Mitchell E. Daniels, Jr., Governor
State of Indiana

Indiana Family and Social Services Administration
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083

E. Mitchell Roob Jr., Secretary

"People helping people help themselves"

TO: Child Care and Development Fund (CCDF) Intake Agent Applicants

FROM: James F Robertson, Director
Bureau of Child Development, Division of Family Resources

DATE: May 6, 2005

RE: FY2006 CCDF Intake Agent Request for Funds (RFF)

Thank you for expressing an interest in serving as the CCDF Intake Agent for the proposed region. As the CCDF Intake Agent, you will be working closely with community partners within your region, including but not limited to, the county Office of Family & Children and the Child Care Resource and Referral Agency. A bidder's conference will be held to provide technical assistance to applicants. The date and location are as follows:

May 25, 2005 from 1:00 P.M. to 3:00 PM
Indiana Government Center
402 W. Washington St.
Indianapolis, IN 46204
Conference C

For additional information please contact Ellie Jones at 317-233-0058.

If selected as the Intake Agent for a region, the contract will begin October 1, 2005 and run through September 30, 2008. To be considered for this function, a complete application, including all attachments, **must be on or before close of business (5:00) June 24, 2005.** Please mail **the original and three copies to:**

MS 02 Ellie Jones
Bureau of Child Development
402 W. Washington St., Room W-386
Indianapolis, IN 46204

A complete application will include one "CCDF Agency Narrative" and "CCDF Intake Delivery Plan" in addition to a "CCDF Intake County Delivery Plan" for each county within the region. An agency may subcontract for service delivery within a region with written consent of the Bureau. If you have any questions regarding the completion of this application, please contact the Educare Consultant for the region of application (see enclosed map). If you would like to receive an electronic version of this RFF, please email Eleanor.Jones@fssa.in.gov.

CCDF INTAKE AGENT RFF
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Child Care and Development Fund
FY2006 Intake Agent Request for Funds

Overview and Information

Purpose:

The CCDF voucher program provides child care assistance for TANF-IMPACT families as well as TANF families and low-income families who are employed or enrolled in an educational or training program. Intake Agents are contracted to administer the CCDF program in each county in accordance with applicable federal and state procedures and eligibility requirements. (For more information on program guidelines, a copy of the CCDF Policy Manual may be downloaded from http://www.in.gov/fssa/children/bcd/)

Duties effective October 1, 2005 include, but are not limited to; intake of applicants, eligibility determination, enrollment of child with child care providers, referral of CCDF families and prospective CCDF providers to the Child Care Resource and Referral, daily input of data, issuance of over-the-counter Hoosier Works for Child Care cards, information to families regarding the use of Hoosier Works cards and maintenance of the CCDF/AIS program database. Extensive reporting of data and compliance with program regulations and policy are required.

Eligible Applicants must:

- Be registered with the Secretary of State
- Be in good standing with the State Department of Revenue, Secretary of State's Office and the Indiana Family and Social Service Administration
- Assure program services are geographically and physically accessible to families
- Be able to accommodate culturally diverse populations, including families with language barriers and persons with disabilities
- Not be a local planning council such as a Step Ahead Council
- Not function as the Central Reimbursement Office (CRO) for CCDF
- Not function as the Software Developer or Technical Support for CCDF
- Have internal controls and supervision in place to review and monitor eligibility determination functions and contract compliance
- Have a customer service delivery system which supports the Division of Family Resource's mission and values
- Have experience with electronic data systems and demonstrated ability to meet and maintain timely input for automated databases
- Have exhibited commitment to collaborate and coordinate with local child care system partnerships in order to meet community needs
- Have an independent audit, if required by federal guidelines
- Have the ability to provide general liability insurance unless an entity of state, county or municipal government
- Have the ability to begin contract responsibilities in all areas of the region effective October 1, 2006 as the Intake Agent

- Follow all established CCDF policy and procedures and meet all contractual obligations in the management of the program
- Ensure the intake duties and any duties performed as a Child Care Resource and Referral agency are separate and no staff person will inspect providers for CCDF provider eligibility standards compliance and also determine family eligibility for CCDF
- Maintain an office within the region equipped with a toll-free number, fax line and internet access with simultaneous phone service which meets system requirements as stated in this RFF.
- Maintain cost information

Program Responsibilities:

The CCDF voucher program provides child care assistance for TANF-IMPACT families as well as TANF families and low-income families who are employed or enrolled in an educational or training program. Intake Agents are contracted to administer the CCDF program in each region county allocations in accordance with applicable federal and state procedures and eligibility requirements**.** CCDF Intake Agents utilize State-support internet based software and state forms in the administration of the program. (For more information on current program guidelines, a copy of the CCDF Policy Manual may be downloaded at http://www.in.gov/fssa/children/bcd/)

Duties effective October 1, 2005 include, but are not limited to; intake of applicants, eligibility determination, enrollment of child with child care providers, referral of CCDF families and prospective CCDF providers to the Child Care Resource and Referral, daily input of data, issuance of over-the-counter Hoosier Works for Child Care cards, information to families regarding the use of Hoosier Works cards and maintenance of the CCDF/AIS program database. Compliance with program regulations and policy are required.

- **Initial Intake of Applicants** – New applicants with a poverty level below 127% (applicants who have not been actively participating in the program for the previous 90 days) must be enrolled in the program through a face-to-face interview with intake staff which takes approximately 30 minutes. Applicants may remain on the program until their poverty level exceeds 140%. TANF-IMPACT families must be able to access services in their county of residence within 14 days of their IMPACT referral from the Office of Family Resources. Open enrollment as a result of funds availability must be completed within 14 days of notification from the State of fund availability.
- **Application Updates** – All applicants must update their information within 6 months of enrollment. This update may be done by mail or fax and will include verification of wage and/or educational program enrollment. Applicants enrolling without documentation of 30 days income from their current employer must update their information within 60 days.

