

# Supplemental Subsidy Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Registration/License# \_\_\_\_\_

FDC; GFDC; DCC; SACC (circle one)

Parent Name: \_\_\_\_\_

Child/ren Name and DOB: \_\_\_\_\_

Pay period/s dates/hours of services in question: \_\_\_\_\_

Family fee/Co-pay amount: \_\_\_\_\_ (If none, write none; if unknown write unknown)

\*Is family fee/co-pay paid to date? Y N (if yes, attach receipt)

Amount received to date: \_\_\_\_\_ Amount owed/requested: \_\_\_\_\_

Do you participate in CACFP? Y N

Are you MAT certified? Y N

Are you web-submittal on CCTA? Y N

If not, why? \_\_\_\_\_

Is this your first application? Y N

If no, when did you last apply? \_\_\_\_\_

What was the outcome of that application? \_\_\_\_\_

Have you attempted to collect unpaid funds from parent/caregiver? Y N

If yes, please explain how:

\_\_\_\_\_

If not, why?

\_\_\_\_\_

Did you request and/or require parent to submit a copy of their approval prior to starting care? Y N

Is child still in your care? Y N

If not, why; include last day of care.

\_\_\_\_\_

Why did parent need child care? Work Looking for work Approved activity Other (circle one)

Parent/Caregiver Case #: \_\_\_\_\_

Did parent/caregiver sign in/out on days SC DHFS did not pay? Y N

