Child care subsidy benefits are provided for households who have verified purpose of care. Purpose of care is defined as an approved activity which does not allow for the parent/caretaker to care for the child(ren). Purpose of care can be employment, training, educational classes, seeking employment, temporary disability or Nevada State Division of Welfare and Supportive Services (DWSS) approved activities related to the preparation for employment. (Applicant must initial next to each statement.)

I agree to immediately report changes in:

- Purpose of care (employment, training, school, etc.)
- Purpose of care schedule
- Household composition and associated income changes
- Household members extended absence
- Marital status or reconciliation with the absent parent
- Adding or dropping a class
- Residence and/or mailing address
- Any other circumstance or anticipated change, which may affect eligibility or benefit amount

I understand failing to report these changes timely may result in an overpayment of benefits that I will have to pay back to the Child Care Program.

I understand if I am a NEON participant through the DWSS and fail to cooperate with the NEON program requirements, I am no longer eligible for child care services through the NEON funding category and my benefits will cease immediately. I understand I may reapply and, if eligible under another funding category, continue to receive subsidy assistance but I will be responsible for any co-payments incurred.

I understand if I am participating in job search activities administered by the Child Care Program I must complete a minimum of two or more activities per day with a minimum of six (6) job seeking activities per week to receive subsidy payment for the entire week. If the minimum is not met, I am only eligible for payment on days the minimum is met and am responsible for payment of any other days during the job search week.

I understand I am not eligible for services if the purpose of care for which I am approved, terminates or changes and my case will close as soon as administratively possible.

I understand I am only to use child care services on approved days while purpose of care exists. If I utilize services on days when the approved purpose of care does not exist, I understand I am committing an Intentional Program Violation (IPV) and am liable for repayment of incorrectly paid child care costs and could be disqualified or penalized for future program benefits.

If I am found guilty of Intentional Program Violations (IPV), my future subsidy benefits are subject to a two (2) step percentage decrease for six (6) months for the first occurrence, a three (3) step percentage decrease for the second occurrence for twelve (12) months, and for a third occurrence, I would be permanently ineligible for benefits.

In addition, I understand if I make a false or misleading statement, conceal or withhold facts to establish or maintain program eligibility, my benefits may be reduced, denied, or terminated and I may be disqualified from program participation, criminally prosecuted, or otherwise penalized according to state and federal law.