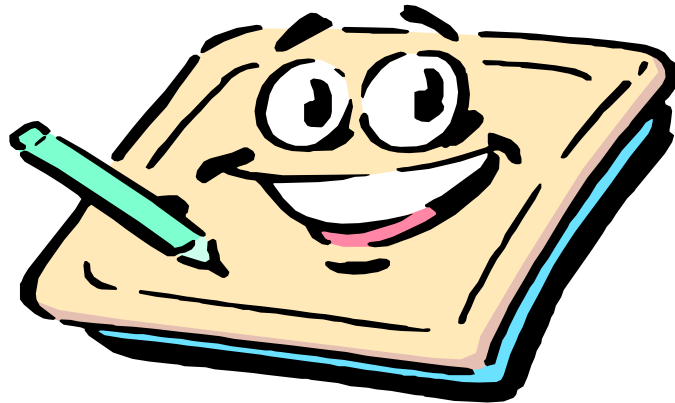


CHILD CARE SERVICES (CCS)
500 Chestnut Suite 1100
Abilene, Texas 79602
(325) 795-4200 / 1-800-457-5633
Fax: (325) 795-4369

SELF-ARRANGED CHILD CARE
(SACC)
PROVIDER PACKET

Relative Care



An Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.

SELF-ARRANGED CHILD CARE



The SACC system allows parents to choose a child care provider who is not

participating as a Child Care

There are

two ways to meet the requirements to be a SACC provider:

Services' network provider.

1. Licensing or Registration

A child care provider must:

- ✓ have a current license from the Texas Department of Family and Protective Services (TDFPS) as a licensed child care center, licensed child care home or a registered child care home, or
- ✓ be licensed as a youth camp by the Texas Department of Health (TDH), and
- ✓ not be on adverse action or corrective denial with TDFPS Licensing Division or TDH.

2. Relative Care

Relatives must meet the following criteria to be eligible to provide SACC:

- ✓ be related to the family by blood or marriage,
- ✓ be a grandparent, great-grandparent, aunt, uncle or sibling (over 18 years of age) and maintain a separate residence from the family receiving child care services, and
- ✓ be listed with the Texas Department of Family and Protective Services. No individual appearing on the Texas Department of Public Safety's Sex Offender Registry will be eligible to be a relative child care provider.

Both the parent and relative provider must sign a certification form verifying the relationship meets the guidelines established.

Parents and relative care SACC providers must attend a mandatory SACC orientation within 30 days of the enrollment of the parent's children in order to be paid for services rendered. The orientation will give SACC providers instructions on billing for child care services and explain the payment process.

Parents may have to pay a parent fee. CCS will inform them of the amount. The parent fee has to be paid directly to the child care provider. Arrangements for paying this fee will be worked out between the parent and the provider. The parent fee amount will be automatically deducted from the provider's reimbursement. The portion of child care cost the Texas Workforce Commission pays cannot be claimed as a child care credit when calculating personal income taxes.

The child care reimbursement issued to the provider is **ONLY** for child care services already provided. Any use other than the purchase of child care is considered fraud. The Texas Workforce Commission will criminally prosecute any fraudulent activities committed in connection with its services.



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CCS Self-Arranged Child Care Declaration of Employment

- I am not employed at this time.

- I am currently employed at _____.

Address and phone number of employment:

My work schedule is (days and hours):

I understand that the CCS may verify my employment hours to insure it does not conflict with the self-arranged child care arrangement between _____
(parent's name)
and myself.

Provider Signature: _____ Date: _____



ACKNOWLEDGEMENT

I understand and acknowledge that CCS/Child Care Associates will report billing payments to:

1. The Internal Revenue Service (IRS) for tax purposes at the end of each calendar year.
2. The Texas Department of Human Services if I am receiving TANF, SSI or Food Stamp benefits.

I understand that I am considered to be an independent business person, not an employee of Child Care Associates/West Central Texas CCS or the West Central Texas Workforce Development Board.

