CHILD CARE CHECKLIST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE DIVISION
SFN 338 (3-2014)

Clear Fields

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

Is there a current application/or review? ☐ Yes ☐ No

Was child care requested for the month prior to application? ☐ Yes ☐ No ☐ NA

Reason for child care (check all that apply)

☐ Employment ☐ Job Search ☐ High School/GED ☐ Postsecondary Education
☐ Training ☐ TANF Assistance or Diversion ☐ Crossroads

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

Was the earned and unearned income counted correctly for the certificate? ☐ 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

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, what is the course of study? _____

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 Provider is: (check all that apply)

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

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

If prior month was requested, was a one-month certificate created? ☐ Yes ☐ No

Are all children needing child care listed on the certificate? ☐ 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 correct grant type entered? ☐ Yes ☐ No

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

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

Is the family monthly co-pay correct? ☐ Yes ☐ No

Is the state rate correct? ☐ Yes ☐ No

Is the level of care correct? ☐ Yes ☐ No

Was the correct number of weeks used? ☐ Yes ☐ No

Was payment made to the correct provider? ☐ Yes ☐ No

On the certificate, was the Countable Income, Household Size, Total Amount Billed, Amount Paid, and Allowable Cost entered correctly? ☐ Yes ☐ No

Name of Worker	Date