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# The Child Care Assistance Program and fraud: Questions and answers for families

## What is the Child Care Assistance Program?

The Child Care Assistance Program, sometimes called CCAP, helps parents with low incomes pay for child care so they can work, go to school, or look for a job, and it helps make sure children are well cared for and prepared to enter school ready to learn.

## What are the Child Care Assistance Program laws?

You do not need to use child care assistance, but if you do, you and your child care provider must follow the law. Failure to follow child care assistance laws could result in serious consequences. Some of these laws are listed below. If you have questions about these laws, contact your child care assistance worker.

## What do I need to tell my worker?

If you use child care assistance, you must report certain changes to your child care worker within 10 calendar days of the change. For more information, see Reporting responsibilities for Child Care Assistance Program families ([DHS-6953](#)).

If you do not report required changes within 10 calendar days, you may have to pay back the money provided for your child care assistance.

When requested, you must submit proof of your actual income to your child care assistance worker. It is against the law to submit pay stubs that are different from what you actually earned to your child care assistance worker, employment counselor, and/or the county/tribe where you receive benefits.

## Can the program pay for days when my child does not attend child care?

Yes, but there are limits to what child care assistance can pay. You should bring your child to child care when they are scheduled to be there. If your child stops attending their provider or needs less child care, tell your child care assistance worker. **It is against the law for child care providers to bill the Child Care Assistance Program for days when your child does not attend unless the provider bills those days as absent days or holidays.**

## Absent days

The Child Care Assistance Program will pay for up to 25 total absent days per child, per calendar year (or 10 days in a row). The program will not make absent day payments to legal non-licensed (LNL) child care providers.

Children with verified medical conditions, or illnesses that cause more frequent absences, may exceed the 25 absent day limit and the 10 consecutive day limit. Such medical conditions or illnesses must be documented on the CCAP Medical Condition Documentation Form ([DHS-4602](#)).

When absent days are all used for the year:

- Your family can continue getting child care assistance
- Child care assistance will pay for days when your child attends child care
- Child care assistance will not pay for days when your child does not go to child care
- Your family is responsible to pay for any absent days that child care assistance does not pay.

If a child is absent for part of a day, the payment for that day will be for the amount of care that is scheduled for that day, and the day will not count toward the 25 absent day limit.

## Holidays

The Child Care Assistance Program will pay for up to 10 holidays per year if:

- Your child care provider is **closed** AND
- The holiday falls on a day when your child is authorized and scheduled to attend child care.

## Attendance records

Attendance records must be a true record of the days and times each child arrives at and leaves their child care provider. Records must include the date of service, each child's first and last name, and sign in and out times. Each day a child attends, the person picking up or dropping off the child should be the one to sign the child in and out.

## Can I get child care assistance if I'm self-employed?

Yes, child care assistance can help parents who are self-employed or who own their own businesses as long as:

- The family meets all other Child Care Assistance Program requirements, including income requirements, AND
- The parents need child care during the time they are working.

## Can I get child care assistance if I work at a child care center?

Yes, but the Child Care Assistance Program cannot pay for more than 25 employees' children to attend a child care center where their parents work. This law applies to both licensed and license exempt centers. Parents may work at a child care center where their children do not attend. For more information about this law, see Child Care Assistance Program Payments for Children of Center Employees – Questions and Answers for Parents ([DHS-6960C](#)).

## What if I don't follow the law?

Failure to follow Child Care Assistance Program rules could result in serious consequences, such as:

- A loss of child care assistance
- The need to pay back money paid by the Child Care Assistance Program, and/or
- A fraud determination (see below for more information).

## What is fraud?

Fraud is knowingly giving the government false information to get public assistance for yourself or someone else. Public assistance includes programs like child care assistance, cash assistance, SNAP and Medical Assistance.

It's very important that you provide **true, complete and current information** about everyone in your household. This information will be used to determine the amount of benefits you should receive. If your worker discovers any information you gave is not true, you risk losing future public assistance benefits and face other serious penalties.

## Know what you are signing

Before you sign your name on an application or form, read it carefully. Be sure that you are giving true information about yourself, your situation and all changes in your life.

## Fraud penalties

If you commit fraud, you may lose your right to get any future benefits. You may also have to:

- Pay back the money or public assistance benefits that you wrongfully received
- Pay additional fines to the court
- Go to jail or prison.

