

State and Territory CCDF Administrators Meeting: Registration Questions

* = required response

Please select your role at this event. * (drop down list)

- ☐ Federal Employee
- ☐ State CCDF Administrator
- ☐ Territory CCDF Administrator
- ☐ State CCDF Staff Member
- ☐ Territory CCDF Staff Member
- ☐ OCC National TA Center Staff (additional drop down of National Centers)
- ☐ National Organization
- ☐ Invited Presenter or Guest
- ☐ Other
- ☐ Please specify. _____

Contact Information

First Name*

Last Name*

Title/Position*

Division/Office*

Organization*

City*

State*

Zip Code*

Phone Number*

Email*

Emergency Contact

Name

Phone Number

Email

OCC Region* (drop down list)

- ☐ Region I (CT, MA, ME, NH, RI, VT)
- ☐ Region II (NJ, NY, PR, VI)
- ☐ Region III (DC, DE, MD, PA, VA, WV)
- ☐ Region IV (AL, FL, GA, KY, MS, NC, SC, TN)
- ☐ Region V (IL, IN, MI, MN, OH, WI)
- ☐ Region VI (AR, LA, OK, NM, TX)
- ☐ Region VII (IA, KS, MO, NE)

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to collect registration information from potential participants in OCC's State and Territory CCDF Administrator's Meeting to allow organizers to compile proper resources and tools for participants. Public reporting burden for this collection of information is estimated to average 5 minutes per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0617 and the expiration date is 09/30/2026. If you have any comments on this collection of information, please contact stacy.cassell@acf.hhs.gov.

- ☐ Region VIII (CO, MT, ND, SD, UT, WY)
- ☐ Region IX (AS, AZ, CA, GU, HI, MP, NV)
- ☐ Region X (AK, ID, OR, WA)
- ☐ N/A

If you are new to your role, would you participate in an opportunity to learn about the Fundamentals of CCDF Administration during STAM?

- ☐ Yes
- ☐ No
- ☐ N/A

Do you require any special accommodations?

- ☐ Yes
Please specify. _____
- ☐ No

Do you require any translation services? [Requieres algun servicio de traducción?]

- ☐ Yes [Sí]
Please specify. [Por favor sea específico.] _____
- ☐ No

How will you attend? *

- ☐ In-Person
- ☐ Virtually (Please note that virtual options will be limited)
- ☐ A combination of both

Will you be staying at the hotel?

- ☐ Yes
- ☐ No

Additional Information

Please note – your response to the next two questions will not be anonymous and may be used to develop peer-to-peer discussion groups.

Please select topics that you would be willing to discuss with your colleagues about successes in implementing CCDF priorities, including those in the early stages. You may select more than one topic.

- ☐ Payment rates and co-payments
- ☐ Grants and contracts
- ☐ Prospective payments
- ☐ Paying by enrollment
- ☐ Presumptive eligibility
- ☐ 12 month eligibility
- ☐ Consumer education
- ☐ Data and IT Systems
- ☐ Other
 - ☐ Please specify and also feel free to add more detail on any selected topics. _____

Please select the topics below that you have questions about and would like to discuss with your colleagues. You may select more than one topic.

- ☐ Payment rates and co-payments
- ☐ Grants and contracts

- o Prospective payments
- o Paying by enrollment
- o Presumptive eligibility
- o 12 month eligibility
- o Consumer education
- o Data and IT Systems
- o Other

o Please specify and also feel free to add more detail on any selected topics. _____