CCAP for Child Care Pilot Application

The Rhode Island Department of Human Services CCAP for Child Care Pilot

Thank you for your interest in the CCAP for Child Care pilot. This pilot provides CCAP benefits for eligible early childhood educators and staff at DHS licensed child care programs.

If you have any questions or need support completing this application, please contact: **CCAPforChildCare@pcgus.com**

This application is outlined in 6 sections and may require attached documentation to determine your eligibility. The following table outlines the sections of the application and documentation requirements:

Section	Eligibility Criteria	Documents to Attach
Section 1: Application and Household Information	• Your household size, which will be used to verify income levels • You are a resident of RI	No documents to attach
Section 2: Child Information	• You are the 'parent' to the child to receive benefits. • The child's age is between 6 weeks to 13 years old • The child is a resident of RI and lives primarily with you • The applicant child is a US citizen or qualified immigrant.	**Option 1:** Attach a copy of **one** of the following documents **per child**: • Birth certificate • Baptismal record/certificate • Hospital or public health record of birth and parentage **Option 2:** Be prepared to attach copies of a combination of the following documents to establish your relationship with each child and their citizenship/immigration status: • Adoption papers or records

		- Child support, paternity records, BIA, or Tribal records - Divorce/custody papers - Court records of parentage/guardianship - Other documentation related to the child's immigration status - The child's US Passport
Section 3: Household Income	Your household income is less than 300% of the federal poverty level for your household size	In a 1 parent household: - One month of the most recent income statements or paystubs from the licensed child care program where you work. In a 2 parent household: - One month of the most recent income statements or paystubs from the licensed child care program where you work. - The second parent will also be required to upload one month of their most recent income statements/paystubs, if employed.
Section 4: Early Educator and Staff Employment	You are a current employee of a DHS licensed program, working an average of 20 hours a week	No documents to attach
Section 5: Attestations and Signature	Your understanding of the requirements for participating in the pilot	No documents to attach

Notes: *For this program, 'parent' can mean: a biological parent, parent by marriage, parent by adoption, legal guardian, or person standing in loco parentis.

*Qualified immigrants are: (1) Lawful permanent residents (LPRs); (2) Refugees, asylees, persons granted withholding of deportation/removal, conditional entry (in effect prior to April 1, 1980), or paroled into the U.S. for at least one (1) year; (3) Cuban/Haitian entrants; (4) Battered spouses and children, whose need for benefits has a substantial connection to the battery or cruelty (parent/child of such battered child/spouse are also "qualified"), with one (1) of the following: (AA) A pending or approved self-petition for an immigrant visa; (BB) An immigrant visa filed for a spouse or child by a U.S. citizen or LPR; or (CC) An application for cancellation of removal/suspension of deportation. (5) Victims of trafficking and their derivative beneficiaries who have obtained a T visa or whose application for a T visa sets forth a prima facie case."

Navigating the Application

- The application is a rolling application, and will be open through July 31, 2025.
- Please submit only one application per household. Submitting more than one application may delay the review of your application.
- Please note that any question with a red asterisk (*) is required. You will not be able to submit without completing these fields.
- While completing this application, please use the "Next" button to move to the next screen.
- An application is not considered submitted until you see the "Application Received/Thank you" screen after selecting the "Submit" button.

Applicant Information

This section collects basic information on you as the applicant and your household members. Please be sure that your name, phone number, and email address are accurate, as these will be the primary ways you will receive information about your eligibility status and updates.

First Name *

_____

Last Name *

_____

Phone Number *

_____

Please enter a valid phone number.

Email *

_____

Please select your application type*
- New application. I have not participated in the CCAP for Child Care pilot before.
- Renewal application. I was previously approved to participate in the CCAP for Child Care pilot.

Please note:
- Renewal applications should be submitted approximately 30 days prior to the closure of your initial pilot benefits. Submitting too early may require you to provide additional documentation or resubmit closer to the closure date. Submitting too close to the closure date may result in delay of benefits.
- You will be required to enter the Child Pilot ID for each child you would like to apply for renewal of benefits in this application (e.g., CH1_0000). The Child Pilot ID may be found on the Eligibility Notice (PDF) emailed to you when you were approved for your initial coverage. If you need a copy of this Eligibility Notice sent to you, please contact CCAPforChildCare@pcgus.com

Are you currently receiving CCAP benefits? *

Yes ○   ○ No

If known, enter your certificate number. If you do not know your number, leave blank.