## How can I report fraud?

People who are dishonest about information related to public assistance benefits cause serious trouble for themselves and others. If you think someone is cheating or breaking the law, please help by reporting it. To report suspected fraud, contact the Department of Human Services Fraud Hotline:

- 800-627-9977 toll-free outside the Twin Cities metropolitan area
- 651-431-3968 in the Twin Cities metropolitan
- Online at <https://fraudhotline.dhs.mn.gov>

**You do not have to give your name when you report fraud.**

# Notice of Privacy Practices

(Effective Date: November 2016)

**This notice tells how private information about you may be used and disclosed and how you can get this information. Please review it carefully.**

## Why do we ask for this information?

- In order to determine whether and how we can help you, we collect information:
  - To tell you apart from other people with the same or similar name
  - To decide what you are eligible for
  - To help you get medical, mental health, financial or social services and decide if you can pay for some services
  - To decide if you or your family need protective services
  - To decide about out-of-home care and in-home care for you or your children
  - To investigate the accuracy of the information in your application
- After we have begun to provide services or support to you, we may collect additional information:
  - To make reports, do research, do audits, and evaluate our programs
  - To investigate reports of people who may lie about the help they need
  - To collect money from other agencies, like insurance companies, if they should pay for your care
  - To collect money from the state or federal government for help we give you.
  - When your or your family's circumstances change and you are required to report the change (see Client Responsibilities and Rights – DHS-4163)

## Why do we ask you for your Social Security number?

We need your Social Security number to give you medical assistance, some kinds of financial help, or child support enforcement services (42 CFR 435.910 [2006]; Minn. Stat. 256D.03, subd.3(h); Minn. Stat.256L.04, subd. 1a; 45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your Social Security Number to verify identity and prevent duplication of state and federal benefits. Additionally, your Social Security Number is used to conduct computer data matches with collaborative, nonprofit and private agencies to verify income, resources, or other information that may affect your eligibility and/or benefits.

You do not have to give us the Social Security Number:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a United States citizen and are applying for Emergency Medical Assistance only
- If you are from another country, in the United States on a temporary basis and do not have permission from the United States Citizenship and Immigration Services to live in the United States permanently
- If you are living in the United States without the knowledge or approval of the U.S. Citizenship and Immigration Services.

## Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

## With whom may we share information?

We will only share information about you as needed and as allowed or required by law. We may share your information with the following agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative, nonprofit and private agencies
- Researchers, auditors, investigators, and others who do quality of care reviews and studies or commence prosecutions or legal actions related to managing the human services programs.
- Court officials, county attorney, attorney general, other law enforcement officials, child support officials, and child protection and fraud investigators
- Human services offices, including child support enforcement offices
- Governmental agencies in other states administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care

- Guardians, conservators or persons with power of attorney
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Anyone else to whom the law says we must or can give the information.

### **What are your rights regarding the information we have about you?**

- You and people you have given permission to may see and copy private information we have about you. You may have to pay for the copies.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us in writing to share information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Minnesota Department of Human Services for another copy of this notice.

### **What are our responsibilities?**

- We must protect the privacy of your private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can.
- We must follow the terms of this notice, but we may change our privacy policy because privacy laws change. We will put changes to our privacy rules on our website at: <http://edocs.dhs.state.mn.us/lfserver/Public/DHS-3979-ENG>

### **What privacy rights do children have?**

If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing the information would risk your health. Parents may see other information about you and let others see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

### **What if you believe your privacy rights have been violated?**

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services to the address below:

Minnesota Department of Human Services  
Attn: Privacy Official  
PO Box 64998  
St. Paul, MN 55164-0998

# Client Responsibilities and Rights

**Note: Cash on an Electronic Benefit Transfer (EBT) card is provided to help families meet their basic needs, including:** food, shelter, clothing, utilities and transportation. These funds are provided until families can support themselves. It is illegal for an EBT user to buy or attempt to buy tobacco products or alcohol with the EBT card. If you do, it is fraud and you will be removed from the program. Do not use an EBT card at a gambling establishment or retail establishment, which provides adult-orientated entertainment in which performers disrobe or perform in an unclothed state for entertainment.

