

Child Care Services

CUSTOMER AWARENESS FORM

STAFF: Read each numbered paragraph to the customer. After you read a paragraph, make sure the customer understands it, and answer any questions about it. Once the customer indicates that he or she understands the paragraph and has no further questions about it, have the customer initial it. If the customer refuses to initial the paragraph or refuses to sign at the bottom, note this on the form. If the form is processed over the phone, the form should be annotated accordingly and a copy sent to the customer to initial and sign, along with instructions for its return. Place the signed copy in the file for future use if needed.

Staff Member Administering Form: _____
(please print name)

Date Administered: _____ via phone in person

Customer: _____
(please print name)

Work/Training/Education:

1. I understand that I am able to get child care so that I can work, go to school, or be in job training classes. I cannot get child care if I am not working, going to school, or in job training classes for at least _____ hours a week. If I am no longer working, no longer in school, or no longer in job training classes, for at least _____ hours a week, I will notify you within 10 days of the change.

Customer's initials _____

Family/Income:

2. I understand that I qualify for child care based on my family's income or size. If my family's income or size changes, I will notify you within 10 days of the change. [For example, if I get a job or a pay raise, I must report this to you within 10 days; or, if I get married, I must report this to you within 10 days.]

Customer's initials _____

3. I understand that it may be considered stealing child care services if I continue to receive child care and I do not notify you within 10 days of any changes in my work, training, or education status; my income; benefits; family; or marital status. I understand that if I fail to notify you within 10 days as I'm supposed to, criminal charges may be filed against me with the district attorney or county attorney, child care will be terminated, and I will have to repay the amount owed. These consequences apply to a failure to report any of the changes in status discussed and initialed above.

Customer's initials _____

I have read and understood everything I initialed above. All my questions were answered.

Customer Signature: _____ **Date:** _____