- **Changes in Status** - Families must report changes in information to the intake office within ten (10) days:
  - ✓ Address and phone number changes may be updated without new application
  - ✓ Income verification is good for 6 months, however, loss of service need would be grounds for termination
  - ✓ Changes in family size will require an applicant's signature on the updated application. This can be done by mail or fax.
- **Enrollment of Children with a Child Care Provider** - during initial application or upon request for a change in provider, the intake office must assign a child to the appropriate child care provider. Only provider's eligible to receive reimbursement through CCDF will be available for selection. The intake agent will determine the amount of child care needed through verification of a parent/guardian's service need. The amount of care authorized must directly correspond with the number of hours worked or participating in an educational program.
- **Referral of CCDF Parents and Provider to the Child Care Resource and Referral –** CCDF parents/guardians seeking assistance in locating an eligible provider must be referred to the Child Care Resource and Referral (CCRR) for the county in which they live or work. The CCRR assists families in locating care appropriate for their child and compliant with CCDF standards. In addition, the CCRR provides parents with educational materials to assist in the selection of a provider. Individuals wishing to become CCDF providers should also be referred to the CCRR. The CCRR assists license-exempt providers in demonstrating compliance with CCDF Provider Eligibility Standards and enrolling them into the CCDF program as providers. The CCRR also offers valuable information about becoming a licensed child care provider. The CCDF Intake Agent is required to enter into a Memorandum of Understanding with the CCRR outlining the responsibilities of both parties in assists families in meetings their child care needs.
- **Issuance of Hoosier Works for Child Care cards** - the intake agent is required to issue State supplied Hoosier Works for Child Care card new applicant. This card allows the parent/guardian to document their child's attendance at their authorized provider's facility. When properly used, this card will transmit information to the Central Reimbursement Office electronically. This information is then used to calculate the provider's child care reimbursement which is electronically deposited into the provider's bank account. Parents/guardians must receive training on the use of the child care card at time of issuance. This training may be done verbally or through the State supplied video training. Lost, stolen or inoperable cards may be reissued without subsequent training.
- **Maintenance of the CCDF Database** – the intake office is required to use State-supported software for the management of the CCDF program. This software determines financial need, calculates family co-payment, tracks application dates and provides budgeting and federal data reporting information to the State. Accurate entry of information is critical to program functionality. Intake Agents will be accountable for inaccurate or missing information. Database maintenance includes the use of system generated error reports to identify inaccurate files. Prompt correction

of error is expected. Software support is available during normal business hours free of charge.

Certification of Intake Staff:

All Intake and Supervisory staff will be required to attend all State-sponsored training events on CCDF policies and the Automated Intake System (AIS). AIS Software training is made available through the use of internet based software and phone connection to software trainers. Staff absence and staff turnover require cross-training be in place for Intake staff to ensure program efficiency in meeting the timely needs of families.

Funds Available:

Projected regional budgets are as listed below. Although regional budgets are listed, county specific budgets are maintained by the State to ensure all counties have access to subsidized child care.

REGION	DIRECT SERVICES Child Care Subsidy	ADMINISTRATIVE SUPPORT
1A	$20,519,378.00	$563,014.00
1B	$8,578,603.00	$226,618.00
1C	$7,496,517.00	$249,296.00
2A	$15,400,140.00	$451,387.00
2B	$5,780,749.00	$174,278.00
3	$43,916,298.00	$1,022,745.00
4A	$8,944,278.00	$292,345.00
4B	$10,271,648.00	$351,316.00
5A	$6,187,823.00	$190,030.00
5B	$7,434,220.00	$235,945.00

Administrative Support:

Each Intake Agent will be paid for intake activities at the rate of $18.00 per active family case file per month. Intake Agents must maintain program cost information. Administrative support funds must be used in their entirety to support the CCDF Voucher Program. In addition to active family payments, each county within the region may be reimbursed $360.00 per year for internet related expenses.

Contract Performance Measures:

1. Grantee must have adequate internal controls and supervision in place to maintain a 97% accuracy rate for program monitoring compliance in client files.

An accuracy rating less than 97% of client files reviewed may result in a re-payment of the monthly administrative support fee for those active family case files with less than a 97% accuracy rate which do not result in client ineligibility.

2. Grantee must have adequate internal controls and supervision in place to maintain a 100% accuracy rate for program monitoring of family eligibility.

    a) An accuracy rate less than 100% of client files reviewed will result in a re-payment of the monthly administrative support fee for family case files found to be ineligible. In addition, the intake agent will be placed in a probationary status and monitored monthly for a period of three months.

    b) A second program monitoring with a finding of less than 100% of client files reviewed will require the intake agent to repay of all child care subsidies as well as administrative support fees. In addition, the intake agent's probationary status will be extended for three months.

    c) A third program monitoring with a finding of less than 100% of client files reviewed will require repayment and will result in the termination of the intake agent contract. In addition, the case will be referred to the Bureau of Investigation for review and possible prosecution.

3. Grantee must have adequate internal controls and supervision in place to maintain a 97% accuracy rate for Automated Intake System data as specified by the State.

    An accuracy rate of less than 97% may result in a withholding of the monthly payment for active family case files until compliant.

RFF Application Timelines:

This application must be completed in full, including all attachments, and received on or before the close of business (5:00 p.m.) June 24, 2005.

An original and <u>three copies</u> should be sent to:

MS-02 Ellie Jones
Bureau of Child Development
402 W. Washington St., Room W-386
Indianapolis, IN 46204

The contract will be effective October 1, 2005 – September 30, 2008 and may be renewed at the sole discretion of the State.

Child Care and Development Fund
Agency Narrative

Name of Agency/Business:_____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Name: _____ **Phone: ( )** _____

Contact email: _____ **Fax: ( )** _____

1. How long has this agency/business been in operation? How is the agency/business registered with the State of Indiana?

2. Briefly describe the services offered/provided by the organization.

3. Please give a brief history of this organization's experience with programs requiring financial eligibility determination and database management.

4. Please give a brief history of this organization's past and current experience and knowledge with the CCDF Intake Program, if any.

5. Describe the internal control and quality assurance procedures that will be used to monitor eligibility determination and contract compliance.

6. Please disclose any potential or perceived conflicts of interest and how they will be resolved.

7. Please describe how you will evaluate customer satisfaction (including families, providers and local community partners).

9. Does this organization currently hold any State or Federal contracts? If so, please provide a list including contact information.

10. Please provide two (2) professional references with whom the organization currently does business excluding the Child Care and Development Fund.

11. Describe how the organization currently uses technology in delivery of services, obtains technical support when needed for software and hardware concerns, as well as how the organization currently accesses the internet.

12. Please include the following attachments with the proposal:

- Current list of Board Members within terms of service and areas of expertise
- Organizational Chart with Child Care and Development Fund clearly marked including supervisory position
- Most recent audit, if any
- Copy of the organization's non-discrimination policy
- Copy of the organization's drug-free workplace policy
- Copy of the organization's customer service policies
- Sample Memorandum of Understanding between the Child Care Resource and Referral and the CCDF Intake Agent
- Sample Memorandum of Understanding between the Division of Family Resources, formerly the Division of Family and Children, and the CCDF Intake Agent

Child Care and Development Fund
Intake Delivery Plan

Name of Agency/Business: _____

1. Where will the organization's main office be located?

2. Total number of proposed CCDF Intake staff (Please list as FTE's)

3. Please provide position title, qualifications and FTE for each position proposed

4. Describe the staffing plan, including supervisory responsibilities, projected caseload and response to staff illness and/or turnover.

5. Describe the customer service plan including returning of calls, scheduling of client appointments, hours of operation, and quality assurance procedures.

6. Describe the organization's plan for meeting the needs of families with communication issues such as Spanish speaking or hearing impaired.

Child Care and Development Fund
County Intake Delivery Plan
(One form MUST be completed for each county within the region!)

