ERRONEOUS PAYMENTS IN CHILD CARE CENTERS STUDY (EPICCS)

INCOME ELIGIBILITY APPLICATION ABSTRACTION FORM

Summary

Field Data Collectors will collect data on all enrolled children in sampled child care centers. While onsite, the income eligibility application data will be abstracted and entered on computerized data entry forms. Data from the master list of enrolled students will be abstracted separately to document the center's official record of certification status. This will be compared to certification status recorded on the application.

A. CENTER INFORMATION

CENTER NAME: START	CENTER TYPE: ☐SCCC ☐ICCC ☐HEAD	CENTER STUDY ID:
SPONSOR NAME (SKIP IF CENTER TYPE = ICCC)		SPONSOR STUDY ID:

B. APPLICATION INFORMATION

B1. ENROLLED CHILD'S NAME:

FIRST	MIDDLE INITIAL	LAST
_____	_____	_____

B2. IS ENROLLED CHILD COVERED UNDER ANOTHER APPLCATION (e.g., Sibling's Application)? ☐ YES **(END)**   ☐ NO (GO TO B3)

Sibling Name (s):
_____   _____   _____

B3. PARENT/GUARDIAN NAME: _____

B4. HOME ADDRESS: _____City:_____State_____ZIP_____

B5. APPLICATION SUBMITTED BY HOUSEHOLD?   ☐ YES (GO TO B7)   ☐ NO (GO TO B6)

B6. IF NO APPLICATION SUBMITTED, SPECIFY THE REASON.

☐ Categorically eligible   ☐ Directly Certified   ☐ Household chose not to submit application

☐ Center does not require household to submit application   ☐ Other, specify: _____

ONCE B6 COMPLETED, END OF FORM)

B7. APPLICATION DATE: |___|___|/|___|___|/|___|___|
MONTH DAY YEAR   ☐   Not Recorded on Application

B8. APPLICATION FORMAT: ☐ Hardcopy   ☐ Electronic   ☐ Web-based   ☐ Other-Specify:

C. CHILDREN ENROLLED AT THE CHILD CARE CENTER

Start with the enrolled child listed in question B1, and continue with additional children in the household.

CHILD NAME: (First, Middle Initial, Last)	SPECIAL STATUS?	DATE OF BIRTH (or age if not available)
	☐ Foster Child ☐ Runaway ☐ Homeless ☐ Migrant ☐ Institutionalized ☐ Other ☐ None	|___|___|/|___|___|/|___|___| MONTH DAY YEAR Age (at Last Birthday): _____ ☐ Not recorded on application

Repeat rows for each additional child in household.

1

D. BENEFITS STATUS RECORDED ON APPLICATION *(check if applicable)*

☐ Participation in Supplemental Nutrition Assistance Program (SNAP)	TYPE OF DOCUMENTATION: ☐ Case Number ☐ Other, specify:_____
☐ Participation in Temporary Assistance to Needy Families (TANF)	TYPE OF DOCUMENTATION: ☐ Case Number ☐ Other, specify:_____
☐ Participation in Food Distribution Program on Indian Reservations (FDPIR)	TYPE OF DOCUMENTATION: ☐ Case Number ☐ Other, specify:_____

E. HOUSEHOLD AND INCOME INFORMATION:

☐ CHECK IF BASIS OF ELIGIBILITY IS NOT INCOME, AND SKIP SECTION E.

List all household members recorded on the application, including all children covered by application. Record income data for all household members exactly as shown on the application.

Choose the "PER" period amount from the drop down menu. The coded options will include: H= Hourly; D=Daily; W=Weekly; BW=Bi-weekly (every two weeks); SM=Semi-Monthly (twice a month); M=Monthly; Y=Yearly; OTH=other (indicate period on form); or MS=Missing.

