IDAHO DEPARTMENT OF HEALTH & WELFARE

IDAHO CHILD CARE RE-EVALUATION FORM

RE400Web | REV 10/2019

Use this form to complete a re-evaluation of eligibility for Child Care assistance.

- ***Do not*** complete this form for any foster children in your home who currently receive Child Care assistance and are due for a re-evaluation. Instead, contact your assigned child welfare social worker for assistance.
- ***Do*** complete this form for any other children in your home due for a Child Care assistance re-evaluation.

How to complete this form

Use the checklist below to help you complete all steps of the Child Care re-evaluation process. Failure to complete all of these steps may cause your benefits to be delayed or close. You may also complete your re-evaluation by calling the Department at **1-877-456-1233**.

Re-evaluation Checklist

Complete all sections on this form.

1. Include proof of the following:
   - ☐ All income
   - ☐ Child care provider charges
   - ☐ School/Training schedule
   - ☐ Court-ordered child support expenses
2. Return pages 2-4 to the Department by:

   Mail: Self Reliance Programs - Statewide Application Team
   PO Box 83720
   Boise, ID 83720-0026
   Fax: 1-866-434-8278 (Toll Free)
   Email: MyBenefits@dhw.idaho.gov

What you may need to provide

We must verify	Examples of how you can provide verification for each element
Income	• Wage stubs for the last 30 days • Work Verification form • Statement of Child Support Income • Termination of Employment • Tax returns (for self-employment) • Award letters • Payments from pensions, annuities, or lease payments
Child Care Provider Charges	• **Child Care Provider form*** signed by the provider • Written statement from the child care provider
School/Training Schedule	• School schedule showing days and hours of attendance • Written statement from the school to include days and hours of attendance
Child Support Expenses	• Court documents showing monthly child support expense • Wage stubs showing payments withheld

*Find a **Child Care Provider form** online at **mybenefitforms.dhw.idaho.gov**.

Get help with this form

If you have questions or need assistance, please ask! We can provide help filling out this form, accommodations for a disability, or language translation services.

- **Online:** healthandwelfare.idaho.gov
- **Phone:** 1-877-456-1233
- **Email:** MyBenefits@dhw.idaho.gov
- **In person:** Visit our website or call 1-877-456-1233 to find a local office
- **Language Interpreter:** Call 1-877-456-1233 or 1-888-791-3004 for those with a hearing impairment.

SECTION 1: Household Information

Your Contact Information

Complete the table below with your current contact information.

First Name	Last Name	Social Security Number

Phone number	Phone number type (choose one)	Date of Birth
	☐ Home ☐ Cell ☐ Work ☐ Other	

Physical Address	City	State	Zip Code

Mailing Address (if different)	City	State	Zip Code

People Living in the Home

Tell us about the people living in your home using the table below.
If you need to apply for an additional child, complete an **Add-A-Person form*** for each new applicant.

First Name	Last Name	Sex	DOB	SSN	Citizenship status
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			

School Status

Use the table below to tell us about any parent, caretaker, or legal guardian attending school or training. Do not include online education.

Student name	School name	Hours per week

*Find an **Add-A-Person form** online at **mybenefitforms.dhw.idaho.gov**.

SECTION 2: Household Income

Tell us about all income your household receives. We want to know about the last 30 days, as well as any money received quarterly or annually. Income is money earned (wages or salary) from a job or self-employment, or unearned from sources such as Social Security, child support, unemployment benefits, gifts, rental income, retirement income, tribal gaming payments, BIA General Assistance, mineral and oil rights, Tribal TANF, Federal per capita (from judgement funds), Alaska Native Corporation cash distributions, or leases or trusts of Tribal or individually owned land, etc.

☐ **Check this box if there is no income coming into your household.**

Income 1

Name of person with income:

Income from a job- Tell us about any income this person gets from working a job

Employer Name		Employer phone
Average hours worked each week	Wages/tips (before tax) $	How often paid ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

Income from other sources - Tell us about any other income sources for this person, such as Social Security, child support, etc.