_____

Address *

_____

Street Address Line 2

_____

City *

_____

State/Province *

_____

Zip Code *

_____

Is your primary place of residence located in Rhode Island? * Yes   No

Please enter your Social Security Number or Individual Tax Identification Number. *

_____

Please review this number to verify its accuracy before continuing.

Note: Why are we asking for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)?

Many agencies use this number to uniquely identify individuals applying for benefits. All of the information provided in this application will be held and stored securely and utilized only for the purposes of this program.

For this pilot program, only one submission is allowable for each unique SSN or ITIN.

Demographic Information

The following demographic information is for informational purposes only and will not have a bearing on your eligibility to participate in this pilot.

Select the race(s) with which you most closely identify. *

☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
☐ White ☐ Prefer not to answer ☐ Other

Select the ethnicity with which you most closely identify. *

☐ Hispanic or Latino ☐ Non-Hispanic ☐ Prefer not to respond

Select the gender with which you most closely identify. *

☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to respond

What is the highest degree of education you have completed? *

☐ Middle School ☐ High school diploma or GED ☐ Associate's degree

☐ Bachelor's degree ☐ Master's degree ☐ Ph.D. or professional degree

Household Information

Part of this application requires us to understand the size and make up of your household members. Household members are the individuals currently and primarily living in your residence.

For this pilot, household members include "the dependent children, including both applicant and non-applicant child(ren), and the parent(s) and the legal spouse(s) of the parent(s) who live with them in the same household". Household size will be used for the purposes of determining income thresholds by household size.

In the table below, you will enter the names, relationship, and age for each member currently living in your household.

- Enter yourself as "Household Member 1".
- When selecting a "Relationship", you will describe the relationship the household member has to you. For example, if your sister is currently living with you, enter "My sibling". If your child primarily lives with you, enter "My child". Please enter one of the following relationship descriptions: Self, My Spouse/Partner, My Parent, My Spouse/Partner's Parent, My child, My sibling, My niece, My nephew, My grandparent, Friend
- For age, please enter "Less than 1 year old" if household member is less than 1 year old, or their age in years, for any household member 1 year and older.

Enter household member information here.

	Name	Relationship	Age
Household Member 1			
Household Member 2			
Household Member 3			

Household Member 4			
Household Member 5			
Household Member 6			
Household Member 7			
Household Member 8			
Household Member 9			
Household Member 10			

Information: Establishing Relationships and Citizenship/Immigration Status

This section will collect information on the children you are seeking to enroll in the CCAP for Child Care pilot. The information gathered here will confirm the child's eligibility based on their age and relationship with you as the parent. It will also gather information to verify you and your child's residency and your child's citizenship/immigration status.

How many children would you like to apply for CCAP for Child Care benefits? *

_____

Child 1

Name: Child 1 *

_____ First Name_____Last Name

Birthdate: Child 1 *

_____ MM-DD-YYYY

Relationship to Applicant: Child 1 *

☐ Biological child ☐ Adopted child ☐ Foster child ☐ Step-child

Does this child primarily live in your household? Child 1 *

○ Yes ○ No

What is the citizenship/immigration status of this child? Child 1 *

○ US Citizen

○ Qualified Immigrant

Please enter your child's Pilot ID (e.g., CH1_0000). This ID is located on the Eligibility Notice PDF you received by email when you were initially approved for the pilot. If you need a copy of this PDF, please reach out to CCAPforChildCare@pcgus.com

If this child was not previously approved for pilot coverage and does not have a Pilot ID, please enter "N/A".

Child 1 Certification Number * _____

Child 2

Name: Child 2 *

_____ First Name_____Last Name

Birthdate: Child 2 *

_____ MM-DD-YYYY

Relationship to Applicant: Child 2 *

☐ Biological child ☐ Adopted child ☐ Foster child ☐ Step-child

Does this child primarily live in your household? Child 2 *

○ Yes ○ No

What is the citizenship/immigration status of this child? Child 2 *

○ US Citizen

○ Qualified Immigrant

Please enter your child's Pilot ID (e.g., CH1_0000). This ID is located on the Eligibility Notice PDF you received by email when you were initially approved for the pilot. If you need a copy of this PDF, please reach out to CCAPforChildCare@pcgus.com

If this child was not previously approved for pilot coverage and does not have a Pilot ID, please enter "N/A".

