

# CHILD CARE JOB AID

CATEGORIES	UNITS
<b>Infant:</b> 0-18 months	<ul style="list-style-type: none"> <li>• <b>Hourly rate</b>= Less than 6 hrs, <b>Daily rate</b>= More than 6 hrs (Make sure to use both)</li> <li>• <b>Enrollment Fee:</b> One time only unless child has been out of day care for at least 6 months, then reauthorize</li> <li>• <b>Activity Fees</b> Only once per year, primarily for June, July, and August (occurrence)</li> <li>• Follow chart for recommended number of units to use in authorization</li> </ul>
<b>Toddler:</b> 18 months- 3 yrs	
<b>Preschool:</b> 3 yrs-attending school, usually 5/6 yrs	
<b>School Age:</b> Attending school (usually 5/6 yrs)-13 yrs	

	FULL TIME	PART TIME	SCHOOL AGE
<b>DAYS</b>	23	13	5
<b>HOURS</b>	138	115	92
<b>2 MONTHS</b>	46	26	10
	276	230	184
<b>3 MONTHS</b>	69	39	15
	414	345	276
<b>4 MONTHS</b>	92	52	20
	552	460	368
<b>5 MONTHS</b>	115	65	25
	690	575	460
<b>6 MONTHS</b>	138	78	30
	828	690	552
<b>7 MONTHS</b>	161	91	35
	966	805	644
<b>8 MONTHS</b>	184	104	40
	1104	920	736
<b>9 MONTHS</b>	207	117	45
	1424	1035	828
<b>10 MONTHS</b>	230	130	50
	1380	1150	920
<b>11 MONTHS</b>	253	143	55
	1518	1265	1012
<b>12 MONTHS</b>	276	156	60
	1656	1380	1104
* Includes travel time allowed by car			

## REMINDERS/HINTS:

- **At Application:** If HH appears to be eligible for CC at time of application and has a need such as employment, school, EF participation or medical reasons, process the CC case and create a service authorization for no more than two months. Send VR if any verification is needed then extend, change or end authorization as appropriate.
- **Job Change:** If client reports job/job change authorize CC in support of it and then send VR. If VR not returned close CC authorization when closing CC program.
- **Need Change:** Update authorizations (units and description) when there is change in job, school, EF participation, medical appointments, etc.
- **Income Change:** Update eligibility for income changed months *and* authorization if there is a family fee. Send VR and if VR is not returned then close CC authorization when closing CC program.
- **Two-Parent HH:** In order for two-parent HH to be eligible for CC they must be participating in activity at the same time (work, school, EF) and verification must be provided.
- **Authorization Periods:** Create authorization periods to match up with review dates unless need is for school then authorize to match up with school term.

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- **Joint Custody:** Parents with joint custody may both receive CC Subsidy when the children reside with them, but not at the same time and only that parent's income and resources are required in order to determine eligibility. [392 NAC 3-001](#), [392 NAC 3-001.02](#)
- **Child Support Court Order:** It may be necessary to request from the client a copy of court order as the non-custodial parent may be ordered to cover 100% or fraction of the cost of child care. [392 NAC 3-005.03C5a](#)
- **CSE Sanction:** If the custodial parent receives a Child Support Enforcement non-cooperation sanction, close CC timely for the following month for the child(ren) with whom the custodial parent failed to cooperate with Child Support Enforcement UNLESS the custodial parent is participating with Employment First. [392 NAC 3-014.07](#), [392 NAC 3-014.07A](#)
- **Multiple Providers:** If HH needs more than one provider to be authorized provide a detailed description as to the reason and timeframe each provider is approved to provide care
- **Transportation:** CC transportation may be authorized to and from home and is paid per one way trip per child
- **In-Home Child Care:** In-Home CC may be authorized if child has special need, client needs CC during evening, overnight, weekend, or holiday hours, or if there are 3 or more children in care [392 NAC 3-010.01](#)
- **Age Limit:** CC can be authorized for children age 12 or younger *unless* there is a special need [392 NAC 1-003](#)
- **Provider ID:** Check to see if requested provider is approved for Child Care Subsidy by asking for Provider ID. If HH does not have the provider ID#, check for provider name/address under N-FOCUS Organizations.
- **Non-CC Subsidy Provider:** If HH requests a provider that is not approved for Child Care Subsidy, gather provider's information, complete CC-2 and email to appropriate service area RD mailbox
- **Communication from Resource Development:** Resource Development (RD) will communicate with ACCESSNEBRASKA via client Change Reports
- **Provider Not Approved:** If Resource Development determines the provider cannot be approved, request verification from the provider regarding the time period the provider provided care and the hours and days care was provided. When this is received, issue a reimbursement (reimbursement child care authorization) in the client's name and the client will reimburse the provider for the time child care was provided. Once the provider is denied, the worker may allow payment for up to 10 days after client notification if the client needs time to find a new provider. [392 NAC 4-001.02A](#)

