

Where Access Meets Opportunity

DAWN ALEXANDER

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#### Purchase of Care (POC) Information

Dear Colonial Families,

The Colonial Early Education Program (CEEP) accepts Purchase of Care (POC) for half-day and full-day preschool students who are Typical Peers. POC is a Child Care Subsidy offered via the Division of Social Services (DSS) of the Delaware Department of Health and Social Services (DHSS).

POC will pay a portion or all of a child's preschool or child care tuition (listed as "child care services") for eligible families. Eligibility for POC is determined based on one or more factors, such as gross household income level and/or if parents/guardians are working, are enrolled in college or job training full-time, or have a disability. POC may be provided in cases where a child has experienced abuse and is residing in foster care or kinship care.

If you are interested in applying for POC, please carefully read the attached information. Families can apply for POC by visiting a local DSS office or online at <a href="https://assist.dhss.delaware.gov/">https://assist.dhss.delaware.gov/</a> CEEP's program site ID number is 1710472400.

If your child has been accepted to CEEP, and your family is approved for POC, please contact Kim Tomlinson at <a href="mailto:kimberly.tomlinson@colonial.k12.de.us">kimberly.tomlinson@colonial.k12.de.us</a>.

I wish you well,

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Dawn E. Alexander

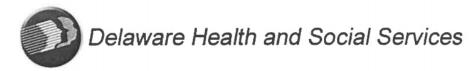
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# Where to go, what to document, and what to bring when applying for Purchase of Care:

## There are two Delaware Division of Health and Social Services (DHSS) Offices that serve our Colonial School District area:

- Families who live North of Interstate 295 should visit the **DeLaWarr State Service Center** at 500 Rogers Road, New Castle, DE 19720; the phone number is 302-577-3814.
- Families who live South of Interstate 295 should visit the **Churchman's Corporate Center** at 84 Christiana Road, Suite B, New Castle, DE 19720; the phone number is 302-395-6740.

#### KEEP THIS SHEET WITH THIS INFORMATION IN A SAFE PLACE. This is YOUR personal information/check sheet:

- Our Colonial Early Education Program POC Site ID number is: 1710472400.
- Be sure to write down the name of the Social Worker with whom you met for future reference. My social worker's name is:
- Ask for a photocopy of the paper application and/or verification that you applied.

## To apply for Purchase of Care/Subsidized Child Care, bring the following items to your local Delaware Division of Health and Social Services office:

Check here for each item submitted	Date that item was submitted to DHSS	Item needed:		
		Proof of Delaware residency		
		Proof of lawful citizenship status		
		Proof of earned family income; proof of last four weeks wages		
		Proof of family income from SSI, unemployment, pensions, social security checks, and child support		
		If you are self-employed, bring tax returns or records		
		Social security numbers for all that are applying for benefits		
		Proof of schedule for work, school attendance, or training		
		Proof of medical needs or special needs		
		Proof of cooperation with child support		











#### DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF SOCIAL SERVICES

#### SUBSIDIZED CHILD CARE CLIENT AGREEMENT

NAME OF CLIENT		3-9	
NAME OF CLIENT SERVICE AUTHORIZATION EFFECTIVE DAT			
SERVICE AUTHOR	RIZATION EFFECTIVE DATE	11	
SERVICE AUTHOR	RIZATION EXPIRATION DAT	E	
<ol> <li>That I may be red family size. The f</li> <li>That if my child is month. I understand</li> </ol>	quired to pay a portion of the cost of the	ase of Care Service Program, I under of my child's child care expense. The wn below. vices (DSS) will pay my child care pro- ne fee for the same number of absent ct either my need for subsidized child other parent living in my household,	vider up to 5 absent days per days per month that the DSS pays.
<ul> <li>Have taken a</li> <li>No longer wo</li> <li>Receive publication</li> </ul>	rk a second job. ic assistance, social security, chilo etc. increase or decrease in wages of	Social security, child more a month.  Enrolled in an educa No longer enrolled in Completed training.	e or decrease in public assistance, support, VA benefits, etc. of \$ 75 or tion or training class, an education or training class.
4. That I must also	eport changes that may or may no	ot affect my need for service or my in	come:
Marital Sta	13000	<ul> <li>Address</li> </ul>	
5. As a participant in  That if I plan to at least 5 care  That I will notify that may be religible for ser  That my provice any other provice I will be require childcare whee  That I may ex inquiries.  That this service expire	In the DSS Subsidized Child Care in the DSS Subsidized Child Care provider will be change my child care provider will be compared to my child so to the compared to my child so to the compared to my child so to the compared to my child care may charge me a late pickup for my charge my child control of the compared to my child control of the contro	crain Services for payment made for in service. are service if I fail to respond to DSS spiration date unless I contact my wo	seed, s before moving my child/ren. te fee if I fail to be redetermined fees. That I am not responsible for ny child/ren if I continue to use Attendance Quality Control rker for an appointment before the
In consideration for the that I will not hold the course of service.	e payment made by the DSS, Iff Division liable for an higury Illnes	ereby release the Division from any s, or disease resulting to my child(re	claim or cause of action and agree  n) that may arise out of or during the
Adult Parent Minor Parent	Caretaker Relative Minor Parent/Caretak	DSS Worker ker Relative	Date
Children in Care	MCI#	Provider Name	Daily Fee (may change)



Form 626 (Rev. 7/2012)



White-Client; Pink-Provider; Yellow-Case Record





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