

Do you know what time it is?

Reauthorization Time!

Due to the Coronavirus (COVID-19) Pandemic, the Automated Health Systems (AHS) Child Care and Development Fund Voucher and On My Way Pre-K Eligibility Offices are conducting interviews over the phone for all counties. We encourage families to submit all of your child care documentation electronically using our website prior to a phone interview.

In order for your child care to continue, you must:

1. **Complete and Submit** the following Reauthorization Forms: Parent Applicant Worksheet, Child Support and Maintenance Declaration Form, a new Provider Information Page, and all supporting documentation. If a replacement swipe card is needed, complete the Hoosier Works for Child Care Authorization Form.
2. **Submit** the forms and documents with at least one-week prior to your subsidy end date. If forms and documents are late or incomplete, your child care voucher will end. You can submit these forms via:
 - a. **Web:** www.inchildcare.org
 - b. **Mail:** Automated Health Systems
300 Main Street, Suite 310
Lafayette, IN 47901
 - c. **Fax:** 1-855-631-0120
Please call a day after submission to verify receipt and keep a copy of the transmission verification until after your reauthorization has been completed.
 - d. **In-Person:**

County	Location
Allen	7230 Engle Road, Suite 300-B Fort Wayne, IN 46804
St. Joseph	205 W Jefferson Blvd, Suite 505 South Bend, IN 46601
Lake	1458 East 85th Avenue Merrillville, IN 46410
Tippecanoe	300 Main Street, Suite 310 Lafayette, IN 47901
Vanderburgh	16-20 NW 3rd Street, Suite 960 Evansville, IN 47708

If you have questions, please call 1-855-533-7342 to talk with a representative or to schedule a virtual phone appointment with one of our offices. You may also Contact Us to send a message and receive a response within 48 hours.

Thank You,

Automated Health Systems

Reauthorization Check List

In order to reauthorize for the Child Care Voucher Program you must be currently working and/or attending school or previously requested transitional care. In addition to the included forms, the following items are needed from you and your spouse and/or significant other, if applicable. Without the following documentation you will not be able to reauthorize your current application:

Proof of a service need (working and/or attending school)

- If paid weekly, your most recent four (4) check stubs. If paid bi-weekly, your most recent two (2) check stubs.
- If you have recently become employed and have not received a check, you must provide a new hire letter on company letterhead, date of hire, and expected work hours.
- If attending high school, please contact your local office for assistance.
- If attending school, provide current school schedule.

Proof of all other sources of income must be provided, such as

- Social Security and/or SSI benefit letter for the current year
- Current TANF benefit amount
- Unemployment benefit

Proof of residency dated within the previous 30 days

Information on your chosen provider

- If you need assistance locating a CCDF approved childcare provider, call Child Care Resource and Referral at 1-800-299-1627.
- The Provider Information Page must be completed by your chosen provider.

ADDITIONAL QUESTIONS

In most cases, you will receive 53 weeks of subsidy. Please answer the following questions, so that we can provide vouchers that will best fit your and your child(ren)'s needs. Not answering these questions could delay the processing of your application.

1. Have you participated in the child care voucher program before today? Yes No
2. What is the normal time you drop your child off at child care? _____
3. What is the normal time you pick your child up at child care? _____
4. What school district do you live in? _____
5. If you have a child(ren) in school, do you need child care year-round? Yes No
 - a. **If no, do you need child care for school breaks only?** Yes No

NOTE: If you need break care, you MUST include a school calendar or break care vouchers will not be created for your child(ren).

6. Will your child be enrolled in Head Start or receiving an On My Way Pre-K grant in the next 12 months: Yes No Not Sure Yet
7. Do you have a child that will be enrolled in kindergarten in the next 12 months? Yes No
 - a. If yes, please circle if they will attend: ½ day full day
 - b. Will they be attending kindergarten at your current child care provider? Yes No
8. Do you work for the child care provider that your child(ren) attend? Yes No
 - a. If yes, you and your employer will need to complete an additional form called the Parent-Provider Statement. It is available at www.INchildcare.org, under the Forms tab at the top of the page, or you may go to any of our local offices to pick one up.
 - b. You must complete this form every time you reauthorize. Your application cannot be processed without it.

9. Circle the types of income below you receive, or you receive on behalf of a minor child:

Wage	SSI / SS	Unemployment Benefits
TANF	SNAP (food stamps)	Housing Choice Voucher
Child Support	Pension	Interest / Trust

10. Name of current employer(s): _____

Begin Date: _____

End Date: _____

Rate of Pay: _____

Circle how you are paid: Weekly Bi-Weekly Semi-Monthly Monthly

11. Do you anticipate a break in employment or school over the next 12 months? Yes No

a. If yes, how long? _____

b. Do you plan on utilizing child care during this break? Yes No

c. If no, please complete the following statement:

I, _____ (parent name), am requesting my child(ren) be placed in approved leave from the child care voucher program from _____ (start date) to _____ (end date).

By signing below, I understand my children will not have an active child care voucher during the timeframe stated above.

Parent Signature: _____ Date: _____

Please note below any other special circumstances that may be important for us to know about your child care vouchers.



Automated Health Systems
300 Main Street, Suite 310
Lafayette, IN 47901
855-533-7342