Name of Agency/Business: _____

County Name: _____

1. Will an office be located in this county? If yes, where.

2. If an office is not located in this county, please describe the organization's plan for receipt of information from parents, providers and the Office of Family Resources.

3. Please describe the organization's plan for conducting face-to-face interviews with families residing in this county. (Please note: families must be offered an opportunity to conduct a face-to-face interview within their county of residence.)

4. Please describe the organization's plan for providing face-to-face interviews for new applications within fourteen (14) days.

5. Please describe the organization's plan to increase awareness of CCDF services within the community.

6. Please describe the organization's service delivery plan as it relates to staffing.

Certification Statements and Assurances

As a condition of participation for funding through the Child Care and Development Fund (CCDF), the applicant must make the following assurances. These assurances shall remain in effect throughout the funding period:

We assure that all information included in this application is true and correct.

We assure that we are in good standing with the State Department of Revenue, Secretary of State's Office and the Indiana Family and Social Services Administration.

We assure that we are not a Step Ahead Council or other local planning council or the Central Reimbursement Office for CCDF.

We assure that we will have an annual independent audit, if required by federal guidelines.

We assure that we will have general liability insurance unless we are an entity of State, county or municipal government.

We assure that our service delivery plan will accommodate working parents and be accessible for families throughout the county(s) that we serve.

We assure that we have a plan to conduct interviews with clients who speak Spanish or other languages or have communication issues.
We assure that our intake site(s) is handicapped accessible.

We assure that our policies and procedures and customer service guidelines are adequate to assure quality customer service.

We assure that we have a dedicated toll free (1-800) phone line for customer inquiries.

We assure that all technical requirements for the automated intake system will be met, including computer capability, Internet access, phone line, and fax machine.

We assure that timely data input will be maintained for automated database and reports.

We assure that we will follow all established CCDF policy and procedures and meet all contractual obligations in the management of the CCDF program.

If applicable, we assure that intake duties and CCRR duties are separate and that no one person will inspect providers for CCDF provider eligibility compliance and determine family eligibility.

We assure that we will issue activated over-the-counter Hoosier Works for Child Care cards and information to eligible families regarding the use of the cards.

We assure that all suspected fraud will be reported and we will cooperate with investigations.

We assure that we will strictly comply with all federal and state laws regarding confidentiality. Any information concerning applicants or recipients of the Child Care Voucher program will not be disclosed to any person, agency or organization except the Family and Social Services Administration or an authorized agent of FSSA, without the written permission of the Parent, and shall not be used by the Intake Agent for any other purpose.

We assure that we shall follow all established procedures for assuring the accuracy of information contained in applications and supporting documentation. We shall not submit an application or supporting documents into data entry or family case files knowing that the information is false or misleading.

We assure that we shall complete all responsibilities in the appeals/complaint policy.

We assure that we will make provisions to accept and process applications from employees of the Intake agent or from their spouses and children to insure accuracy, confidentiality and impartiality.

We assure that we will maintain communication with the Local Office Family & Children to facilitate effective processing of applications.

We assure that we will report any changes to the information included in this application to the Bureau of Child Development throughout the funding period.

We assure that all staff involved in the administration of the CCDF program will attend all required state- sponsored trainings.

We assure that records will be maintained as directed by the Family and Social Services Administration. Access will be afforded to the State as it finds necessary to assure the correctness and to verify reports and proper distribution of the funds associated with this application. We understand that records are to be kept in accordance with generally accepted accounting principles.

We assure that funds provided through this application will only be used to implement and support the local administration of the CCDF voucher program, and not other programs.

We assure that this agency operates in accordance with the nondiscriminatory requirements pursuant to Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; and where applicable, the Omnibus Budget Reconciliation Act of 1983.

We certify that this agency will maintain a drug-free workplace as described in the Drug-Free Workplace Act of 1988 and the Federal regulations promulgated thereunder.

We certify that pursuant to 31 U.S.C., Section 1352, no federally appropriate funds have been paid, or will be paid, by or on behalf of Contractee, to any person for influencing or attempting to influence an officer or employee of a member of Congress, in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modifications of any federal contract, grant, loan, or cooperative agreement.

We certify that contract performance standards will be met as specified and that all CCDF policies and procedures will be followed.

_____	_____
Authorized Signature	Name and Title (Typed or Printed)
_____	_____
Legal Name of Organization	Date Signed

Computer Technical Requirements

The recommended minimum hardware and software requirements listed below are based on technical requirements and performance testing. Systems not meeting these minimum requirements may experience substandard performance.

To adequately run the Automated Intake system the following hardware and peripherals will be required:

Client Software Minimum Requirements:
Mozilla/4.0 compatible

- Internet Explorer 5.x or higher, Netscape 6.0
- JavaScript support
- Java JRE 1.3.1 plug-in [http://java.sun.com/j2se/1.3/jre/download-windows.html]
- Adobe Reader 5.0 or higher
- Windows 98 or Higher

Recommended Software

- MS Office Software (Word, Excel) *n* licenses (where n = the number of users)
- Anti-Virus software for each computer system and laptop.
- Email (web-based or client installed (i.e. Outlook express, etc)

Client Hardware:
The State of Indiana may provide at least one desktop unit meeting these specifications for each county within the region.

- Pentium, 600-MHz processor or faster
- 256 MB of RAM
- CD-ROM
- Modem – Digital (DSL/Cable)

Internet

- Dedicated data line (DSL, Cable, Ethernet 10 Mbps or higher)

NOTE: America On-Line (AOL) Internet connectivity not supported.

Printer

- Any HP or HP-compatible laser printer

CCDF INTAKE REGIONAL MAP
(SEE ATTACHMENTS)

CCDF FFY 06 allocations

County #	Reg	COUNTY	Direct Service Funding Fy06	Direct Service Funding Regional	Estimated Amin Funding 06 active fam	Estimated Funding Region	Estimated Families Per Year	Estimated Families Region	Estimated Families Per Month	Estimated Families Region
37	1a	JASPER*	85,377		4,500		250		21	
45	1a	LAKE	18,818,060		512,703		28,484		2,374	
56	1a	NEWTON	87,826		2,250		125		10	
64	1a	PORTER	1,528,115	20,519,378	43,561	563,014	2,420	31,279	202	2,607
25	1b	FULTON	225,370		8,622		479		40	
46	1b	LAPORTE	2,208,241		58,170		3,232		269	
50	1b	MARSHALL	249,126		10,157		564		47	
66	1b	PULASKI	77,638		3,375		188		16	
71	1b	ST. JOSEPH	5,740,590		141,794		7,877		656	
75	1b	STARKE	77,638	8,578,603	4,500	226,618	250	12,590	21	1,049
4	1c	BENTON	134,311		4,950		275		23	
6	1c	BOONE	467,981		11,590		644		54	
8	1c	CARROLL	41,292		1,800		100		8	
9	1c	CASS	473,320		22,381		1,243		104	
12	1c	CLINTON	171,685		7,587		422		35	
23	1c	FOUNTAIN	76,609		4,050		225		19	
34	1c	HOWARD	2,139,126		67,961		3,776		315	
52	1c	MIAMI	391,421		17,793		989		82	
54	1c	MONTGOMERY	308,934		14,107		784		65	
79	1c	TIPPECANOE	3,113,834		88,601		4,922		410	
80	1c	TIPTON	44,231		3,301		183		15	
86	1c	WARREN	46,682		2,475		138		11	
91	1c	WHITE	87,091	7,496,517	2,700	249,296	150	13,850	13	1,154
2	2a	ALLEN	10,954,486		308,996		17,166		1,431	
17	2a	DEKALB	299,040		11,648		647		54	
20	2a	ELKHART	2,670,589		79,669		4,426		369	
43	2a	KOSCIUSKO	671,092		21,599		1,200		100	
44	2a	LAGRANGE	125,200		4,290		238		20	