Child 2 Certification Number * _____

Child 3

Name: Child 3 *

_____ First Name_____Last Name

Birthdate: Child 3 *

_____ MM-DD-YYYY

Relationship to Applicant: Child 3 *

☐ Biological child ☐ Adopted child ☐ Foster child ☐ Step-child

Does this child primarily live in your household? Child 3 *

○ Yes ○ No

What is the citizenship/immigration status of this child? Child 3 *

○ US Citizen

○ Qualified Immigrant

Please enter your child's Pilot ID (e.g., CH1_0000). This ID is located on the Eligibility Notice PDF you received by email when you were initially approved for the pilot. If you need a copy of this PDF, please reach out to CCAPforChildCare@pcgus.com

If this child was not previously approved for pilot coverage and does not have a Pilot ID, please enter "N/A".

Child 3 Certification Number * _____

Child 4

Name: Child 4 *

_____ First Name _____ Last Name

Birthdate: Child 4 *

_____ MM-DD-YYYY

Relationship to Applicant: Child 4 *

☐ Biological child ☐ Adopted child ☐ Foster child ☐ Step-child

Does this child primarily live in your household? Child 4 *

○ Yes ○ No

What is the citizenship/immigration status of this child? Child 4 *

○ US Citizen

○ Qualified Immigrant

Please enter your child's Pilot ID (e.g., CH1_0000). This ID is located on the Eligibility Notice PDF you received by email when you were initially approved for the pilot. If you need a copy of this PDF, please reach out to CCAPforChildCare@pcgus.com

If this child was not previously approved for pilot coverage and does not have a Pilot ID, please enter "N/A".

Child 4 Certification Number * _____

Child 5

Name: Child 5 *

_____ First Name _____ Last Name

Birthdate: Child 5 *

_____ MM-DD-YYYY

Relationship to Applicant: Child 5 *

☐ Biological child ☐ Adopted child ☐ Foster child ☐ Step-child

Does this child primarily live in your household? Child 5 *

○ Yes ○ No

What is the citizenship/immigration status of this child? Child 5 *

○ US Citizen

○ Qualified Immigrant

Please enter your child's Pilot ID (e.g., CH1_0000). This ID is located on the Eligibility Notice PDF you received by email when you were initially approved for the pilot. If you need a copy of this PDF, please reach out to CCAPforChildCare@pcgus.com

If this child was not previously approved for pilot coverage and does not have a Pilot ID, please enter "N/A".

Child 5 Certification Number * _____

Child 6

Name: Child 6 *

_____ First Name_____Last Name

Birthdate: Child 6 *

_____ MM-DD-YYYY

Relationship to Applicant: Child 6 *

☐ Biological child ☐ Adopted child ☐ Foster child ☐ Step-child

Does this child primarily live in your household? Child 6 *

○ Yes ○ No

What is the citizenship/immigration status of this child? Child 6 *

○ US Citizen

○ Qualified Immigrant

Please enter your child's Pilot ID (e.g., CH1_0000). This ID is located on the Eligibility Notice PDF you received by email when you were initially approved for the pilot. If you need a copy of this PDF, please reach out to CCAPforChildCare@pcgus.com

If this child was not previously approved for pilot coverage and does not have a Pilot ID, please enter "N/A".

Child 6 Certification Number * _____

Child 7

Name: Child 7 *

_____ First Name_____Last Name

Birthdate: Child 7 *

_____ MM-DD-YYYY

Relationship to Applicant: Child 7 *

☐ Biological child ☐ Adopted child ☐ Foster child ☐ Step-child

Does this child primarily live in your household? Child 7 *

○ Yes ○ No

What is the citizenship/immigration status of this child? Child 7 *

○ US Citizen

○ Qualified Immigrant

Please enter your child's Pilot ID (e.g., CH1_0000). This ID is located on the Eligibility Notice PDF you received by email when you were initially approved for the pilot. If you need a copy of this PDF, please reach out to CCAPforChildCare@pcgus.com

If this child was not previously approved for pilot coverage and does not have a Pilot ID, please enter "N/A".