1		2	3	4		5		6		7	
LIST HOUSEHOLD MEMBERS		**Check if child under age 18** ☐	**Check if Zero ($0) Income** ☐	**EARNINGS FROM WORK**		**WELFARE, CHILD SUPPORT, OR ALIMONY (NO SNAP)**		**PENSIONS, RETIREMENT, OR SOCIAL SECURITY**		**ALL OTHER INCOME**	
FIRST NAME	**LAST NAME**			**AMOUNT**	**PER**	**AMOUNT**	**PER**	**AMOUNT**	**PER**	**AMOUNT**	**PER**
1.		☐	☐	$		$		$		$	
2.		☐	☐	$		$		$		$	
3.		☐	☐	$		$		$		$	
4.		☐	☐	$		$		$		$	
5.		☐	☐	$		$		$		$	
6.		☐	☐	$		$		$		$	
7.		☐	☐	$		$		$		$	
8.		☐	☐	$		$		$		$	
9.		☐	☐	$		$		$		$	

10.		☐	☐	$		$		$	
								$	

*If PER period selected is OTH = Other, the CAPI program will prompt the data collector to enter the other type of income period.

F. SPONSOR/CENTER ASSESSMENT AS REPORTED ON APPLICATION

1. ELIGIBILITY DETERMINATION DATE
 	
|___|___|/|___|___|/|___|___|
MONTH   DAY   YEAR
 	
☐ Not recorded on application
☐ Obtained from secondary Source
    ☐ Center Report (Electronic or Printed)
    ☐ Other: _____
	4. REASON FOR DENIAL
	
	☐ Income
	☐ Incomplete Application
	☐ Application Withdrawn
	☐ Other: _____
	
	☐ Not recorded on application
	☐ Obtained from secondary Source
	    ☐ Center Report (Electronic or Printed)
	    ☐ Other: _____

2. BASIS FOR ELIGIBILITY
 	
☐ Income
☐ Categorical Eligibility:
    ☐ SNAP   ☐ FDPIR
    ☐ TANF   ☐ Not Specified
☐ Foster Child
☐ Special Status
    ☐ Runaway   ☐ Homeless
    ☐ Migrant   ☐ Institutionalized
    ☐ Not Specified
☐ Alternative Method
    ☐ Direct Certification
    ☐ Other: _____
 	
☐ Not recorded on application
☐ Obtained from secondary Source
    ☐ Center Report (Electronic or Printed)
    ☐ Other: _____
	5. TOTAL HOUSEHOLD SIZE
	
	|___|___|
	
	☐ Not recorded on application
	☐ Obtained from secondary Source
	    ☐ Center Report (Electronic or Printed)
	    ☐ Other: _____

3. ELIGIBILITY DETERMINATION
 	
☐ Free (go to #5)
☐ Reduced-Price (go to #5)
☐ Denied /Paid (go to # 4)
 	
☐ Not recorded on application
☐ Obtained from secondary Source
    ☐ Center Report (Electronic or Printed)
    ☐ Other: _____
	6. TOTAL INCOME
	
	$ |___|___|___||,|___|___|___|
	
	☐ Weekly
	☐ Biweekly
	☐ Semi-Monthly
	☐ Monthly
	☐ Annual
	☐ Other: _____
	
	☐ Not recorded on application
	☐ Obtained from secondary Source
	    ☐ Center Report (Electronic or Printed)
	    ☐ Other: _____

G. FORM COMPLETENESS

	Yes	No	
1. If basis for eligibility is TANF, SNAP, or FDPIR, was case number recorded?	1	0	N/A
2. If basis for eligibility is income, was income recorded for at least one household member?	1	0	N/A
3. Was the form signed by an adult household member?	1	0	
4. Was SSN (or last four digits) of adult signer entered?	1	0	No SSN
5. Documentation or signature obtained for homeless, runaway, migrant, institutionalized status?	1	0	N/A
5. Is the Sponsor/Center section signed?	1	0	

H. COMMENTS

Document any additional information and/or any special circumstances, procedures, and/or information regarding this application.

Click here to enter text.

I. DATA COLLECTOR INFORMATION

NAME	ID	DATE: |__|__| / |__|__| / |__|__|
		MONTH DAY YEAR