57	2a	NOBLE	216,994		8,861		492		41	
76	2a	STEUBEN	212,878		8,643		480		40	
92	2a	WHITLEY	249,861	15,400,140	7,681	451,387	427	25,077	36	2,090
1	2b	ADAMS	91,206		4,725		263		22	
5	2b	BLACKFORD	135,829		5,172		287		24	
18	2b	DELAWARE	3,569,618		97,286		5,405		450	
27	2b	GRANT	830,013		26,507		1,473		123	
35	2b	HUNTINGTON	377,853		10,166		565		47	
38	2b	JAY	141,560		5,162		287		24	
68	2b	RANDOLPH	154,932		5,590		311		26	
85	2b	WABASH	357,771		16,050		892		74	
90	2b	WELLS	121,967	5,780,749	3,620	174,278	201	9,682	17	807
29	3a	HAMILTON	1,111,223		20,636		1,146		96	
32	3a	HENDRICKS	626,294		17,624		979		82	
48	3a	MADISON	1,766,563		62,511		3,473		289	
49	3a	MARION	40,412,218	43,916,298	921,974	1,022,745	51,221	56,819	4,268	4,735
11	4a	CLAY	396,515		14,860		826		69	
28	4a	GREENE	432,077		19,300		1,072		89	
53	4a	MONROE	2,177,519		61,372		3,410		284	
55	4a	MORGAN	943,996		30,816		1,712		143	
60	4a	OWEN	226,741		8,620		479		40	
61	4a	PARKE	225,811		8,396		466		39	
67	4a	PUTNAM	235,607		8,605		478		40	
77	4a	SULLIVAN	359,680		12,222		679		57	
83	4a	VERMILLION	170,665		8,039		447		37	
84	4a	VIGO	3,775,667	8,944,278	120,115	292,345	6,673	16,241	556	1,353
13	4b	CRAWFORD	145,577		4,481		249		21	
14	4b	DAVIESS	461,271		19,476		1,082		90	
19	4b	DUBOIS	214,789		9,990		555		46	
26	4b	GIBSON	270,519		12,596		700		58	
42	4b	KNOX	667,537		29,705		1,650		138	
47	4b	LAWRENCE	970,299		37,297		2,072		173	
51	4b	MARTIN*	126,082		5,188		288		24	

59	4b	ORANGE	324,115		13,631		757		63	
62	4b	PERRY	309,816		10,505		584		49	
63	4b	PIKE	113,150		4,985		277		23	
65	4b	POSEY	545,249		15,285		849		71	
74	4b	SPENCER	248,587		9,033		502		42	
82	4b	VANDERBURGH	5,483,089		162,926		9,051		754	
87	4b	WARRICK	391,568	10,271,648	16,218	351,316	901	19,518	75	1,626
3	5a	BARTHOLOMEW	1,105,296		32,121		1,785		149	
7	5a	BROWN	233,158		8,159		453		38	
16	5a	DECATUR	141,511		6,063		337		28	
21	5a	FAYETTE	438,983		18,389		1,022		85	
24	5a	FRANKLIN	137,348		3,820		212		18	
30	5a	HANCOCK	456,813		10,484		582		49	
33	5a	HENRY	489,877		18,528		1,029		86	
41	5a	JOHNSON	1,585,817		32,439		1,802		150	
70	5a	RUSH	81,654		3,150		175		15	
73	5a	SHELBY	483,205		12,914		717		60	
81	5a	UNION	13,507		450		25		2	
89	5a	WAYNE	1,020,654	6,187,823	43,513	190,030	2,417	10,557	201	880
10	5b	CLARK	1,968,265		63,298		3,517		293	
15	5b	DEARBORN	608,451		15,629		868		72	
22	5b	FLOYD	1,604,234		51,534		2,863		239	
31	5b	HARRISON	529,210		16,437		913		76	
36	5b	JACKSON	553,358		17,522		973		81	
39	5b	JEFFERSON	433,546		14,798		822		69	
40	5b	JENNINGS	420,990		13,694		761		63	
58	5b	OHIO	55,546		2,250		125		10	
69	5b	RIPLEY	185,302		5,764		320		27	
72	5b	SCOTT	513,780		14,663		815		68	
78	5b	SWITZERLAND	88,022		2,250		125		10	
88	5b	WASHINGTON	473,516	7,434,220	18,106	235,945	1,006	13,108	84	1,092
			134,529,654	134,529,654	3,756,974	3,756,974	208,721	208,721	17,393	17,393

CCDF CASELOAD MARCH O5
(SEE ATTACHMENTS)

CCDF Intake Responsibilities Summary

805 Task	Comments
Initial Contact to Schedule Interview	After preliminary application has been completed and Applicant meets eligibility.
Special Needs children/Other exceptions cases	Identification and Monitoring of children with Special Needs and or other exception cases
Correspondence with Local OFC (TANF)	May receive referral from OFC
Maintain Paper File for Parent	Paper file is maintained throughout Intake process
805 Application Completion/Appointment	Actual appointment with applicant
Verifications of Income, Employment, and Residence	Post Intake appointment tasks including written and oral correspondence with Parents
Rights and Obligations	Actual appointment with applicant
Referral to R&R and non-CCDF services	Actual appointment with applicant
Compilation and Forwarding of Parent paper file	The process of collecting all signed documents, filing, organizing, and documenting correspondence
Changes in Status Updates	Parents will update local Inake Agent with changes that affect eligibility
Processing of Changes in Providers	Changing of providers by clients
Correspondence with Parents/Providers	Answering of general intake questions from parent(s) and provider(s) and documenting correspondence
Review of Files Daily for Parent(s) Seeking Job(s)	Special circumstances for clients currently job seeking
Certification/Re-certification of Families	Tasks involved with establishing family files and maintaining Provider forms
Fielding Appeals/Complaints from Parents	Not specific to any one voucher agent task but periodically needed
Maintenance of Phone Log	The process of keeping parent files accurate and organized
Waiting List Maintenance	Ensuring client is placed on waiting list if eligible and funds are unavailable
Quality Control of Parent Paper File	Ensuring all paperwork and documentation is received and in order
Assisting State Monitoring Teams	Not specific to any one voucher agent task but periodically needed
Intake Training	Training periodically needed
Internal Meetings/Supervision Specific to Intake	Meetings, staffing oversight which may be periodically needed
General Adminstrative-Intake	Various related copying and faxing to parents and providers during intake process
Incomplete applications	Time spent by local intake staff for processing incomplete applications
Items historically reported on program support claims	Intake staff supplies, materials, general accounting, payroll, indirect costs, etc.
Issues activated over-the -counter Hoosier works for child care cards	Issues cards and provides state supplied information to families on use of the card