Child 7 Certification Number * _____

Child 8

Name: Child 8 *

_____ First Name_____Last Name

Birthdate: Child 8 *

_____ MM-DD-YYYY

Relationship to Applicant: Child 8 *

☐ Biological child ☐ Adopted child ☐ Foster child ☐ Step-child

Does this child primarily live in your household? Child 8 *

○ Yes ○ No

What is the citizenship/immigration status of this child? Child 8 *

○ US Citizen

○ Qualified Immigrant

Please enter your child's Pilot ID (e.g., CH1_0000). This ID is located on the Eligibility Notice PDF you received by email when you were initially approved for the pilot. If you need a copy of this PDF, please reach out to CCAPforChildCare@pcgus.com

If this child was not previously approved for pilot coverage and does not have a Pilot ID, please enter "N/A".

Child 8 Certification Number * _____

Child 9

Name: Child 9 *

_____ First Name _____ Last Name

Birthdate: Child 9 *

_____ MM-DD-YYYY

Relationship to Applicant: Child 9 *

☐ Biological child ☐ Adopted child ☐ Foster child ☐ Step-child

Does this child primarily live in your household? Child 9 *

○ Yes ○ No

What is the citizenship/immigration status of this child? Child 9 *

○ US Citizen

○ Qualified Immigrant

Please enter your child's Pilot ID (e.g., CH1_0000). This ID is located on the Eligibility Notice PDF you received by email when you were initially approved for the pilot. If you need a copy of this PDF, please reach out to CCAPforChildCare@pcgus.com

If this child was not previously approved for pilot coverage and does not have a Pilot ID, please enter "N/A".

Child 9 Certification Number * _____

Child 10

Name: Child 10 *

_____ First Name _____ Last Name

Birthdate: Child 10 *

_____ MM-DD-YYYY

Relationship to Applicant: Child 10 *

☐ Biological child ☐ Adopted child ☐ Foster child ☐ Step-child

Does this child primarily live in your household? Child 10 *

　　　○ Yes ○ No

What is the citizenship/immigration status of this child? Child 10 *

　　　○ US Citizen

　　　○ Qualified Immigrant

Please enter your child's Pilot ID (e.g., CH1_0000). This ID is located on the Eligibility Notice PDF you received by email when you were initially approved for the pilot. If you need a copy of this PDF, please reach out to CCAPforChildCare@pcgus.com

If this child was not previously approved for pilot coverage and does not have a Pilot ID, please enter "N/A".

Child 10 Certification Number * _____

Please attach documentation to this application to verify:

1. You are the 'parent' of the child/children requesting benefits
2. Each child's citizenship or immigration status

Option 1: Attach a copy of one of the following to verify both eligibility requirements

- The child's birth certificate
- The child's hospital or public health record of birth and parentage
- The child's baptismal records

Option 2: Review the lists below and attach a copy of one document from each column to verify your relationship and each child's citizenship/immigration status:

Establishing Relationship to Child	Establishing Citizenship/ Immigration Status for the child
- Adoption papers or records - Child support, paternity records, BIA or Tribal records - Divorce/custody papers - Court records of parentage/guardianship	- US Passport - Immigration Visa

Household Information

This section will gather information to verify your household's income.

This section will collect income information for income earned from employment. For this pilot, at least one parent must earn income from a DHS licensed child care program

- In a **one-parent household**, the parent must be working at a DHS licensed child care program for an average of 20 hours weekly.
- In a **two-parent household**, one parent must be an employee of a DHS licensed child care program working a minimum of 20 hours per week. The **second parent** will also be required to upload one month of their most recent income statements/paystubs, if employed.

Is your household a 1 or 2 parent household? A two parent household means "two parents live in the same legal household and share financial responsibility for the applicant's dependent child/children". *

- ○ 1 parent

- ○ 2 parent

Monthly Earned Income

This section will collect income information related to employment.

Parent 1: Please attach a copy of 1 month of your most recent income statements or paystubs. This may be 4 weekly income statements, or 2 bi-weekly paystubs. If you have recently started employment, you may attach a letter from your employer confirming your hourly wage/salary and your work schedule. *

Parent 2: What is your current employment status? *

- ○ Employed

- ○ Not working- no income

Parent 2: If employed: Attach a copy of one month of recent income statements or paystubs. *

Early Educator and Staff Employment

This section will gather information to verify where you work, your role, and your approximate work schedule. Please be sure you select the accurate employer, as our team may contact this

employer to verify this information. DHS Child Care Licensing will verify that Family Child Care providers are licensed and caring for children in Rhode Island.