Source of income	Amount	How often paid
	$	☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly
	$	☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

Income 2

Name of person with income:

Income from a job- Tell us about any income this person gets from working a job

Employer Name		Employer phone
Average hours worked each week	Wages/tips (before tax) $	How often paid ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

Income from other sources - Tell us about any other income sources for this person, such as Social Security, child support, etc.

Source of income	Amount	How often paid
	$	☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly
	$	☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

Self-Employment

Is anyone in your household self-employed? ☐ Yes ☐ No **If yes**, complete the information below. If you are not self-employed, proceed to **Section 3.**

Name of person with income	Business name	Hours per week
Was this business started within the last year? ☐ Yes ☐ No	If yes, how many months has the business been in operation?	Income Months: (e.g., 01/07-06/07)

Verify your self-employment information for the tax year or number of months your business was in operation (recorded above) by entering your gross income in the box below. The information you provide is used by the **I**daho **D**epartment of **H**ealth and **W**elfare (IDHW) to calculate self-employment income and deductions according to IDHW regulations.

Gross Receipts or Sales $

SECTION 3: Expenses

Tell us about your child support expenses.

Is anyone in your home court-ordered to pay child support? ☐ Yes ☐ No

If yes, complete the table below. If you do not pay child support, proceed to **Section 4.**

Name of person paying child support	Amount of payment	How often?	Name of person receiving the payments
	$	☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Twice a month ☐ Yearly	
	$	☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Twice a month ☐ Yearly	

SECTION 4: Rights and Responsiblities

_____ **My signature certifies that the information on this application is true and accurate. I could be sanctioned and required to return any benefit I receive if my information is not true. Sanctions may include administrative, civil, or criminal actions against me, including prosecution.**

_____ **I consent to the gathering, use, and disclosure of my information, including my SSN, by the Idaho Department of Health and Welfare or its designees. I understand the information is needed for the purpose of providing benefits or services, obtaining payment for my benefits or services, and for normal business operations of the Department.**

_____ I have the right to revoke this consent, in writing, at any time, except to the extent the Department has already used and disclosed my information. If I revoke this consent, the Department will not provide further benefits or services.

_____ My signature indicates I have received a copy of the Department Privacy Practices.

_____ I am required to report when my household's monthly income exceeds the gross limit for my household size.

_____ I will be notified of the right to appeal Department decisions and I can contact the Department for information on the appeal process.

_____ I understand that all adult household members may be responsible for repaying benefits if the household received benefits it was not entitled to receive. This applies to an over-issuance of benefits as a result of an agency error, an inadvertent household error, and intentional program violations. If a there is an overpayment of benefits to your household, the information on this application, including all adult SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies for collection action.

_____ This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials, for apprehending persons fleeing to avoid the law.

_____ Information available through the Income Eligibility Verification System (IEVS), and other online sources, is used and may be verified through a third-party contact when differences are discovered between the system and what you report. This information may affect your eligibility and level of benefits.

_____ I may be required to cooperate with state or federal reviewers who are making sure my benefits are correct. I may not be eligible to receive benefits if I do not cooperate.

_____ As part of my application, I understand that IDHW will open a Child Support case and I must cooperate with Child Support Services.

_____ If I am determined eligible for the Idaho Child Care Program (ICCP), I may be responsible for paying part of my child care costs.

Signature (must be completed)

Under penalty of perjury, I swear or affirm the information I have provided is true and complete. My signature confirms that I have read and understand the Rights and Responsibilities listed on this page and my reporting requirements.

Printed name of applicant/authorized representative	Signature of applicant/authorized representative	Date
Printed name of applicant/authorized representative	Signature name of applicant/authorized representative	Date

What happens next?

- Refer to the **Child Care Re-evaluation Checklist** on page 1 to make sure you have completed all the necessary steps.
- We will contact you if we need more information, or to let you know that we have processed your re-evaluation.
- Curious about other resources in your community? Find other services available to you on **livebetteridaho.org**.