

Disposition and Parent Information



Parent Name	Date
Address	CAPS Staff Name
City, State, Zip Code	CAPS Staff Email
Email	CAPS Staff Phone Number
Case Number	CAPS Staff Fax Number
Child Care Provider Name	

A. DISPOSITION

<input type="checkbox"/>	You are eligible to receive child care because you are: _____
<input type="checkbox"/>	Your eligibility period is from Click or tap to enter a date. to Click or tap to enter a date. For the following child(ren): _____ Payments to provider will begin: Click or tap to enter a date.
<input type="checkbox"/>	Your redetermination has been completed and your weekly fee will be \$_____ effective Click or tap to enter a date.
<input type="checkbox"/>	You were determined ineligible or were denied due to: _____
<input type="checkbox"/>	Your child care is suspended from Click or tap to enter a date. to Click or tap to enter a date. CAPS will not make payment during this period.
<input type="checkbox"/>	Your child care will end effective Click or tap to enter a date. for the following children _____. The last day your child care may be subsidized is Click or tap to enter a date.
<input type="checkbox"/>	Weekly Fee decreased from \$_____ to \$_____ effective Click or tap to enter a date.
<input type="checkbox"/>	Other: _____

B. FOR OFFICE USE ONLY - REGULATIONS/COMMENTS

C. PARENT INFORMATION

You are responsible for reporting changes in your circumstances to the CAPS program within ten (10) calendar days of becoming aware of the change. Some changes, while not required to be reported, will result in an increased benefit for the family by reporting them. Changes should be reported online through Georgia Gateway, or by phone, fax, email, mail, or in person.

FAILURE TO REPORT CHANGES MAY RESULT IN LOSS OF CHILD CARE OR CAUSE YOU TO HAVE TO REPAY CAPS FOR CHILD CARE YOU RECEIVED.

The following is a list of changes that the parent is required to report within ten (10) calendar days of becoming aware of the change:

- Change in family income where the gross annual income exceeds 85% State Median Income (SMI) for a minimum of four (4) consecutive weeks
- Change in activity that is not temporary (e.g., loss of employment, graduation from school or training activity)
- Request for change in child care provider
- Any change in the child care arrangements (including change in child care provider's location, change in the relationship of the provider and the child, cost, or change in need for care).
- There is no longer a need for CAPS services
- Family moves out of the state of Georgia
- Contact information (e.g., phone number, email address, mailing address)

The following is a list of changes that the parent may (but is not required to) report:

- Change in family income where the gross annual income is at or below 85% SMI
- Child birth, adoption, or addition of a new child
- Marriage
- Change in activity requirement that is temporary and the activity may resume

You have the right to choose any eligible child care provider within the limits prescribed in [CAPS Participating Provider Policy \(CAPS/00-11\)](#) and CAPS Provider Rights and Responsibilities Policy (CAPS/00-12). The child care provider you have chosen is a private business. It is not affiliated with, nor is it an agent of the Childcare and Parent Services program.

Your child should attend the child care program regularly. If your child must be absent, give the provider and CAPS as much advance notice as possible. Some providers may request signed statement of absences. Fees should be paid IN ADVANCE. Please pay all applicable fees on time. Some programs charge for extra services, such as late pick-ups. CAPS does not pay for these extra charges. Parents are responsible for costs associated with provider services not covered by CAPS.

PROCEDURES FOR REQUESTING AN APPEAL OR FILING A GRIEVANCE ARE INCLUDED WITH

THIS FORM.

D. APPEAL OR GRIEVANCE REQUEST

You have the right to request an appeal or file a grievance if you do not agree with the decision made on your child care application/case. If the decision made on your application/case is appealable, your appeal will be forwarded to The Office of State Administrative Hearings. If the decision is not appealable, it will be treated as a grievance and reviewed by the Child Care and Parent Services (CAPS) Adverse Action and Claims unit at DECAL.

All appeal or grievance requests must be in writing. **Complete and return this form within fourteen (14) calendar days from the date on this notice if you wish to file an appeal or grievance.** The request can be submitted in one of the following methods

By Mail	By Fax	By Email
Bright from the Start: Georgia Department of Early Care and Learning Attn: CAPS Adverse Action and Claims 2 Martin Luther King, Jr. Dr. SE East Tower, Suite 754 Atlanta, Georgia 30334	1-888-838-0051	CAPS.adverseactions@dec.al.ga.gov

Provide current information below:

Home Address: _____

Telephone Number: _____

Email Address: _____

Tell us why you would like to file an appeal or grievance:

If an appealable action is imposed during the eligibility period, the parent may elect to continue receiving benefits at the current level until the appeal is resolved or until the end of the current eligibility period, whichever comes first. If an appealable action is imposed at redetermination, the parent may not receive benefits beyond the eligibility period preceding the redetermination. You have two options for receiving assistance pending an administrative hearing determination. Check the option you choose below.

- Discontinue receiving assistance at the current level pending an administrative hearing determination.

- Continue receiving assistance at the current level pending an administrative hearing determination. I understand if the court makes a determination not in my favor, I will be required to repay the Department of Early Care and Learning (DECAL) any monies received for child care assistance for which I was not eligible. I understand I must return this form within 14 calendar days from the date on this notice for subsidies to continue at the current level.

- Not Applicable – I am not currently receiving child care assistance, or I am appealing a redetermination decision and may not receive benefits beyond the eligibility period preceding the redetermination.

Signature

Date