HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION APPLICANT AND CO-APPLICANT CARD HOLDERS

Case Name:_____ Case Number: _____

Co-Applicant Cardholder Name: _____

Reason for Issuance: (A) New Applicant   ☐ Applicant   ☐ Co-Applicant
(check all that apply) (B) Replacement   ☐ Lost/stolen ☐ Not working   ☐ Other: _____

By signing this form, I am acknowledging I have received this HOOSIER WORKS FOR CHILD CARE CARD and understand the policies related to its use.

➢ I understand I may not allow anyone, including my child care provider, to possess or use my Hoosier Works for Child Care card to authorize electronic attendance transactions for child(ren).

➢ I understand a provider should never attempt to force me to violate this policy. If a provider does attempt to force me to violate this policy, I shall immediately report it to the Local Intake Agent for referral to the state.

➢ Exceptions to this policy will only be accepted with written documentation from the Office.

Failure to follow the above policy could lead to **negative action** taken against me and/or my child care provider, up to and including termination from the Child Care and Development Fund (CCDF) voucher program.

☐ I have received the HOOSIER WORKS FOR CHILD CARE CARD.

☐ My card will be mailed, when my application is processed if I have valid vouchers

Applicant or Co-Applicant Signature:_____Date: _____

FOR OFFICE USE ONLY	CARD USAGE TRAINING
16 Digit Card Number: _____ *(Or attach a photocopy of the front of the HW Card)* Issuing staff:_____ Date: _____	_____Video and verbal/written _____Verbal/written only