I understand that Child Care Associates will not withhold any amounts for payment of taxes from my billing payment for providing child care services. I acknowledge that I am not entitled to participate in any pension, retirement, unemployment compensation, or other benefit programs through Child Care Associates.

I understand that the amount I receive in billing payments for each child depends on the child's age and the maximum amount the West Central Texas Workforce Development Board allows for that age less any parent fee.

I understand that I must ensure the parents are recording actual attendance by checking their child(ren) in and out.

I understand I must ensure that the card holder is the only person recording the attendance of the children.

I give permission to Child Care Associates to contact a third Party to verify authenticity of Social Security card, Texas Identification card or Texas driver's license.

I verify that I do not have any other full-time or part-time job that conflicts with the hours that child care has been authorized. I understand if at any time CCS becomes aware that I am not providing care during authorized hours care will be terminated immediately and I will be subject to repaying any reimbursements received during this time.

Self-Arranged Child Care Provider Signature

Date

Parent Name (printed)



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**SELF-ARRANGED CHILD CARE
PROVIDER REGISTRATION FORM**

SACC providers should be aware that a person may be prosecuted for obtaining or attempting to obtain, by fraudulent means, services to which they are not entitled. Child Care Services takes these matters seriously and will prosecute violators to the fullest extent of the law. Instances of fraud include, but are not limited to, receiving payment for services you are not eligible to provide and requesting reimbursement for providing child care services that you did not provide.

(Provider must furnish the following information and sign all statements, acknowledgements and releases required herein.)

NAME OF PROVIDER: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ TELEPHONE #: _____ SOCIAL SECURITY #: _____

LIST ALL OTHER ADULTS LIVING IN THE HOME WHERE CARE IS PROVIDED AND RELATIONSHIP TO CHILD AND PROVIDER:

1) NAME: _____ RELATIONSHIP TO CHILD: _____
RELATIONSHIP TO PROVIDER: _____

2) NAME: _____ RELATIONSHIP TO CHILD: _____
RELATIONSHIP TO PROVIDER: _____

3) NAME: _____ RELATIONSHIP TO CHILD: _____
RELATIONSHIP TO PROVIDER: _____

(Attach additional sheet, if necessary.)

DESCRIBE YOUR ABILITY TO PROVIDE CHILD CARE BY LISTING EXPERIENCE AND QUALIFICATIONS:

Signature of CCS Representative: _____ Date: _____

(ENCLOSED IS A W-9 FORM, REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION. THIS MUST BE COMPLETED WITH THE PROVIDER'S MAILING ADDRESS, AND A COPY OF THE PROVIDER'S SIGNED SOCIAL SECURITY CARD MUST BE ATTACHED. THE 1099'S WILL BE MAILED AT END OF YEAR FOR EACH PROVIDER TO FILE WITH THEIR TAX RETURN. A COPY WILL BE FURNISHED TO THE IRS. THE PROVIDER IS RESPONSIBLE FOR REPORTING INCOME AND PAYMENT OF ANY FEDERAL INCOME TAXES.)



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REQUEST FOR TAXPAYER

IDENTIFICATION NUMBER AND CERTIFICATION FORM W-9

ENCLOSED IS A W-9 FORM, REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION. THIS MUST BE COMPLETED WITH THE PROVIDER'S MAILING ADDRESS. PLEASE ATTACH A COPY OF YOUR SIGNED SOCIAL SECURITY CARD AND CURRENT DRIVER'S LICENSE OR PROOF OF EMPLOYER IDENTIFICATION NUMBER. THE 1099'S WILL BE MAILED AT END OF YEAR FOR EACH PROVIDER TO FILE WITH THEIR TAX RETURN. A COPY WILL BE FURNISHED TO THE IRS. THE PROVIDER IS RESPONSIBLE FOR REPORTING INCOME AND PAYMENT OF ANY FEDERAL INCOME TAXES.

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