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## Child Care Authorization Descriptions

(\*\*Hours used are examples; adjust as appropriate)

### **LOOKING FOR EMPLOYMENT – 2 MONTHS/20 HRS/WK = 26 DAYS & 130 HOURS**

CHILD CARE IS AUTHORIZED FOR UP TO TWO MONTHS WHILE (*NAME OF CLIENT*) IS SEEKING EMPLOYMENT, UP TO 20 HOURS PER WEEK. TRAVEL TIME IS INCLUDED IN THE 20 HOURS. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

### **WORK: FULL-TIME**

CHILD CARE IS AUTHORIZED FOR TIME (*NAME OF CLIENT*) IS WORKING AT (*NAME OF EMPLOYER (S)*), INCLUDING TRAVEL TIME, UP TO 45 HRS/WK. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT. FAMILY FEE IS: \$ \_\_\_\_ /MONTH.

### **WORK: PART-TIME**

CHILD CARE IS AUTHORIZED FOR TIME (*NAME OF CLIENT*) IS WORKING AT (*NAME OF EMPLOYER (S)*), INCLUDING TRAVEL TIME, UP TO 30 HRS/WK. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

### **SELF EMPLOYMENT (HOURS BASED ON MONTHLY GROSS INCOME DIVIDED BY MINIMUM WAGE)**

CHILD CARE IS AUTHORIZED FOR THE TIME (*NAME OF CLIENT*) IS CONDUCTING THEIR (*NAME OF SELF EMPLOYMENT BUSINESS*) SELF EMPLOYMENT, UP TO 40 HOURS/WEEK, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT. FAMILY FEE IS: \$ \_\_\_\_ /MONTH.

### **EMPLOYMENT FIRST PART-TIME (SINGLE-PARENT HOUSEHOLDS, CHILDREN UNDER 6)**

CHILD CARE IS AUTHORIZED UP TO 25 HRS/WK FOR THE TIME (*NAME OF CLIENT*) IS PARTICIPATING IN EMPLOYMENT FIRST ACTIVITIES, INCLUDING TRAVEL. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

### **EMPLOYMENT FIRST FULLTIME (SINGLE-PARENT HOUSEHOLDS, ALL CHILDREN OVER 6)**

CHILD CARE IS AUTHORIZED UP TO 35 HRS/WK FOR THE TIME (*NAME OF CLIENT*) IS PARTICIPATING IN EMPLOYMENT FIRST ACTIVITIES, INCLUDING TRAVEL. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

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## **EMPLOYMENT FIRST FULL-TIME (2 PARENT HOUSEHOLDS)**

CHILD CARE IS AUTHORIZED UP TO 40 HRS/WK FOR THE TIME *(NAME OF CLIENT)* AND *(NAME OF CLIENT)* ARE PARTICIPATING IN EMPLOYMENT FIRST ACTIVITIES, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

## **ATTENDING CLASSES ON CAMPUS (INCLUDE IN DESCRIPTION THE CLASS SCHEDULE)**

CHILD CARE IS AUTHORIZED FOR THE TIME *(NAME OF CLIENT)* IS ATTENDING CLASSES AT *(NAME OF COLLEGE/SCHOOL)* FOR *(SEMESTER/QUARTER & YEAR)*, UP TO 25 HOURS/WEEK, INCLUDING TRAVEL TIME. CLIENT ATTENDS CLASS: MONDAY *(START TO END)*, TUESDAY *(START TO END)*, WEDNESDAY *(START TO END)*, THURSDAY *(START TO END)* AND FRIDAY *(START TO END)*. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

## **ATTENDING ONLINE CLASSES (AUTHORIZE THE TOTAL CREDIT HOURS TAKE WITH NO TRAVEL TIME)**

CHILD CARE IS AUTHORIZED FOR THE TIME *(NAME OF CLIENT)* IS TAKING ONLINE CLASSES AT *(NAME OF COLLEGE/SCHOOL)* FOR *(SEMESTER/QUARTER & YEAR)*, UP TO 15 HOURS/WEEK (TOTAL CREDIT HOURS), NO TRAVEL TIME ALLOWED. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

## **WORKING - BEFORE/AFTER SCHOOL AGED CARE**

CHILD CARE IS AUTHORIZED FOR BEFORE AND AFTER SCHOOL AND DAYS WHEN SCHOOL IS OUT FOR TIME *(NAME OF CLIENT)* IS WORKING AT *(NAME OF EMPLOYER)*, INCLUDING TRAVEL TIME, UP TO 45 HRS/WK. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