FSSA PROVIDER DATA FORM
(SEE ATTACHMENTS)

TAXPAYER IDENTIFICATION FORM
(SEE ATTACHMENTS)

DIRECT DEPOSIT FORM
(SEE ATTACHMENTS)

BUREAU OF CHILD DEVELOPMENT
REGIONAL MAP
(SEE ATTACHMENTS)

CCDF RFF Intake Agent
Submission Checklist

An original and three copies of each item listed below must be submitted by on or before the close of business June 24, 2005 to be considered. Please sign all original documents in *blue* ink.

- ☐ CCDF Agency Narrative
- ☐ Current List of Board Members
- ☐ Organizational Chart with CCDF clearly marked including supervisory position
- ☐ Most recent audit
- ☐ Copy of the organization's non-discrimination policy
- ☐ Copy of the organization's drug-free workplace policy
- ☐ Copy of the organization's customer service policies
- ☐ Sample Memorandum of Understanding between the Office of Family & Children and the CCDF Intake Agent
- ☐ Sample Memorandum of Understanding between the Child Care Resource and Referral and the CCDF Intake Agent
- ☐ CCDF Intake Delivery Plan
- ☐ CCDF County Intake Delivery Plans
    - ☐ One plan for each county within the region is included
- ☐ Signed Certification Statements and Assurances form
- ☐ FSSA Provider Data Form
- ☐ Taxpayer Identification From
- ☐ Direct Deposit Form

State of Indiana
CCDF Intake Regions for Fiscal Year 2006

See Attached Allocation Sheet

Region 1b
Families
12,590-Yearly
1,049-Monthly
$226,618 - $18
$8,578,605 – D.S.

Region 1a
Families
31,279-Yearly
2,607-Monthly
$563,014 - $18
$20,519,378 – D.S.

Region 2a
Families
25,077-Yearly
2,090-Monthly
$451,387 - $18
$15,400,140 – D.S.

Region 1c
Families
13,850-Yearly
1,154-Monthly
$249,296 - $18
$7,496,517 – D.S.

Region 2b
Families
9,682-Yearly
807-Monthly
$174,278 - $18
$5,780,749 – D.S.

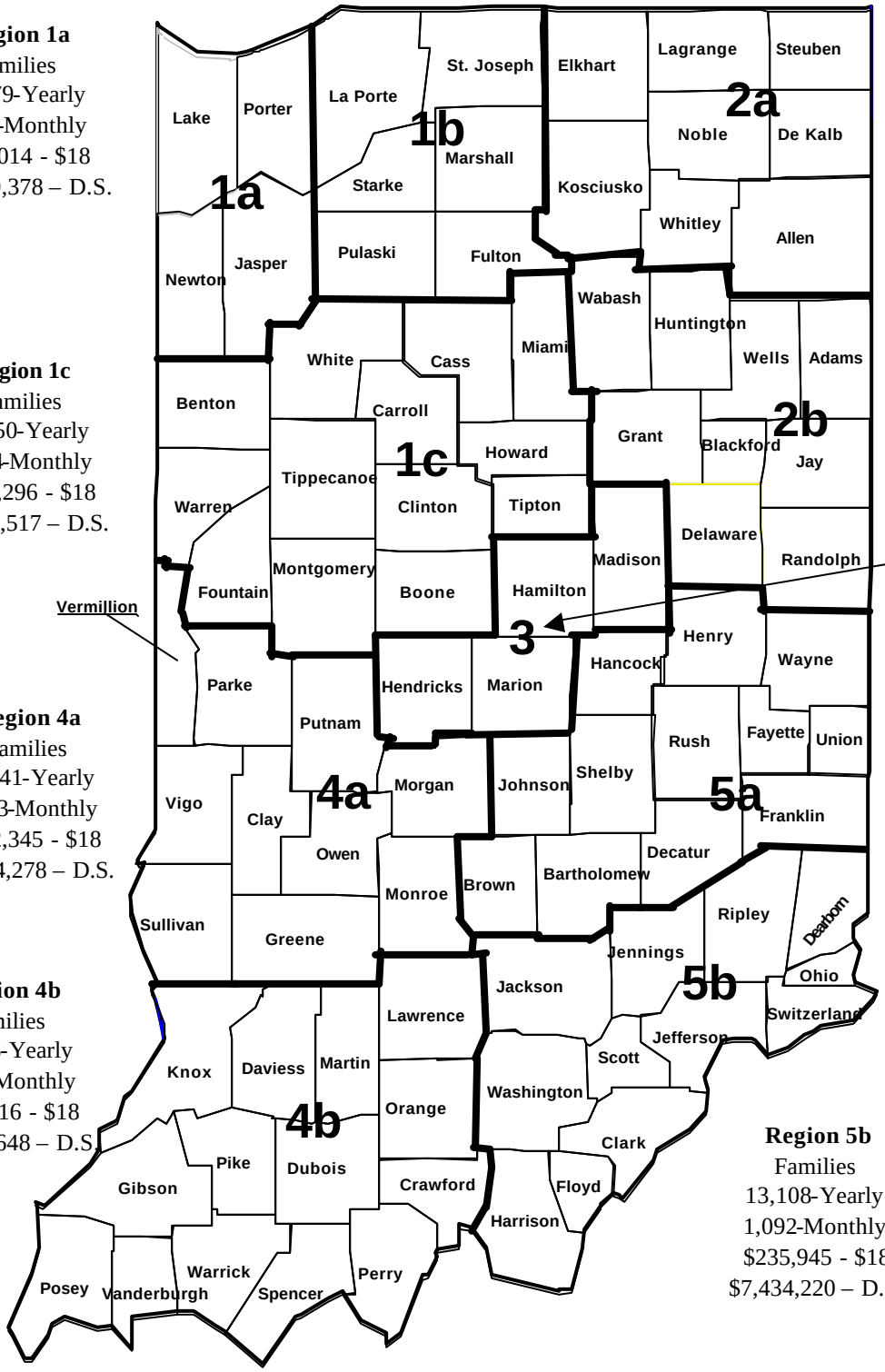
Region 3
Families
56,819-Yearly
4,735-Monthly
$1,022,745 - $18
$43,916,298 – D.S.

