COMMONWEALTH OF KENTUCKY

Cabinet for Health and Family Services

Department for Community Based Services

DCC 85 Approval for Child Care Assistance (1)

Procedural Instructions R. 11/18

Purpose

Form DCC-85 Approval for Child Care Assistance is used by Division of Protection & Permanency staff to notify the local child care staff that a client is approved and eligible for the Child Care Assistance Program (CCAP). All information needed to authorize child care benefits is provided on this form. Recipients are not required to complete a face-to-face interview with child care staff as a part of the eligibility process.

**Do not use the DCC-85 for Child Care Income Eligibility (CCIE). Please refer these clients to Family Support staff for an eligibility determination via form DCC-86 Referral for Low Income Child Care Assistance. DCC 86 is used to facilitate contact with the child care staff for families not eligible for a DCC-85.**

General Procedure

Complete form DCC-85 and submit the original to central office child care staff within ten (10) calendar days of completing the form to the e-mail address at DCC85@ky.gov. The DCC-85 must be submitted as an attachment to electronic notification or faxed to child care staff at (502) 564-3464.

Upon completion of the form, file a copy in the DCBS case record.

A new DCC-85 must be completed at the time of recertification. At recertification, if approval for child care is no longer appropriate, the DCBS worker provides the child care staff with a DCC-85 marked “discontinuance date” to close the P&P daycare referral. If the client is eligible for continued recertification, the DCBS worker completes a new DCC-85 marked “recertification”.

**Detailed Procedure for Entries on Form** – **The DCC-85 must be completely filled out in its entirety. This data is needed for the OFF (off site/HELP desk) team to authorize child care assistance for DCBS clients. Failure to fully complete all needed items may delay the child care benefit.**

DISCONTINUANCE DATE: If applicable, to close the case

BENEFIND CASE NUMBER: Enter the Benefind/worker portal case number if available

TWIST NUMBER: Enter TWIST case number

INTAKE NUMBER: Enter TWIST intake ID number

DATE: Enter the date the approval or redetermination is completed

INITIAL APPROVAL, RECERTIFICATION OR CHANGE: Select one block as appropriate

APPROVAL INFORMATION: Select one block only

* Select as appropriate, Protective services (CCPO) or Preventative services (CCPE)

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DATE of PLACEMENT with CAREGIVER: Enter the start date the family is eligible for child care assistance. In most cases, this date indicates when child care enrollment will begin.

CHILD CARE ENROLLMENT START DATE:

* Child care services will begin this date. This date may be the same or later than the Placement date BUT may not be before the Date of Placement with Caregiver date.
* This will be no more than twelve (12) months from the eligibility start date.
* Staff are allowed to approve backdating of the child care enrollment start date of 30 days or less.

CO-PAY INFORMATION: Select one block

* Court ordered Co-pay is marked with the amount if the parent is ordered to pay toward the cost of child care.
* “Should co-pay be waived” is marked for **Protective** approvals only. The reason for the waiver must be documented in the DCBS case prepared by Protection and Permanency staff. If a waiver is not warranted, complete income information.

FAMILY SIZE:

* The number of individuals in the family including the child(ren) on this referral.

ADULT INFORMATION:

* Caregiver #1): This is the responsible adult with whom the child(ren) currently reside. Enter the SSN, last name, first name, middle initial, birth date, address, county, citizenship, telephone numbers (home, work & cell), check S (single), M (married), D (divorced), W (widowed) or SEP (separated) for the marital status, check M or F for sex, and list race/ethnicity of the adult.
* Caregiver #2): If two (2) adults are in the home, enter the information for the second adult. Enter the SSN, last name, first name, middle initial, birth date, address, county, citizenship, telephone numbers (home, work & cell), check S (single), M (married), D (divorced), W (widowed) or SEP (separated) for the marital status, check M or F for sex, and list race/ethnicity of the adult.
* Mark any other assistance the family may be receiving: SNAP, Medicaid, and/or KTAP.

INCOME: This includes gross (pre-taxed income) earned and unearned income (which includes KTAP, child support, etc.). Enter the name of the individual, the employer name, type of income, gross amount and frequency of pay.

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CHILD INFORMATION: Enter the last name, first name, middle initial, SSN, birth date, sex, race, full day (FD) if five (5) hours or more if full day care is needed, or partial day (PD) if less than five (5) hours per day is needed, number of days per week care is needed, school if attending, special needs, and relationship to caregiver for each child. **All children listed on the DCC-85 must be in TWIST.**

PROVIDER INFORMATION: Enter the name, address and telephone number of the provider the family has selected.

CARE IS NEEDED: Select days of the week child care is needed.

TYPE OF CARE: Select type of care required: Licensed/Certified, Regulated or Certified Family Child Care home (this must be documented in the DCBS case).

PROTECTION AND PERMANENCY REFERRALS:

* Enter name of DCBS worker, work address and DCBS worker’s phone number and e-mail.
* DCBS Worker Signature
* FSOS Name (supervisor or designee)
* FSOS Signature

**SIGNATURES ARE REQUIRED.**

JUSTIFICATION FOR REFERRAL: Enter comments as needed to explain the need for child care services, including any special needs or extenuating circumstances affecting child care.