

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
CHILD CARE CERTIFICATE

GENERAL INFORMATION

Issue Date: _____ Eff From: _____ Eff To: _____ Processor: _____ Term Date: _____

In Family: _____ # Parents: _____ # Children: _____ # Covered: _____ Priority Population: _____

A. HEAD OF FAMILY INFORMATION

SSN: _____ Eligibility: _____

Parent/Responsible Adult's Name/Foster Child's Name: _____

Address: _____ City: _____ Zip: _____

County Cd: _____ Home Ph: _____ Work Ph: _____

Gross Income: _____ Sex: _____ Marital Status: _____

Housing Assist: Food Stamps: Other: dt/emp/Parent: FC/PS: Referred by DHS:

American Indian: Asian: Black: OPI: White: Hispanic:

B. FUNDING SOURCE/ELIGIBILITY

Funding Code: _____ Family Eligibility: _____

C. FACE VALUE INFORMATION For Office Use Only

| | | | | | | | |
|-----|-----|-----|-------|-----|-----|-----|-------------|
| Mon | Tue | Wed | Thurs | Fri | Sat | Sun | Total Hours |
| | | | | | | | 0 |

Rates Full Day: _____ Full WK: _____ Reg Fee: _____ Tier: _____

F/T Mo Co-Pay: _____ BIA School: _____ Gross Face Value: \$0.00

P/T Mo Co-Pay: _____ Mo Pay: _____ Adjustment: \$0.00

Non Traditional: Change in Provider: Net Face Value: \$0.00

D. CHILD'S INFORMATION

SSN: _____ (first) _____ (mi) _____ (last)

DOB: _____ Age: _____ Sex: _____ Special Needs:

American Indian: Asian: Black: OPI: White: Hispanic:

E. PROVIDER INFORMATION

Provider #: _____ Type of Care: _____ Center=4 Group Home=3 Relative: In-Home=6 Out of Home=8 Non-Relative: In-Home=5 Out of Home=7

Center/Provider: _____ Owner/Director Name: _____ (first) _____ (mi) _____ (last)

Address: _____ City: _____ Zip: _____ License Number: _____ SSN: _____

Rates: Full-Time Weekly: \$0.00 BIA School Weekly: \$0.00 Reg. Fee: \$0.00

Signatures:

The conditions of this Agreement for child care of the child identified above fully meet the approval of all parties concerned, as evidenced by the signatures which appear below, and such conditions become effective on the first day of service (effective date). The parties understand fully the stipulations as set forth herein, and according to the Agreement on the back of this certificate, understanding that any other Agreement made in connection with the child care service on this child must not be in conflict with the conditions contained herein. THIS CERTIFICATE IS NOT VALID UNTIL ALL INFORMATION IS COMPLETED, ALL SIGNATURES ARE EXECUTED, AND THE CERTIFICATE IS RETURNED TO THE CASE MANAGEMENT ENTITY BY THE DUE DATE.

*** VOID IF NOT RETURNED WITHIN 14 DAYS AFTER ISSUE DATE * DUE DATE:**

Child Care Provider Signature: _____ Date: _____

Parent/Responsible Adult: _____ Date: _____

OCY Designated Agent/TANF Child Care Coordinator: _____ Date: _____