Region 4a
Families
16,241-Yearly
1,353-Monthly
$292,345 - $18
$8,944,278 – D.S.

Region 5a
Families
10,557-Yearly
880-Monthly
$190,030 - $18
$6,187,823 – D.S.

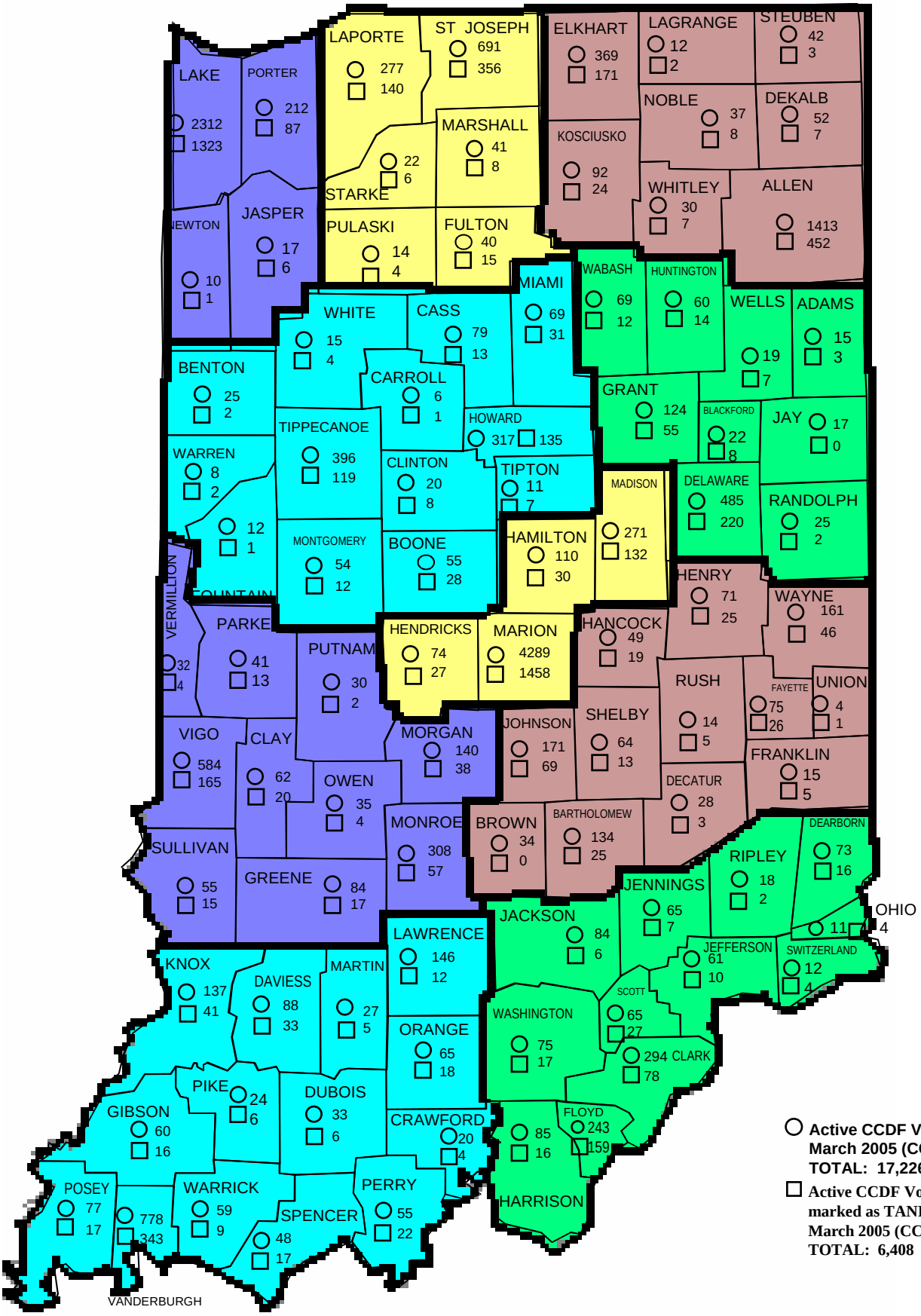
Region 4b
Families
19,518-Yearly
1,626-Monthly
$351,316 - $18
$10,271,648 – D.S.

Region 5b
Families
13,108-Yearly
1,092-Monthly
$235,945 - $18
$7,434,220 – D.S.



Updated April 28, 2005

CCDF Caseloads March 2005



FSSA PROVIDER DATA FORM

This form, with the applicable W9 Form, must be submitted to the FSSA Program Area and forwarded to FSSA Contract Management **PRIOR** to the preparation of **ANY** contract. Allow Contract Management 7 days to verify and enter

FSSA Program Name: _____ **Submitted on:** _____

Provider Contact Person: _____ **Telephone:** ( ) _____

Fax Number: _____ **E-mail Address:** _____

Provider's Legal Name: _____

Provider's d/b/a Name: _____
(doing business as)

Provider's FID/EIN/SSN: _____ **NOTE:** SSN may only be used if the legal name above is an individual's name.

Provider's Legal Status:

_____ Individual/Sole Proprietor

_____ Corporation Indicate: __For-Profit __Nonprofit

_____ Government Indicate: __Federal __State __County __City __Town __Township __Other

_____ Limited Liability Company

_____ Partnership Is it a LLP? __Yes __No

List all partners: _____

_____ School Corp. Indicate list # as assigned by the Dept. of Education # _____

Director/Manager: **Name:** _____ **Title:** _____

Office/Street Address: (Main Location)
Street: _____ **County:** _____
City: _____ **State:** _____ **Zip Code:** _____ — _____
Confidential Address? **Yes or No** **Internet Address:** _____
Phone#: ( ) _____ **Phone#:** ( ) _____
Fax#: ( ) _____ **Toll-Free#:** ( ) _____

Mailing Address: **Street/POB:** _____
City: _____ **State:** _____ **Zip Code:** _____ — _____

Claims Payment Ad Address **Street:** _____
This address is where checks will be mailed. EVERYONE MUST attach a W9 Form reflecting this address regardless of legal status.
City: _____ **State:** _____ **Zip Code:** _____ — _____

How frequently do you wish to claim for reimbursement? _____ Monthly - 12 claims _____ Semi-Monthly - 24 claims

