

Appointment Letter and Verification Checklist



Parent Name	Date
Parent Address	Child Care Staff Name
Apt/Suite #	Child Care Staff Phone Number
City, State, Zip	Child Care Staff E-mail Address
Parent E-mail Address	

Your application has been received by the CAPS program. To determine your eligibility, the checked items must be received no later than [Click or tap to enter a date](#). Information can be provided by uploading the documents through the state’s integrated eligibility system at www.gateway.ga.gov or mailed to: **Georgia Department of Early Care and Learning | 2 Martin Luther King Jr. Drive SE, Suite 754 | Atlanta, GA 30334**. If mailing information, do not provide originals. Failure to provide information before [Click or tap to enter a date](#). may result in denial or closure of your CAPS application.

Appointment (If applicable)

You have an appointment on [Click or tap to enter a date](#). at [Click or tap here to enter text](#). Your interview will be conducted by telephone, virtually, or in person at **Georgia Department of Early Care and Learning (see above address)**.

IMPORTANT: If you cannot keep your appointment, call the above CAPS Staff **before** your scheduled appointment date. If you cannot obtain the requested information and/or need more time, contact the above CAPS Staff by phone, email, or mail by [Click or tap to enter a date](#). The above CAPS Staff may give you more time and may be able to help you obtain the information you need.

The following is needed to complete your:

- In Person Interview
 Phone Interview
 Virtual Interview
 In Person Review
 Phone Review

Parent	Child Care Provider (Informal)
<input type="checkbox"/> Check stubs or statement from employer for last 4 weeks for:	<input type="checkbox"/> Informal Provider Enrollment form (enclosed)
<input type="checkbox"/> Social Security Card (optional)	<input type="checkbox"/> Social Security Card (required)
<input type="checkbox"/> Proof U.S. Citizenship/Alien status for all children requesting or receiving care	<input type="checkbox"/> Picture ID
<input type="checkbox"/> Immunization record, if choosing an Informal Provider, for:	<input type="checkbox"/> Other
<input type="checkbox"/> Proof of any unearned income (e.g., Child Support, SSI, Social Security, Disability, Unemployment, etc.)	
<input type="checkbox"/> TANF work plan completed by TANF case manager	
<input type="checkbox"/> Application completed by you	
<input type="checkbox"/> If you have chosen an Informal Provider, the items checked in the Child Care Provider section must be returned by the provider.	
<input type="checkbox"/> Proof of Residency (e.g., lease, utility bill, etc.)	
<input type="checkbox"/> Proof of Identity (e.g., Driver’s license, State ID, etc.)	
<input type="checkbox"/> Separation Notice from:	
<input type="checkbox"/> Verification of enrollment in middle or high school or vocational training (technical school), associate degree program or bachelor’s degree program	
<input type="checkbox"/> Rates from childcare provider for all children requesting care	
<input type="checkbox"/> Other:	