

## Child Care Assistance Program (CCAP) – Application Instructions

These instructions will help you fill out the Child Care Assistance Program application. Please read them carefully before you begin filling out the application. When you complete the application, please be sure it is signed by both parents, if you have a two-parent household. The completed, signed application should be mailed to:

Child Care Assistance Unit  
Providence Regional Family Center  
Department of Human Services  
206 Elmwood Avenue  
Providence, RI 02907-1491

All applicants for CCAP are required to cooperate with the Office of Child Support Services unless getting the child support would cause harm to you or your children. If you are concerned about your safety, or your children's safety, call 222-7133 for a referral to a Domestic Violence Advocate.

CCAP applicants must also show proof of resources owned, such as cash, bank accounts, stocks and bonds, etc. If your household has more than \$10,000 available in these resources, you will not be eligible for CCAP.

### Completing the CCAP-1:

- All applicants must answer all of the following questions: numbers **1, 2, 3, 4, 6 and 17**.
- Answer Question # 5 only if any child requesting CCAP is not a U.S. citizen, but is a legal permanent resident. A child must be either a U.S. citizen or a legal permanent resident to qualify for CCAP assistance.
- You must tell us about all **income** that comes into the household using the following questions:

Working for an employer outside the home	Question # 7
Working for self / Owning own business	Question # 8
Providing childcare for children other than own	Question # 9
All income from sources other than working (TDI, SSI, child support, etc.)	Question # 10
Income from rental property	Question # 12
Providing room and/or board in own home	Question # 13

- Any and all **resources**, such as cash, bank accounts, stocks and bonds, etc., must be reported, effective 10/01/06. Please tell us about those on Question # 11.
- If any member of the household is **disabled**, please answer Question # 14 for the parent in the household, and/or Question # 15 for a child requesting CCAP.
- If the applicant is a teen parent participating in the **ASSC** (Adolescent Self-Sufficiency Collaborative) Program, please tell us on Question # 16.

Please answer EVERY question by marking either “Yes” or “No,” as applies to your household. Please do not leave any question unanswered or blank. If your answer to any question is “Yes,” you must complete the chart or additional questions, with the required information. Some questions require proof to support your answer – that means you must give us documents to prove what you told us. When you see this symbol ☒ by a question, look at the text box to see what documents you have to attach to your application or send to DHS. If you have to send some documents later, be sure to include your full name and date of birth or social security number so that we can add these to your file. Attaching all required documents with this application will help your DHS Social Caseworker decide your eligibility as quickly as possible.

**If you have any questions about how to complete this application, please call 401-462-5300.**

## **Domestic Violence Notice**

This notice provides important information about services for people who have experienced physical, emotional or sexual abuse.

All applicants for CCAP are required to cooperate with the Office of Child Support Services (OCSS) unless getting child support would cause harm to you or your children. If you are concerned about your safety or your children's safety, call 222-7133 for a referral to a Domestic Violence Advocate.

- The DHS Child Care Assistance Program (CCAP) requires applicants to cooperate with OCSS to establish paternity and establish, modify, and enforce child support orders for all children in the household. If cooperation with OCSS in these matters may put you or your children in danger of physical, emotional or sexual abuse, we may be able to excuse you from cooperation and determine your eligibility for child care assistance by granting a Good Cause waiver (*see the last two pages of these instructions for details and a Good Cause claim form*).

### **We can also tell you about help that is available.**

- We can tell you where you can get help in staying safe and in getting help for you and your children. We can tell you about this even if you don't want to be excused from the child support requirement.

### **This information is voluntary.**

If you are concerned about domestic abuse, you can call the Victims of Crime Helpline at 1-800-494-8100. This hotline is confidential and is not a part of DHS.

**If you tell us that any children or elderly people are abused, we must report that information** because of state law. If you are concerned about these problems yourself, you can contact the child abuse hotline at 1-800-RI-CHILD or the Department of Elderly Affairs at 1-800-322-2880.

#### **Definition of Abuse**

- physical acts that cause injury or threaten to cause injury, such as pushing, grabbing, slapping, hitting;
- sexual abuse, including forced or unwanted oral, anal, or vaginal penetration;
- threats of, or attempts at, physical or sexual abuse;
- mental or emotional abuse, such as being insulted, put down or told you are worthless;
- isolating you or not allowing you to see people or leave the house;
- withholding money for food, clothing or other needs;
- not allowing you to get medical care;
- not allowing you to go to school, training, or work; threatening your family or friends.

#### **Relationships where abuse can happen**

Physical, emotional, and sexual abuse can occur between family members, household members or people in a dating relationship. These relationships are listed below. Minor children of any of the people in these relationships are included.

