DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILD CARE SUBSIDY APPLICATION

INSTRUCTIONS

To apply for child care child care subsidy you must be the child's/children's:

- mother (biological, adoptive, foster or step-mother)
- father (biological, adoptive, foster or step-father)
- individual for whom a judicial determination of support has been obtained
- legal guardian, other than mother/father

NOTE: Income and other eligibility requirements vary by OPDIV. Please see accompanying instructions from your OPDIV or contact your local Work/Life Coordinator or human resources office for further information. A list of OPDIV contacts is posted on the HHS Intranet, http://intranet.hhs.gov/child_care_tuition.html.

As of October 1, 2000, HHS Child Care Child Care Subsidy is a qualified Dependent Care Assistance Program under Section 129 of the Internal Revenue Code. Up to $5000 (if single head of household or married and filing jointly) or $2500 (if married, filing individually) received after that date may be tax exempt if your child is considered a "qualifying dependent" and you meet certain other requirements established by the IRS.

To determine whether you meet the requirements for tax exemption, please refer to IRS Publication 503, Child and Dependent Care Expenses. This publication may be downloaded from the IRS web site (www.irs.gov) or ordered directly from IRS on the web or by calling 1-800-829-3676. You must use Form 1040 or 1040A and attach a completed Form 2441 or Schedule 2 when you file your tax return. Any amount over $5000 (or $2500 if married, filing separately) and any amount received when you do not meet all of the IRS requirements as described in Publication 503 will be subject to applicable Federal, state and local taxes. If you believe your subsidy is taxable and will affect your total tax liability, you may wish to change the amount withheld for taxes from your bi-weekly pay. You may wish to consult a tax advisor or call IRS at 1-800-829-1040 for further guidance. HHS will not provide income tax guidance.

To apply for child care subsidy, complete the application and attach the following documents:

1. **An SF 50B or SF 52 showing your current organizational location**
2. **Pay statements for the 2 most recent pay periods for each parent or guardian;**
3. **Most recent Federal income tax returns for each parent or guardian; AND**
4. **A completed OPM Form 1644 (May 2003), Child Care Provider Form, signed by your child care provider, and a copy of your child care provider's most recent license or statement of compliance with State and / or local child care regulations.**

Note: If care is provided by more than one child care provider, a completed Form 1644 and accompanying documentation must be submitted for each provider.)

Completed applications and accompanying documentation are to be sent to the address provided in your OPDIV instructions. Please keep a copy of your completed application form and accompanying documents as you may be contacted by your program administrator for clarification.

This application must be completed by the eligible HHS employee and may be submitted at any time. The program is funded on a fiscal year basis, and there is no guarantee that subsidies will be funded every fiscal year. If no funds are available at the time you apply, you will be notified and placed on a waiting list. Incomplete applications will not be processed and will be returned to you. If you do not provide all of the information requested, you will not receive a child care subsidy award. When more than one parent works for the Federal Government, child care subsidy cannot be awarded for the child/children by more than one Federal agency.

CERTIFICATION

I/We certify that everything stated in this application is true and correct to the best of our knowledge. I/We understand that failure to truthfully set forth this information could result in loss of child care subsidy from the Department of Health and Human Services. I/We also understand that I/we am/are subject to any penalties provided by law for the provision of false statements. I/We further agree to inform the program administrator within 10 days if any of the information changes. I/We acknowledge that failure to do so may jeopardize my/our chances of receiving child care subsidy through the Department of Health and Human Services child care subsidy program. I/We understand that if funds are not available at the time I/we apply, I/we will be placed on a waiting list. I/We also understand that not all child care subsidy may qualify for tax exemption and that I/we may adjust our withholding if I/we believe that the subsidies will affect my/our tax liability.

If both parents/guardians work for the Federal Government, the HHS employee *must* complete the following:

I, ____ , certify that my spouse has not applied for a child care subsidy from his/her Federal agency.

SIGNATURE OF MOTHER / GUARDIAN	DATE
SIGNATURE OF MOTHER / GUARDIAN	DATE

Privacy Act Statement:
Public Law 107-67, Section 630 (November 12, 2001) confers regulatory authority on the Department of Health and Human Services for agency use of appropriated funds for child care costs for lower income Federal employees. Section 6051(a)(9) of Title 26, United States Code, requires that on or before January 31 of each year an employer list on an employee's W-2, Wage and Tax Statement form, the total amount of dependent care assistance provided to the employee. The Social Security Numbers will be used for identification purposes in determining eligibility for child care subsidy and to report any such assistance provided on the W-2. The primary use of information regarding family income (copies of pay slips and tax returns), name of current child care provider, copies of the provider's license, statement of compliance, and information about other child care subsidies is also to determine eligibility for child care subsidy. Information collected may be provided to Members of Congress or congressional staff in response to a request from a constituent who is the subject of the information; the Department of Justice, court or tribunal in the event of litigation; experts, consultants, or contractors of HHS to implement or operate the subsidy program; Federal, State, or local agencies if HHS is made aware of a violation or potential violation of law or regulation; and the Office of Personnel Management or General Accounting Office to evaluate the subsidy program. Disclosure of the information in the application is voluntary, but failure to provide all of the requested information may result in denial of your application.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILD CARE SUBSIDY APPLICATION

NAME	SOCIAL SECURITY NUMBER

OPDIV/STAFFDIV/Bureau/Division

RELATIONSHIP TO CHILD(REN) for WHOM APPLYING *(check one)*

- ☐ Mother (biological, adoptive, foster, or step-mother)
- ☐ Father *(biological, adoptive, foster, or step-father)*
- ☐ Individual for whom a judicial determination of support has been obtained
- ☐ Legal guardian *(other than mother/father)*

