



Las Vegas Urban League
Early Childhood Connection
 Connecting Kids with a Network of Resources

DECATUR
 2470 N. Decatur, Ste. 150
 Las Vegas, NV 89108
 Phone: (702) 473-9400
 Toll Free: (855) 4UL-KIDS
 Fax: (702) 410-9906

CLARK COUNTY/DFS
 (Foster/CPS Cases Only)
 701 N. Pecos Rd.
 Las Vegas, NV 89101
 Phone: (702) 455-0593
 Fax: (702) 455-0484

BELROSE
 700 Belrose St.
 Las Vegas, NV 89107
 Phone: (702) 486-1585
 Fax: (702) 486-1608

FLAMINGO
 3320 E. Flamingo Rd., Ste. 49
 Las Vegas, NV 89121
 Phone: (702) 570-5161
 Fax: (702) 331-1417

PAHRUMP
 1840 Pahrump Valley Blvd.
 Pahrump, NV 89048
 Toll Free: (855) 4UL-KIDS
 Fax: (702) 405-8583

Case Name: _____

Case Number: _____

PROGRAM PENALTIES

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:

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| <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ Child care providers ▪ Employers or starting/stopping a job ▪ Hourly or salaried wage ▪ Change from full-time/part-time status ▪ Source of unearned income ▪ Unearned income of \$50 in last 30 days ▪ Lump sum receipt |
|--|---|

_____ 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.

 Signature of Applicant/Recipient or Authorized Representative

 Date

 Signature of Child Care Case Manager

 Date