CHILD CARE CHECKLIST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE DIVISION
SFN 338 (01-2008)

Clear Fields

Case Name	Size of CCAP Unit	Date of the Most Recent Signed and Dated Application

Is there a current application? ☐ Yes ☐ No

Was child care needed month prior to application? ☐ Yes ☐ No ☐ NA

If needed, was this month added to the certificate? ☐ Yes ☐ No ☐ NA

Reason for child care (check all that apply)

☐ Work ☐ School ☐ Job Search ☐ Hold position in child care for a current CCAP recipient while child or parent temporarily ill or on vacation

Is child support/court-ordered spousal support paid outside the household being used as a deduction? ☐ Yes ☐ No ☐ NA

If payment is going to the parent, is there a "Provider Request to Pay Parent Directly (SFN 848)" in the file? ☐ Yes ☐ No ☐ NA

If questionable, is there a work schedule? ☐ Yes ☐ No ☐ NA

Was the earned and unearned income counted correctly for certificate (were the third and fifth checks excluded)? ☐ Yes ☐ No ☐ NA

Is there a Postsecondary Education Information (SFN 113) for each person attending postsecondary education? ☐ Yes ☐ No ☐ NA

Is there a class schedule for the students? ☐ Yes ☐ No ☐ NA

If the student is attending postsecondary education, is the course of study an Associate of Applied Science (AAS)? ☐ Yes ☐ No ☐ NA

If the student is in high school, is the appropriate time being allowed for school and activities, such as parenting classes? ☐ Yes ☐ No ☐ NA

If the client is in Job Search, how many of the allowable weeks have been used for job search this calendar year? _____

The worker is paying child care to hold position for child's or parent's temporary illness. If this is more than a few days, is there documentation in the file that this illness is temporary and the parent will be returning to an allowable activity? ☐ Yes ☐ No ☐ NA

The Provider is: (check all that apply)

☐ Licensed ☐ Tribal Registration ☐ Self-Certified ☐ Approved Relative

If approved relative, is the provider currently approved for these children? ☐ Yes ☐ No ☐ NA

Are all children needing child care listed on the certificate, including those who will need care when school is not in session? ☐ Yes ☐ No ☐ NA

For children 13 to 19, is the correct verification for their child care need in the file? ☐ Yes ☐ No ☐ NA

Are the correct activities listed on the certificate without identifying TANF, TANF Diversion or TANF Transition? ☐ Yes ☐ No ☐ NA

Is the certificate for the appropriate time period? ☐ Yes ☐ No

Is the percentage and family maximum payment correct? ☐ Yes ☐ No

On the Excel worksheet, was the correct certificate used as the basis for payment? ☐ Yes ☐ No

If no, did it affect payment? ☐ Yes ☐ No ☐ NA

Was correct provider type used on the Excel Worksheet? ☐ Yes ☐ No If no, did it affect payment? ☐ Yes ☐ No ☐ NA

Excluding children 13 and older, were the correct birthdates used on the Excel Worksheet? ☐ Yes ☐ No

If no, did it affect payment? ☐ Yes ☐ No ☐ NA

Were the children's need for service and the dollar amount entered correctly? ☐ Yes ☐ No

If no, did it affect payment? ☐ Yes ☐ No ☐ NA

Were the correct income and child support/court-ordered spousal deduction if appropriate, entered on the worksheet? ☐ Yes ☐ No

On the first payment screen, were the Countable Income, Household Size, Total Amount Billed, Amount Paid, and Allowable Cost entered correctly? ☐ Yes ☐ No

Were all applicable Sources of Income amounts's entered correctly? ☐ Yes ☐ No

Name of Worker	Date