Select the type of DHS licensed child care program where you work. *

☐ Child Care Center ☐ Family Child Care Home

Please fill in the name of the Center or Family Child Care Home where you work. *

_____

Select your position at this program *

☐ Family Child Care Provider   ☐ Family Child Care Assistant

☐ License-exempt Provider   ☐ Infant Lead Teacher

☐ Toddler Lead Teacher   ☐ Preschool Lead Teacher

☐ School Age Lead Teacher   ☐ Infant Assistant Teacher

☐ Toddler Assistant Teacher   ☐ Preschool Assistant Teacher

☐ School Age Assistant Teacher   ☐ Substitute Teacher

☐ State Preschool Lead Teacher   ☐ State Preschool Assistant Teacher

☐ Early Head Start Lead Teacher   ☐ Early Head Start Assistant Teacher

☐ Head Start Lead Teacher   ☐ Head Start Assistant Teacher

☐ Director   ☐ Assistant Director

☐ Education Coordinator   ☐ Site Coordinator

☐ Floater   ☐ Therapeutic Integration Specialist

☐ Social Worker   ☐ Other

On an average week, how many hours do you work? *

○ 20-29 hours per week

○ 30 hours or more per week

Describe your average/general work schedule. Note: We understand work schedules may vary. The purpose of this schedule is to provide a general understanding of the days or hours you may work. It is allowable if times are not exact/change in the future. *

	Start Time (e.g., 7:00 AM)	End Time (e.g., 4:00 PM)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Attestations

Before submitting this application, please read the following attestations carefully. By signing this application, you are affirming your understanding and agreement with the following requirements.

In two parent households, **both parents** must review the following attestations and sign the application. Please read these attestations carefully. If you have any questions on the meaning of these attestations, please contact:

- **CCAPforChildCare@pcgus.com**

By signing below, you make the following representations, authorizations, and certifications:

1. I understand the requirements of this program and certify that the information provided in this application and the information I have provided is true and accurate, including contact information and the financial information necessary to receive CCAP payments. I understand I can access assistance or ask questions regarding the program.
2. I understand any and all information I provide in this application will be protected, to the extent possible, and that DHS reserves the right to retain and refer to any and all information provided through this application.
3. I grant the Rhode Island Department of Human Services (DHS), and its agent Public Consulting Group (PCG), the permission to contact my employer, at any time, to verify any information provided in this application.
4. I understand that DHS retains the right to disenroll me in this pilot program in the case a provider is found in violation of any applicable law, regulation, rule or application term.

5. I understand the requirements for this pilot include the fact that the CCAP benefit cannot be used for me to care for my own child. That is, for applicants working in a Family Child Care Home, their child cannot be enrolled in the same Family Child Care Home where they work. For applicants working in a Child Care Center, the child may not be in the same classroom where the applicant is working.
6. I understand CCAP for Child Care benefits will cover a 12 month certification period; after the certification period, I am responsible for my own child care expenses.
7. As a pilot participant, I understand I must report any of the following circumstances to CCAPforChildCare@pcgus.com within 10 days from the date of the circumstance occurring. I understand failure to report these circumstances in a timely manner may be grounds for denying eligibility or discontinuing my participation in the CCAP for Child Care program. These circumstances include:

   - Change of employment, whether to a new DHS licensed child care program or other place of employment;
   - A change in my household income so that it exceeds three hundred percent of the Federal Poverty Level;
   - A decrease in work hours if the average weekly hours in a 4 week span are less than 20 hours each week for the parent who is employed as a child care educator or staff;
   - A change in address; or
   - The child qualified for benefits no longer resides in the household.

8. I understand participation in this pilot is voluntary.
9. I understand families already receiving CCAP benefits may still participate in this pilot and will receive the waiver of copayments. I understand participation in this pilot has no other impact to an existing CCAP case.
10. I understand if I am denied eligibility for the CCAP for Child Care pilot, I am responsible for payment to my CCAP provider for any child care services provided. I also understand I am able to appeal a denial decision and will contact CCAPforChildCare@pcgus.com to initiate the appeal process.
11. I agree and acknowledge that if any statement in this attestation is false, I may be punished with criminal, civil, or administrative penalties, exclusion from federal or state programs, and/or the imposition of fines or civil damages, among other punishments, and the child care provider may be punished as well, including but not limited to repayment of all CCAP payments or review of my state-issued child care license.
12. Finally, I agree to abide by all applicable federal and state requirements and guidance.

Parent 1 Signature*

_____

Parent 2 Signature *

_____

Signature Date *

_____ DD/MM/YYY