❑	
Business Plan in file and with start date completed?	❑	❑	

Documentation - Seeking Employment	Yes	No	Comments
Seeking Employment Form in file?	❑	❑	
Tracking Logs sent to client?	❑	❑	
Unemployment Compensation in file?	❑	❑	

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Documentation - Training/Education	Yes	No	Comments
Training plan/course registration in file?	❑	❑	
Documentation of grades (if needed) in file?	❑	❑	
Verification of income in file?	❑	❑	

Documentation - Special Health Needs - Adult	Yes	No	Comments
SHN form completed in full by Physician, Nurse, Practitioner, Physician Assistance or Licensed Psychologist?	❑	❑	
SHN form signed by client?	❑	❑	
Verification of income in file?	❑	❑	

Miscellaneous	Yes	No	Comments
Under household member, if special needs child is checked yes, is documentation in file?	❑	❑	
If client is receiving court ordered child support, is required documentation in file?	❑	❑	
If additional countable income types are listed on page 5 of application, is documentation in file?	❑	❑	
If client has children adopted through Vermont DCF, is the required Adoption Assistance Agreement in file?	❑	❑	
Are there any preschool children who will be attending kindergarten during this eligibility period?	❑	❑	
Do current certificates end by the start of the school year?	❑	❑	
Are there school age children who need a FT/PT schedule during the school year?	❑	❑	
Did you end certificates for school age children at the end of the school year?	❑	❑	
Do the days & hours in section 4 & 5 of the application match with the provider's hours of operation?	❑	❑	

Action Item	Yes	No	Date Sent	Due By
Missing items letter created?	❑	❑		
Certificate created and sent?	❑	❑		
Denial letter sent?	❑	❑		

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

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

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

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