Term of Contract Requested: _____

County(ies) for which funding is requested. **Circle all that apply.**

01 Adams	13 Crawford	25 Fulton	37 Jasper	49 Marion	61 Parke	73 Shelby	85 Wabash
02 Allen	14 Daviess	26 Gibson	38 Jay	50 Marshall	62 Perry	74 Spencer	86 Warren
03 Bartholomew	15 Dearborn	27 Grant	39 Jefferson	51 Martin	63 Pike	75 Starke	87 Warrick
04 Benton	16 Decatur	28 Greene	40 Jennings	52 Miami	64 Porter	76 Steuben	88 Washington
05 Blackford	17 Dekalb	29 Hamilton	41 Johnson	53 Monroe	65 Posey	77 Sullivan	89 Wayne
06 Boone	18 Delaware	30 Hancock	42 Knox	54 Montgomery	66 Pulaski	78 Switzerland	90 Wells
07 Brown	19 Dubois	31 Harrison	43 Kosciusko	55 Morgan	67 Putnam	79 Tippecanoe	91 White
08 Carroll	20 Elkhart	32 Hendricks	44 LaGrange	56 Newton	68 Randolph	80 Tipton	92 Whitley
09 Cass	21 Fayette	33 Henry	45 Lake	57 Noble	69 Ripley	81 Union	
10 Clark	22 Floyd	34 Howard	46 LaPorte	58 Ohio	70 Rush	82 Vanderburgh	
11 Clay	23 Fountain	35 Huntington	47 Lawrence	59 Orange	71 St. Joseph	83 Vermillion	
12 Clinton	24 Franklin	36 Jackson	48 Madison	60 Owen	72 Scott	84 Vigo	_____ **Statewide**

Is this a female-owned business? __Yes __No

Is this a minority-owned* business? __Yes __No _____ **%** Is there minority participation**? __Yes __No _____ **%**

*If minority ownership amounts to 51% or more of the company, answer "yes" and enter 100%.

**If not minority-owned, enter % of minority participation.

Name/Title of persons authorized to sign legal documents and contracts.

1.	4.
2.	5.
3.	6.

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Purpose of form: We are required to file an information return with the IRS and must get your correct taxpayer identification number (TIN) to report our payments to you.

Use Form W-9 on the reverse side, if you are a U.S. person (including a U.S. resident alien), to give us your correct TIN and, when applicable to:

1. Certify the TIN you are giving is correct.
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are an exempt payee.

If you do not provide us with the information, your payments may be subject to 31% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a $50 penalty imposed by the Internal Revenue Service per I.R.C. 6723.

Federal law on backup withholding preempts any state and local law remedies, such as any rights to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 31% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

Specific Instructions: Enter your legal name on that line. Your legal name is the one that appears on your Social Security Card or your Employer Identification Number if a business. If you are a sole proprietor, then your legal name is the business owner's name. If you have a "doing business as" (d/b/a) name, enter on the trade name line. Enter your remit address on the next line, and if you have a separate address for purchase orders enter that address on the appropriate line.

Next select the organization type for your name, check the box, and record the appropriate taxpayer identification number (TIN) in the space provided. Notice that individuals and sole proprietors are the only types with a social security number. If you are a corporation or an exempt 501(a) organization, you must answer yes or no on legal and medical services. If you are a sole proprietor you must show the business owner's name in the legal name box and the business name in the trade name box. You cannot use only the business name. For the TIN, you may use either the individual's SSN or the employer identification number (EIN) of the business. However, the IRS prefers that you show the SSN.

Finally, complete the certification section, sign and date the form.

If you are a foreign person, use the appropriate Form W-8.

Subsititute Form

Taxpayer Identification Number Request

State of Indiana

State Form 23743(R 07/01)
Approved by State Board of Accounts 2001
Approved by Auditor of State 2001

W-9

DO NOT send to IRS

Print or Type

Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SSN RECORDS)
DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE

Return to address below

Trade Name Complete only if doing busines as (D/B/A)

Remit Address

Purchase Order Address- Optional

Check legal entity type and enter 9 digit taxpayer Identification Number (TIN) below:
(SSN = Social Security Number, EIN = Employer Identification Number)

SSN or EIN must be for legal name above.

☐ **Individual** (Individual's SSN) __ __ __ - __ __ - __ __ __ __.

☐ **Sole Proprietorship** (Owner's SSN or Business EIN) SSN __ __ __ - __ __ - __ __ __ __.
EIN __ __ - __ __ __ __ __ __ __.

☐ **Partnership** ☐ General ☐ Limited (Partnership's EIN) __ __ - __ __ __ __ __ __ __.

☐ **Estate / Trust** (Legal Entity's EIN) __ __ - __ __ __ __ __ __ __.
Note:Show the name and number of the legal trust, or estate, not personal representatives.

☐ **Other** (Limited Liablility Company, Joint Venture, Club, etc) (Entity's EIN) __ __ - __ __ __ __ __ __ __.

☐ **Corporation** Do you provide legal or medical services? ☐ Yes ☐ no (Corp's EIN) __ __ - __ __ __ __ __ __ __.

☐ **Government** (or Government operated entity) (Entity's EIN) __ __ - __ __ __ __ __ __ __.

☐ **Organization Exempt from Tax under Section 501(a)** (Org's EIN) __ __ - __ __ __ __ __ __ __.
Do you provide medical services? ☐ Yes ☐ no

☐ Check here if you do not have a SSN or EIN but have applied for one.

Under penalties of perjury, I certify that:

(1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND

(2) I am not subject to backup withholding because: (a) I am exempt from backup witholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, and acquisition or abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends.)

CERTIFICATION INSTRUCTIONS -You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

I am a U.S. person (including a U.S. resident alien).

NAME (Print or Type) _____ TITLE _____

AUTHORIZED SIGNATURE _____ DATE _____ PHONE _____

Agency use only

Agency _____ 1099 ☐ Yes ☐ No Approved by: _____

☐ **Add Deposit** ☐ **Change Deposit** ☐ **Stop Deposit**

Name of Vendor/Claimant who prepared this Request

Work Number: _____

Name: _____ **Home Number:** _____

State Form 47551 (2/96)
Approved by State Board of Accounts 09/1997

STATE OF INDIANA
AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Instructions:

1. Requestor will complete first section and have their bank/credit union complete Section 2.
2. The bank/credit union will complete Section 2 and return to the requestor.
3. Requestor will file completed form with Auditor of State, 200 West Washington St., Room 240, Indianapolis, IN 46204-2728
4. Requestor and depository should retain a copy. Additional blank copies are available from Auditor of State. Phone: (317) 232-3300

SECTION 1: REQUEST AND AUTHORIZATION

_____ , _____
Vendor / Claimant as shown on the account **Federal I.D. Number / Social Security Number**

_____ , _____
Address (Number and Street, and/or P.O. Box No.) **City, State, and Zip Code (00000-0000)**

requests, pursuant to IC 4-8.1-2-7(d), to receive payment*(s)* by means of an electronic transfer of funds, and authorizes the same under the terms stated herein.

