



CHILD CARE ASSISTANCE REDETERMINATION
 ND DEPARTMENT OF HUMAN SERVICES
 SFN 841 (06-2007)

REDETERMINATION

Failure to return the redetermination form by the 10th of the next month may cause delay in your benefits. If your redetermination form is not received by the end of the current certification period, your case will be closed.

ALL REQUIRED VERIFICATIONS (income, child care bill, class schedule, and, if attending school, "SFN 113, Child Care Assistance Program Postsecondary Education Information") MUST BE ATTACHED. Without complete verification, your Child Care Assistance Program case will be closed.

Please print or type your answers. Read all instructions carefully and answer each question fully. Attach another sheet if you need more space. Failure to answer each question may delay continuation of assistance. Eligibility for continued eligibility will be determined by the **county social service office**. Sign and return this completed redetermination to your local county social service office. If you have any questions about completing this redetermination, call your local county social service office. **Unsigned redeterminations will be returned to you.**

First Name		Middle Initial		Last Name	
Mailing Address		City		State	Zip Code
Home Telephone Number		Work Telephone Number			
Marital Status:	Married	Divorced	Separated	Single	

I. HOUSEHOLD SIZE

List: **All** people currently residing in your household including you.

Name (Last, First, Middle Initial)	Relationship	Social Security Number*	Birth Date	Sex	Race	US Citizen or Resident Alien Status Yes or No
	SELF					

*Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose social security number will not affect participation in this program.

Is any household person temporarily out of the home? Yes No	
Name of absent person:	Relationship to children receiving child care assistance:
Reason for absence:	
Expected date of return:	

II. EMPLOYMENT/TRAINING INFORMATION

IF YOU OR SECOND PARENT ARE WORKING, COMPLETE THE FOLLOWING. IF YOU OR SECOND PARENT HAVE MORE THAN ONE JOB GIVE SAME INFORMATION FOR EACH JOB.

ATTACH VERIFICATION OF WAGES.

Wage Earner				Wage Earner				Wage Earner			
Employer				Employer				Employer			
Date Income Received	Hrs	Gross Wages/Commission	Tips	Date Income Received	Hrs	Gross Wages/Commission	Tips	Date Income Received	Hrs	Gross Wages/Commission	Tips
How Often Is This Person Paid? ("X" Below) Monthly Twice a Month Other Weekly Every Two Weeks				How Often Is This Person Paid? ("X" Below) Monthly Twice a Month Other Weekly Every Two Weeks				How Often Is This Person Paid? ("X" Below) Monthly Twice a Month Other Weekly Every Two Weeks			
Day of the Week Paid ("X" Below) Monday Wednesday Friday Sunday Tuesday Thursday Saturday				Day of the Week Paid ("X" Below) Monday Wednesday Friday Sunday Tuesday Thursday Saturday				Day of the Week Paid ("X" Below) Monday Wednesday Friday Sunday Tuesday Thursday Saturday			

Are you or the second parent self-employed? Yes No If yes, the individual who is self-employed will be required to provide a ledger of income and expenses or income tax reports, depending on the type of self-employment, for verification of income.
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Does your household need financial help with child care because you or the second parent go to postsecondary school or training? Yes No
A COPY OF "SFN 113, CHILD CARE ASSISTANCE PROGRAM POSTSECONDARY EDUCATION INFORMATION", AND YOUR SCHOOL SCHEDULE MUST BE ATTACHED.

Does anyone in your household pay child support outside of the house?	
Who:	Amount Paid Monthly:

I understand that the amount of child care assistance I receive will be based on the information I have provided on this form. I also understand that the amount of child care assistance may be changed without advance notice. I understand that social services will verify the information I have provided, and that federal and state laws provide for fines and/or imprisonment of any person who fraudulently receives, or attempts to receive public assistance to which he or she is not entitled. I understand that I must report all mandatory reportable changes. I understand that I am responsible for paying my percentage of child care costs and any additional costs over the allowable maximums not covered by the program. I declare and affirm under penalty of perjury that, to the best of my knowledge, the information I have provided herein is true and correct.

Please read and sign the authorization to furnish or release information for verification of wages, student status, and child care costs. **This authorization must be signed in order to process your redetermination.**

TO WHOM IT MAY CONCERN:

I hereby authorize any person, agency, or institution to supply information, other than protected health information, concerning me or my family requested by County Social Services and to allow inspection and reproduction of records in their possession by any duly authorized representative of County Social Services.

I further authorize County Social Services to release such information, other than protected health information, to cooperating state or federal agencies. I authorize County Social Services to inform my provider(s) of my eligibility or ineligibility of payment for child care.

I release any person, agency, or institution from any and all liability to me or my family for supplying such information, other than protected health information.

This authorization is given only in connection with its use by County Social Services in its administration of the Child Care Program and for no other purpose.

SIGN HERE	Signature of Client	Date
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