

# HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION APPLICANT AND CO-APPLICANT CARD HOLDERS (v8-19)

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Co-Applicant Cardholder Name: \_\_\_\_\_

Reason for Issuance: (A) New Applicant  Applicant  Co-Applicant  
(check all that apply) (B) Replacement  Lost/stolen  Not working  Other: \_\_\_\_\_

By signing this form, I am acknowledging I have received this HOOSIER WORKS FOR CHILD CARE CARD and understand the policies related to its use.

- I understand I must use my card to document attendance on a regular basis and my provider may consider my failure to do so timely as non-payment for child care provided.
- I understand I may not allow anyone, including my child care provider, to possess or use my Hoosier Works for Child Care card to authorize electronic attendance transactions for child(ren).
- I understand a provider should never attempt to force me to violate this policy. If a provider does attempt to force me to violate this policy, I shall immediately report it to the Local Intake Agent for referral to the state.
- Exceptions to this policy will only be accepted with written documentation from the Office.

Failure to follow the above policy could lead to **negative action** taken against me and/or my child care provider, up to and including termination from the Child Care and Development Fund (CCDF) voucher program.

- I have received the HOOSIER WORKS FOR CHILD CARE CARD.
- My card will be mailed, when my application is processed if I have valid vouchers

Applicant or Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
16 Digit Card Number: <u>627525-</u> <i>(Or attach a photocopy of the front of the HW Card)</i>	
Issuing staff: _____	Date: _____

<b>CARD USAGE TRAINING</b>	
_____	Video and verbal/written
_____	Verbal/written only



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<https://inchildcare.org>

# HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION AUTHORIZED USER

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

The Individual below is approved to receive a HOOSIER WORKS FOR CHILD CARE CARD.

First Name: \_\_\_\_\_ MI: \_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Reason for Issuance: (B) Replacement  Lost/stolen  Not working  Other: \_\_\_\_\_  
(check all that apply) (C) Authorized Representative/Relationship to Applicant: \_\_\_\_\_

Type of ID seen: \_\_\_\_\_  
*(One picture ID or two other forms of ID, one of which must contain a signature)*

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- I understand I may not allow anyone, including my child care provider, to possess or use my Hoosier Works for Child Care card to authorize electronic attendance transactions for child(ren).
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- Exceptions to this policy will only be accepted with written documentation from the Office.

Failure to follow the above policy could lead to **negative action** taken against the Applicant and Co-Applicant and/or the child care provider, up to and including termination from the Child Care and Development Fund (CCDF) voucher program.

- I have received the HOOSIER WORKS FOR CHILD CARE CARD.
- My card will be mailed, when my application is processed if I have valid vouchers

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR AN AUTHORIZED USER

I, the Applicant for CCDF benefits, am requesting \_\_\_\_\_ to be designated as an authorized user for my HOOSIER WORKS FOR CHILD CARE CARD. I acknowledge the user of this card is acting as my representative and as such I am responsible for attendance documented by my authorized user, even if such attendance is erroneous. Further, I understand I may revoke this agreement at any time by providing written notification to the local Intake Agent.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
16 Digit Card Number: <u>627525-</u> <i>(Or attach a photocopy of the front of the HW Card)</i>
Issuing staff: _____ Date: _____

<b>CARD USAGE TRAINING</b>
_____ Video and verbal/written
_____ Verbal/written only