## **WORKING & ATTENDING CLASSES (INCLUDE IN DESCRIPTION THE CLASS SCHEDULE)**

CHILD CARE IS AUTHORIZED FOR THE TIME *(NAME OF CLIENT)* IS ATTENDING CLASSES AT *(NAME OF COLLEGE/SCHOOL)* FOR *(SEMESTER/QUARTER & YEAR)* & EMPLOYED AT *(NAME OF EMPLOYER)*, UP TO 40 HOURS/WEEK (*#HOURS FOR SCHOOL + # OF HOURS FOR WORK*), INCLUDING TRAVEL TIME. CLIENT ATTENDS CLASS: MONDAY *(START TO END)*, TUESDAY *(START TO END)*, WEDNESDAY *(START TO END)*, THURSDAY *(START TO END)* AND FRIDAY *(START TO END)*. SEMESTER/QUARTER ENDS *(MONTH DAY AND YEAR)*. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

## **TWO PARENTS WORKING/ATTENDING SCHOOL**

CHILD CARE IS AUTHORIZED FOR THE TIME THAT 'BOTH' *(NAME OF CLIENT)* AND *(NAME OF CLIENT)* ARE ATTENDING SCHOOL AT *(NAME OF COLLEGE/SCHOOL)* FOR *(SEMESTER/QUARTER AND YEAR)* AND/OR *(NAME OF CLIENT)* IS WORKING AT *(NAME OF EMPLOYER)* AND *(NAME OF CLIENT)* IS WORKING AT *(NAME OF EMPLOYER)* UP TO 45 HOURS/WEEK, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME BOTH PARENTS ARE ENGAGING IN EITHER EMPLOYMENT OR SCHOOL. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

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## **2<sup>ND</sup> CHILD CARE PROVIDER FOR NON-SCHOOL DAYS**

CHILD CARE IS AUTHORIZED FOR NON-SCHOOL DAYS FOR *(NAME OF CHILD)* WHILE *(NAME OF CLIENT)* IS WORKING AT *(NAME OF EMPLOYER)* AND/OR ATTENDING SCHOOL AT *(NAME OF COLLEGE/SCHOOL)* FOR *(SEMESTER/QUARTER AND YEAR)*, UP TO 45 HOURS/WEEK, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

## **2<sup>ND</sup> CHILD CARE PROVIDER FOR EVENING/WEEKEND SHIFTS/CLASSES**

CHILD CARE IS AUTHORIZED FOR EVENINGS AND/OR WEEKENDS FOR *(NAME OF CHILD)* WHILE *(NAME OF CLIENT)* IS WORKING AT *(NAME OF EMPLOYER)* AND/OR ATTENDING SCHOOL AT *(NAME OF COLLEGE/SCHOOL)* FOR *(SEMESTER/QUARTER AND YEAR)*, UP TO 45 HOURS/WEEK, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME SPECIFIED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

## **MEDICAL APPOINTMENTS**

CHILD CARE IS AUTHORIZED FOR THE TIME *(NAME OF CLIENT)* IS ATTENDING MEDICAL APPOINTMENTS/THERAPIST APPOINTMENTS, UP TO 10 HOURS/WEEK, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT

## **IN-HOME CHILD CARE (ONE AUTHORIZATION FOR ALL CHILDREN AUTHORIZED UNDER THE PARENT'S NAME)**

IN-HOME CHILD CARE IS APPROVED FOR *(NAMES OF ALL THE CHILDREN)* FOR WHILE *(NAME OF CLIENT)* IS WORKING AT *(NAME OF EMPLOYER)* AND/OR ATTENDING SCHOOL AT *(NAME OF COLLEGE/SCHOOL)* FOR *(SEMESTER/QUARTER AND YEAR)*, UP TO 40 HOURS/WEEK, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT. FAMILY FEE IS: \$\_\_\_\_/MONTH.

## **TRANSPORTATION CHILD CARE**

TRANSPORTATION CHILD CARE TO AND FROM HOME IS APPROVED FOR *(NAME OF CHILD)* UP TO 10 ONE WAY TRIPS PER WEEK. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

## **ENROLLMENT FEE**

ONE TIME ENROLLMENT FEE OF \$25 *(If a center, it is \$25; if a licensed home, it is \$15)* IS APPROVED FOR *(NAME OF CHILD)*. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

## **ACTIVITY FEE**

SUMMER ACTIVITY FEES (UP TO 3 OCCURRENCES) OF \$25/MONTH *(If a center, it is \$25; if a licensed home, it is \$5)* ARE APPROVED FOR *(NAME OF CHILD)* FOR THE SUMMER MONTHS OF JUNE, JULY AND AUGUST. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT. *(Usually activity fees are for summer, but some programs take field trips at other times of the year. Even if it is summer, they may start activities in May.)*