## Your responsibilities

- **If you receive cash assistance and/or child care assistance,** you must report changes which may affect your benefits to the county agency within 10 days after the change has occurred. If you receive Supplemental Nutrition Assistance Program (SNAP) benefits, report changes by the 10th of the month following the month of the change. Each program may have different requirements for reporting changes. Talk to your caseworker about what you must report.
- You may be required to report changes in:
  - **Employment** – starting or stopping a job or business; change in hours, earnings or expenses
  - **Income** – receipt or change in child support, Social Security, veteran benefits, unemployment insurance, inheritance or insurance benefits
  - **Property** – purchase, sale or transfer of a house, car or other items of value, or if you receive an inheritance or settlement
  - **Household** – When a person dies or becomes disabled, moves in or out of your home or temporarily leaves; pregnancy; birth of a child.
  - **Citizenship or immigration status**
  - **Address**
  - **Housing costs and/or rent subsidy**
  - **Utility costs**
  - **Filing a lawsuit**
  - **Absent parent custody or visits**
  - **Drug felony conviction**
  - **Marriage, separation or divorce**
  - **School attendance**
  - **Health insurance coverage and premiums**
- Note:** If you change child care providers, you must tell your child care worker and provider at least 15 days before the change goes into effect.
- **The county, state or federal agency may check any of the information you provide.** To obtain some forms of information we must have your signed consent. If you don't allow the county to confirm your information, you might not receive assistance.
- **If you give us information you know is untrue, withhold information or do not report as required, or we discover your information is untrue,** you may be investigated for fraud. **This may result in you being disqualified from receiving benefits, charged criminally, or both.**
- **The state or federal quality control agency** may randomly choose your case for review. They will review statements you provided and will check to see if your eligibility was figured correctly. The state may seek information from other sources and will inform you about any contact they intend to make. **If you do not cooperate, your benefits may stop.**
- **Cooperation requirements:**
  - If the county approves you for the Minnesota Family Investment Program (MFIP) or the Diversionary Work Program (DWP), you must cooperate with employment services, unless you are exempt. You must develop and sign an employment plan or your DWP application will be denied.
  - To receive MFIP, DWP, and/or child care assistance, you must cooperate with child support enforcement for all children in your household. You have the right to claim "good cause" for not cooperating with child support enforcement. You must assign your child support to the state of Minnesota for all eligible children. If you do not cooperate or assign your child support, benefits will be denied or terminated.

**If you have any questions or are unsure about any reporting rules,** contact your worker. If your worker is not available, leave a message so the worker can get back to you.

After the county approves your MFIP or DWP, if you receive child support directly from the noncustodial parent, you must report it to your worker.

## For Cash and Supplemental Nutrition Assistance Program (SNAP) benefits:

- **Each time you use your Electronic Benefits Transfer (EBT) card or sign your check**, you state that you have informed the county agency about any changes in your situation which may affect your benefits.
- **Each time your EBT card is used** we assume you have received your cash or SNAP benefits, unless you reported your card lost or stolen to the county agency.

## For Child Care Assistance:

- **You may be required to pay a co-payment fee to your child care provider.** If you do not pay the fee, your child care assistance will be terminated until fees are paid in full or satisfactory payment agreements have been made with the county and your child care provider.
- **You may be required to pay additional costs** when your child care provider charges a rate that is more than the maximum rate in your county.
- **You must document** the immigration or citizenship status of the children in your family for whom you are applying for child care assistance.

**Note: If you sign the application as an authorized representative** of a person who is requesting or receiving assistance, you are agreeing to assume all of the responsibilities listed above on behalf of that person.

## Your rights

- **Your right to privacy.** Your private information, including your health information, is protected by state and federal laws. Your worker has given you a Notice of Privacy Practices (DHS-3979) information sheet explaining these rights.
- **You have the right to reapply** at any time if your benefits stop.
- **You have the right to know why, if we have not processed your application within:**
  - 30 days for cash, SNAP and child care assistance
  - 60 days for cash related to disability.
- **You have the right to know the rules of the program you are applying for** and for the agency to tell you how your benefit amount was figured.
- **You have the right to choose where and with whom you live.**

- **Appeal rights.** If you are unhappy with the action taken or feel the agency did not act on your request for assistance, you may appeal. For cash, child care assistance and health care, you may appeal **within 30 days** from the date you receive the notice by writing to the county agency, or directly to the State Appeals Office at the Minnesota Department of Human Services, PO Box 64941, St. Paul, MN 55164-0941. (If you show good cause for not appealing your cash and health care **within 30 days**, the agency can accept your appeal **for up to 90 days** from the date you receive the notice.)

For SNAP, you may appeal **within 90 days** by writing or calling the county or the State Appeals Office. You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you.

**If you wish your assistance to continue until the hearing**, you must appeal before the date of the proposed action or within 10 days after the date the agency notice was mailed, whichever is later. Ask your county worker to explain how the timing of your appeal could affect your present or future assistance.

- **Access to free legal services.** Contact your worker for information on free legal services.



## Civil Rights Notice

**Discrimination is against the law.** The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- national origin
- religion
- public assistance status
- age
- sex
- color
- creed
- sexual orientation
- marital status
- disability
- political beliefs

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

### Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
Freeman Building, 625 North Robert Street  
St. Paul, MN 55155  
651-539-1100 (voice)  
1-800-657-3704 (toll free)  
711 or 1-800-627-3529 (MN Relay)  
651-296-9042 (fax)  
Info.MDHR@state.mn.us (email)

### U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Director, U.S. Department of Health and Human Services' Office for Civil Rights  
200 Independence Avenue SW, Room 509F  
HHH Building  
Washington, DC 20201  
1-800-368-1019 (voice)  
1-800-537-7697 (TDD)  
Complaint Portal:  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 1-866- 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, DC 20250-9410;
- (2) fax: 202-690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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