- spouses or people who are married
- people who are divorced or separated.
- people who are related by blood or marriage
- people who have had or are going to have a child together
- people who live together or have lived together in the past three years
- people in a dating relationship
- people who have been in a dating relationship in the past year
- caretaker relative of a child and a relative who has visitation rights and/or who is making child support payments

**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES  
CHILD CARE ASSISTANCE PROGRAM**

**NOTICE OF REQUIREMENT TO COOPERATE AND THE RIGHT TO CLAIM  
GOOD CAUSE FOR REFUSAL TO COOPERATE IN CHILD SUPPORT ENFORCEMENT**

As a condition of eligibility for the Child Care Assistance Program (CCAP), you are required to cooperate with the Office of Child Support Services (OCSS) to establish paternity and establish, modify, and enforce child support orders. In order to cooperate with the OCSS, you must make a good faith effort by:

- Identifying the absent parent(s) of all of the child(ren) in your household; and giving other information that is verifiable, if, using reasonable efforts, OCSS can confirm that it is current and accurate; and/or
- Giving any other information or documentation that may assist in identifying or locating the noncustodial parent, establishing parentage or establishing, modifying or enforcing a child support order; and
- Continuing to make a good faith effort to cooperate by:
  - Appearing for parentage tests;
  - Appearing for appointments; and/or
  - Appearing in judicial or other proceedings.

This may result in one or more of the following benefits to you or the child:

- Finding the absent parent;
- Legally establishing the child's paternity;
- Obtaining support payments;
- Obtaining medical support; and
- Securing the right to future social security, veterans' or other government benefits.

If you fail to cooperate, and are not found to have good cause for refusing to cooperate, as explained in this notice, you will become ineligible for Child Care Assistance (CCAP) for this and any future application until you cooperate.

A good cause claim for refusing to cooperate can be made on the basis of the circumstances listed on the back of this form, and you must either:

- Within twenty (20) days, supply supporting evidence similar to that listed on the back which establishes that you have good cause for refusing to cooperate; OR
- Furnish sufficient information to permit the agency to investigate the circumstances of your claim of good cause for refusing to cooperate (such as the putative father's or absent parent's name and address if known); OR
- Provide sworn statements from individuals, including friends, neighbors, members of the clergy, social workers, and medical professionals who might have knowledge of the circumstances providing the basis of your good cause claim; OR
- In the case of domestic violence situations, obtain an approved recommendation by the domestic violence advocate of a waiver of the child support cooperation requirement.

There is a Family Violence Advocate available to help you with this process. Please fill out the form on the back of this page or call 222-7133 to get referred to an Advocate for help.

A determination of whether you have good cause for refusing to cooperate will be made on the basis of 1) the evidence you supply, 2) our investigation of the information you supply, or 3) a combination of both.

If it is determined that you have good cause for refusing to cooperate, the Office of Child Support Services may attempt to establish paternity, if necessary, and/or collect support, if it is determined that this can be done without risk to you or the child, if done without your participation. This will not be done without first notifying you.

*—see the Good Cause claim form on the other side of this page —*

A DETERMINATION THAT YOU HAVE GOOD CAUSE FOR REFUSING TO COOPERATE  
WILL BE MADE IF ONE OR MORE OF THE FOLLOWING CIRCUMSTANCES EXIST AND  
YOU SUPPLY SUPPORTING EVIDENCE

Good Cause Circumstances

- The child was conceived as a result of incest or forcible rape.
- Potential physical harm to the child.
- Potential physical harm to mother or a caretaker relative severe enough to reduce capacity to care for the child adequately.
- Potential emotional harm to the child.
- Potential emotional harm to the mother or a caretaker relative severe enough to reduce capacity to care for the child adequately.

Examples of Supporting Evidence

- A medical, law enforcement, or birth record which indicates that the child was conceived as result of incest or forcible rape.
- Court, medical, criminal, child protective service, social service, psychological, or law-enforcement record(s) indicating that the putative or absent parent(s) might inflict physical harm on the child or you.
- Assessment and recommendation by the domestic violence advocate.
- Any of the above evidence listed for physical harm, and in cases of emotional harm, special consideration will also be given to:
- the present emotional state;
  - the emotional health history;
  - the intensity and probably duration of the emotional upset of you or your child;
  - the degree of cooperation required; and
  - the extent of involvement of the child in the activity.



**If, at any time, you want to request an exemption from the requirement to cooperate with the Office of Child Support Services due to good cause such as the examples listed above, tell your Social Caseworker either by calling the office or by completing the tear-off below, and including it with your application. You will be referred to a Domestic Violence Counselor, for assessment and recommendations. You have the right to refuse counseling.**

*I wish to claim Good Cause for refusing to cooperate with the Office of Child Support Services. I understand that I will be referred to a Domestic Violence Counselor for assessment and recommendations. I also know that I have the right to refuse counseling.*

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ Zip Code: \_\_\_\_\_  
City/Town

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date