It is understood by the undersigned Vendor/Claimant that, if approved, the Auditor of State may authorize the Treasurer of State to: (1) initiate credit (deposits) in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking *(demand)* or savings account designated in the depository named below, and, (2) *if necessary*, to initiate debit entries or adjustments ***soley to correct any credit error*** *resulting from a deposit/credit entry that was made under this authorization*. The Vendor/Claimant may revoke or cancel this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior. **Any change** to the account or to a new financial institution will require a **new** State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.

Name of Depository: _____

Type of Account: ☐ Checking *(Demand)* ☐ Savings

Depository Account Number: _____

_____ **, 19** _____ _____
Date **Signature of Vendor / Claimant**

SECTION 2: DEPOSITORY'S APPROVAL

The above is satisfactory and the undersigned designated depository agrees to accept such automated deposits.

Name of Depository: _____ **Phone:** ( ) _____

Address: _____
(Number and Street, and/or P.O. Box No.) **(City, State, and Zip Code (00000-0000)**

_____ **, 19** _____ _____
Date **Depository's Authorized Signature**

_____ _____
ABA Transit-Routing Number **Title**

Regional Map of Indiana
Bureau of Child Development

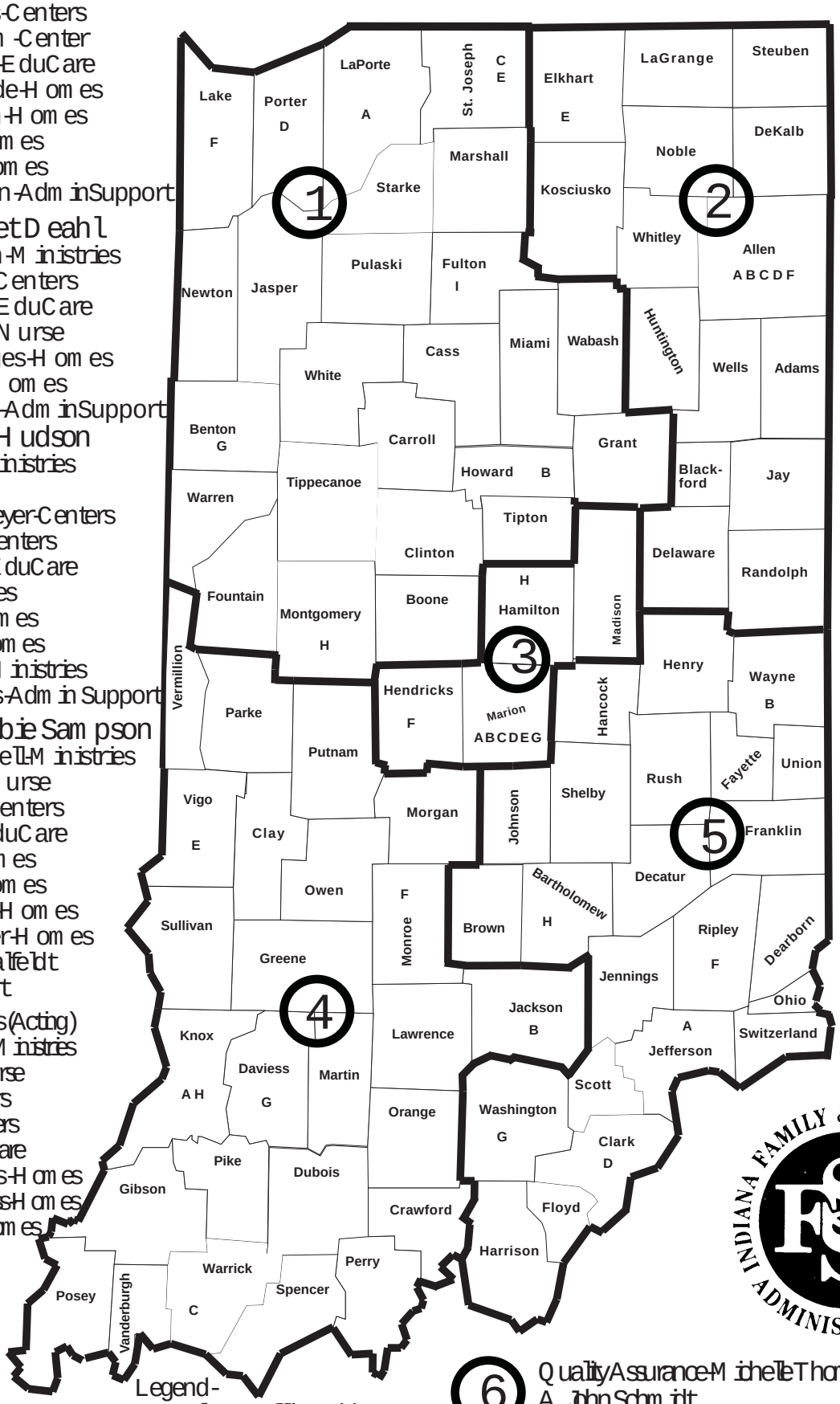
Region 1 - Anita Smith
A. Larry Sakowski - Ministries
B. Susan Ashburn - Nurse
C. Angela Woods - Centers
D. Nancy Graham - Center
E. Suzanne West - EduCare
F. Brenda McDade - Homes
G. Marleta Misch - Homes
H. Jim Meier - Homes
I. Karen Hall - Homes
J. Denice Johnson - Admin Support

Region 2 - Janet Deahl
A. Heidi Johnson - Ministries
B. Beth Kumfer - Centers
C. Donna Veiga - EduCare
D. Anita Doctor - Nurse
E. Deanna Hodges - Homes
F. Sue Claphan - Homes
G. Carolyn Staten - Admin Support

Region 3 - Ken Hudson
A. Gary Rogers - Ministries
B. Vacant - Nurse
C. Sherri Backemeyer - Centers
D. Kelly Maldia - Centers
E. Linda Kolbus - EduCare
F. Sue Allen - Homes
G. Vicki Allen - Homes
H. Jay Wignall - Homes
I. Barb Whitson - Ministries
J. Joeann Phillips - Admin Support

Region 4 - Debbie Sampson
A. Robert Campbell - Ministries
B. Diana Gullet - Nurse
C. Robert Mills - Centers
D. Brian Short - EduCare
E. Erin Sater - Homes
F. Ron Doyon - Homes
G. Kim Herbertz - Homes
H. Melissa Turner - Homes
I. Rhonda Schmalfeldt - Admin Support

Region 5 - Lisa Kolbus (Acting)
A. Melanie Childress - Ministries
B. Paula McClain - Nurse
C. Lisa Kolbus - Centers
D. Connie Scott - Centers
E. Jim Haskett - EduCare
F. Yvette Williams - Homes
G. Roxanne Snodgrass - Homes
H. Julie Spaulding - Homes
I. Jinny Pittman - Admin Support



Legend-
Consultant Office address correspond with the letter next to the Consultant's name.

6 Quality Assurance - Michele Thomas
A. John Schmidt
B. Angi Ham
C. Chris West

Updated February 7, 2005
KC&Ko