I, ____________________________________, hereby declare that I have been given access to the Program Handbook for CRS Stage 1 Child Care Program. I understand the policies and procedures, including the Fraud Policy that I must follow to receive child care benefits.

I understand that on the monthly Attendance Sheet, the parent/guardian is only approved for child care days and hours as approved on the Notice of Action. The parent/guardian can claim only those hours during which they attended an approved activity and authorized child care was actually provided.

I understand that the monthly Attendance Sheet is required to be signed daily in ink, at the exact time of beginning and ending of child care each day, with the in and out times and full signature, by the parent/guardian or authorized individual approving the hours of child care attendance. The Provider is to claim only those hours during which authorized child care was actually provided. During the periods that have or will be claimed for child care payments, the provider shall not be engaged in any other employment or activity.

I understand the responsibility to report any and all changes in eligibility status for the child care program within five calendar days to ACCESS, the Employment Counselor (EC) and Case Manager (CM).

I certify under penalty of perjury that I have read and understand the Program Handbook for CRS Stage 1 Child Care Program and the above declaration.

________________________________________________________________________
Parent/Guardian Name

________________________________________________________________________
Parent/ Guardian Signature Date

________________________________________________________________________
Provider/Facility Name

________________________________________________________________________
Provider Signature Date

________________________________________________________________________
E-mail Address

24-765 (04.14) Receipt for Program Handbook