**DEPARTMENT OF CHILDREN AND FAMILIES CMCC**

Division of Early Care and Education

**Request for Waiver of Eligibility Restrictions for Child Care Assistance**

**Use of form:** Parents who are child care providers (parent/provider) are not permitted to receive child care subsidy to care for their own child or a child who lives with them (Wis. Stat. 49.155(3m)(d)). A parent who is also a child care provider may complete this form to request a waiver for their child or a child who lives with them to receive child care subsidy to attend another child care provider (Wis. Admin. Code Chapter DCF 201.039(7)). Parent/providers must complete this form as part of their eligibility determination to be considered for a waiver. Failure to submit this Request for Waiver will result in denial of eligibility for parent/providers. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Comments:

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| Wis. Stat. 49.001(1) “Child care provider” means a child care provider that is licensed under s. 48.65(1), certified under s. 48.651 or established or contracted for under s. 120.13(14).  Wis. Stat. 49.155(1)(c) Notwithstanding s. 49.141(1)(j), “parent” means a custodial parent, guardian, foster parent, legal custodian, or a person acting in the place of a parent.  Wis. Stat. 49.141(1)(j) “Parent” means any of the following:  1. A biological parent.  2. A person who has consented to the artificial insemination of his wife under s. 891.40.  3. A parent by adoption.  4. A man adjudged in a judicial proceeding to be the biological father of a child if the child is a nonmarital child who is not adopted or whose parents do not subsequently intermarry under s. 767.803.  5. A man who has signed and filed with the state registrar under s. 69.15(3)(b)3. a statement acknowledging paternity. | | | | | | |
| **Parent Information** | | | | | | |
| Case Number: | | | | | | |
| Name: | | | | | | |
| Address (Street, City, State, Zip Code): | | | | | | |
| Daytime Telephone Number: | | | | | | |
| **Approved Activity Schedule** – Enter the hours typically worked on each day. (Example: 7 A.M. – 3 P.M.) | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|  |  |  |  |  |  |  |
| **Parent’s Child Care Facility** | | | | | | |
| Provider Number: | | | | | | |
| Name of Child Care Facility: | | | | | | |
| Address (Street, City, State, Zip Code): | | | | | | |
| Telephone Number – Child Care: | | | | | | |
| **Hours of Operation** – Enter the regulated hours of the child care facility. (Example: 7 A.M. – 7 P.M.) | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|  |  |  |  |  |  |  |
| **Child Information – For whom waiver is being requested** | | | | | | |
| PIN: | | | | | | |
| Name – Child: | | | | | | |
| Date of Birth: | | | | | | |
| Shared placement?  Yes  No | | | | | | |
| If “Yes”, describe shared placement agreement. | | | | | | |
| **Hours of Care Needed** – Enter the hours care is needed on each day. (Example: 7 A.M. – 3 P.M.) | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|  |  |  |  |  |  |  |

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| **As a parent who is a child care provider, you may be determined eligible to receive a child care authorization for your child or a child who lives with you to attend another child care provider if one of the following applies to your child. Check all that apply. Be sure to include all of the required supporting verification with this waiver form.** | | | | | | | | | | | Verified by County / Tribe |
|  | My child has 1) a disability and 2) I am unable to care for the child at my home or group center. I have attached a statement signed by a physician or other medical professional that my child has special needs and certifying that I am unable to care for my child at my location. | | | | | | | | | | Complete  Incomplete |
|  | I am the child’s foster parent. I have attached the supporting verification, or foster placement has been verified by the worker. | | | | | | | | | | Complete  Incomplete |
|  | I am the child’s guardian or interim caretaker, and I am receiving subsidized guardianship payments for the care and maintenance of the child. I have attached the supporting court order. | | | | | | | | | | Complete  Incomplete |
|  | I am the child’s kinship care relative; the child has been placed with me under a court order, and I am receiving kinship care payments for the care and maintenance of the child. I have attached the supporting court order. | | | | | | | | | | Complete  Incomplete |
|  | The child is a child of a dependent minor parent who is enrolled in high school or a course that is approved by the state superintendent of public instruction for granting a high school graduation equivalency and resides with me who is considered a parent and also a child care provider. I have attached a school schedule for: | | | | | | | | | | Complete  Incomplete |
|  | | | Name – Dependent Minor: | |  | | | | | |  |
|  | | | PIN or SSN of Dependent Minor: | | | |  | | | |  |
|  | | | | | | | | | | | |
| I am completing this waiver request because I believe my child, or a child who lives with me, qualifies under one of the above criteria and I include the necessary supporting documentation. By signing this form, I state that the information and supporting documentation is true and accurate to the best of my knowledge. I understand the county or tribe to which I submit this form will review the supporting verification I have submitted to affirm the child meets the corresponding waiver criteria and that my failure to include supporting documentation may result in denial of the waiver request. I understand I have the right to appeal a denial of this waiver. Appeal instructions are included at the bottom of this form.  **Submit this form to the child care administrative agency.** | | | | | | | | | | | |
| **SIGNATURE** – Applicant | | | | | | | | | Date Signed | | |
|  | | | | | | | | | | | |
| Appeal Rights | | An individual denied Wisconsin Shares child care subsidy program benefits may contest the denial and request a hearing within 45 days after the date of the notice. A request for a hearing may be made in writing or orally to the local agency or to the Division of Hearings and Appeals (DHA). Send all appeals to:  Division of Hearings and Appeals  4822 Madison Yards Way  P.O. Box 7875  Madison, WI 53707-7875 | | | | | | | | | |
|  | | | | | | | | | | | |
| **Local Agency Use Only** | | | | | | | | | | | |
| **Approved** | | | | | | **Denied** | | | | **Denial Reasons** – if denied refer to appeal rights. | |
| Authorization Date: | | | |  | | Denial Date: | |  | | Child does not meet criteria | |
| Waiver valid for 12 months from the date of | | | | | |  | | | | Required documentation not provided | |
| authorization | | | | | | Comments entered in CWW | | | | Assistance Group not financially eligible | |
|  | | | | | | | | | | Fails other non-financial criteria | |
| Comments entered in CWW | | | | | |  | | | | | |