I. HOME AND EMPLOYMENT INFORMATION

HOME ADDRESS	CITY	STATE	ZIP CODE

EMPLOYER'S NAME	ADDRESS

BUILDING	ROOM NUMBER	CITY	STATE	ZIP CODE

WORK ADDRESS *(if different from employer's)* :	CITY	STATE	ZIP CODE

HOME PHONE NUMBER	WORK PHONE NUMBER	GRADE	STEP LEVEL
( )	( )		

II. MARITIAL INFORMATION

NAME OF SPOUSE/PARTNER

HOME ADDRESS *(if different from yours)*	CITY	STATE	ZIP CODE

NAME AND ADDRESS *(of Spouse/Partner's Employer)*	CITY	STATE	ZIP CODE

HOME PHONE NUMBER	WORK PHONE NUMBER	GRADE *(if Federal)*	STEP LEVEL
( )	( )		

III. FAMILY INCOME

A. If married, filing jointly, or a single taxpayer, enter your total adjusted gross family income (as reported on line 35 of your most recent IRS Tax Return Form 1040 or line 21 on IRS Tax Return Form 1040A)

$ ______________________________ OR

B. If married, filing separately, enter

1. Your adjusted gross income (as reported on line 35 of your most recent IRS Tax Return Form 1040 or line 21 on IRS Tax Return Form 1040A)

   $ ______________________________ AND

2. Your spouse/partner's adjusted gross income (as reported on line 35 of his/her most recent IRS Tax Return Form 1040 or line 21 on IRS Tax Return Form 1040A)

   $ ______________________________ AND

3. Your total adjusted gross family income (B1 + B2)

   $ 0.00

IV. STATE/COUNTY/LOCAL SUBSIDIES

DO YOU CURRENTLY RECEIVE A CHILD CARE SUBSIDY OR ANY CHILD CARE SUBSIDIES FROM STATE/COUNTY/LOCAL CHILD CARE SUBSIDY FUNDS?

☐ Yes ☐ No

If Yes, from what source?

ADDRESS	CITY	STATE	ZIP CODE

NAME OF CONTACT PERSON	TELEPHONE NUMBER	WHAT IS THE TOTAL WEEKLY AMOUNT?
	( )	$

List the amount and name of each child for whom you receive the State/County/Local subsidy *(attach additional sheets, if needed)***:**

NAME OF CHILD	WEEKLY SUBSIDY AMOUNT
	$
NAME OF CHILD	WEEKLY SUBSIDY AMOUNT
	$
NAME OF CHILD	WEEKLY SUBSIDY AMOUNT
	$

V. OTHER CHILD CARE SUBSIDY/SCHOLARSHIP FUNDING *(attach additional sheets, if needed)*

DO YOU CURRENTLY RECEIVE ANY OTHER FORM OF CHILD CARE SUBSIDY *(e.g., scholarships provided by the child care center)*?

☐ Yes ☐ No

IF YES, LIST THE AMOUNT AND NAME OF EACH CHILD FOR WHOM YOU RECEIVE ANOTHER FORM OF CHILD CARE SUBSIDY AND THE SOURCE OF THAT ASSISTANCE:

NAME OF CHILD	SOURCE	CONTACT PERSON	WEEKLY SUBSIDY AMOUNT
			$
CONTACT PERSON ADDRESS	CITY	STATE	ZIP CODE
NAME OF CHILD	SOURCE	CONTACT PERSON	WEEKLY SUBSIDY AMOUNT
			$
CONTACT PERSON ADDRESS	CITY	STATE	ZIP CODE
NAME OF CHILD	SOURCE	CONTACT PERSON	WEEKLY SUBSIDY AMOUNT
			$
CONTACT PERSON ADDRESS	CITY	STATE	ZIP CODE

VI. APPLICATION IS BEING MADE FOR CHILD CARE SUBSIDY FOR *(attach additional sheets, if needed)*

CHILD	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DOES THE CHILD LIVE WITH YOU?
			☐ Yes ☐ No
WEEKLY TUITION COST	ENROLLED NOW?	WILL BE ENROLLED AS OF (DATE)	CHILD CARE PROVIDER
$	☐ Yes ☐ No		
ADDRESS	CITY	STATE	ZIP CODE
PHONE	TYPE OF CHILD CARE CENTER *(check one)*		
( )	☐ HHS/ED child care center ☐ Center-based care ☐ Family child care home		
CHILD	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DOES THE CHILD LIVE WITH YOU?
			☐ Yes ☐ No
WEEKLY TUITION COST	ENROLLED NOW?	WILL BE ENROLLED AS OF (DATE)	CHILD CARE PROVIDER
$	☐ Yes ☐ No		
ADDRESS	CITY	STATE	ZIP CODE
PHONE	TYPE OF CHILD CARE CENTER *(check one)*		
( )	☐ HHS/ED child care center ☐ Center-based care ☐ Family child care home		
CHILD	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DOES THE CHILD LIVE WITH YOU?
			☐ Yes ☐ No
WEEKLY TUITION COST	ENROLLED NOW?	WILL BE ENROLLED AS OF (DATE)	CHILD CARE PROVIDER
$	☐ Yes ☐ No		
ADDRESS	CITY	STATE	ZIP CODE
PHONE	TYPE OF CHILD CARE CENTER *(check one)*		
( )	☐ HHS/ED child care center ☐ Center-based care ☐ Family child care home		