CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office
3601 C Street, Suite 140
PO Box 241809, Anchorage, AK 99524-1809

Office Use Only

PARENT RESPONSIBILITY AGREEMENT – PASS I

Information contained in this form is to be discussed with the parent who will receive PASS I child care assistance. The parent(s) and the case manager must both sign and date the form when it is discussed.

IT IS MY RESPONSIBILITY TO CONTACT MY CASE MANAGER:

- □ As soon as I think I need child care so I can participant in activities listed in my Family Self Sufficiency Plan (FSSP);
- □ Before I begin using child care;
- □ If I do not know the days or hours my child(ren) are allowed to be in care;
- □ Within 5 days after my case manager requests PASS I child care assistance (CCA) if I do not need or decide not to use child care;
- □ By the 3rd week of each month so my child(ren)'s care can be requested for the following month;
- □ Before I stop using my identified child care provider;
- □ Before I begin using a new or different child care provider;
- □ When I need to use a secondary provider because my regular provider is not available;
- □ If a new child is added to my family and I need to have the child in care;
- □ If a child in my family no longer needs care;
- □ If I have a child with special needs who will be in care;
- □ When I change my employment, or close my Temporary Assistance case;
- □ If I am employed by a child care facility which gives me a reduced rate on the cost of my monthly child care;
- □ If I continue to need CCA to stay employed after my Temporary Assistance case closes; and
- □ If I suspect, or have been advised, my child care provider is billing the Child Care Assistance Program (CCAP) or me for care which was not used.

WHEN USING PASS I CHILD CARE ASSISTANCE, I AM RESPONSIBLE FOR:

- □ Using a child care provider who is approved to participate in the CCAP;
- □ Using child care only during times I am engaged in the activities listed in my FSSP;
- □ Paying my child care provider the difference between their charges and what PASS I CCA pays on my behalf;
- □ Paying my child care provider for the days and hours of care used which are not supported by activities listed in my FSSP;
- □ Giving my child care provider advance notice when my schedule changes so she/he can make schedule adjustments and continue to care for my child(ren), if possible;
- □ Arranging for a secondary child care provider for times when my regular provider is not available;
- □ Leaving emergency contact information with my child care provider so I can be reached in an emergency situation involving my child(ren);
- □ Giving my child care provider a 14 day written notice before I stop using my identified child care provider;
- □ Immediately reporting to local authorities and Child Care Licensing if I believe my child(ren) have been abused or neglected during the time in care; and
- □ Using an individual who is not already approved to participate in the CCAP only if I am unable to secure care for my child(ren) with a CCAP participating provider;

CHILD CARE FRAUD

As an eligible recipient of PASS I child care assistance, I understand I am responsible for any overpayment made on my behalf and can be prosecuted for fraud if I knowingly give false or incomplete information in order to receive PASS I child care assistance, or if I help someone else to falsely obtain PASS I child care assistance, or payment.

My signature below indicates I have reviewed this *Parent Responsibility Agreement* with my case manager. I have read and understand my ATAP reporting requirements and fraud penalties and agree to be bound by the program rules associated with receiving PASS I child care assistance.

Parent Name (Printed)	Client ID	Case Manager Name (Printed)
Parent Signature	**Dated Reviewed**	**Case Manager Signature**