



Sample Authorization Form

Applicant name:
Mailing address:

Date:

Dear parent or guardian of [insert child(ren)'s name]:

This letter's purpose is to advise you of a decision or action regarding your child care application. Please see the item checked below for more information.

- _____ 1. Your application for child care assistance has been **approved**, and your copayment is \$[insert amount] per month through [insert date]. You must notify [insert child care center name] immediately if your income exceeds \$[insert amount]. You may notify [insert child care center name] if your income has been reduced so that your copayment can be adjusted.
- _____ 2. Your application for child care assistance has been **denied**.
- _____ 3. Your child care application is **pending**.
- _____ 4. Your child care application has been **closed**.
- _____ 5. Your child care case is up for **recertification**. Please contact the child care office at [insert contact number].

Below, you will find a description of the reason for this decision or action:

_____, age _____, and _____, age _____, are eligible for child care program services. The child care provider will be at _____ . The family copayment will be \$ _____ per month beginning in _____. Please contact the office with any questions or for further assistance.

Sincerely,

The National Center on Tribal Early Childhood Development is funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care.

The National Center on Tribal Early Childhood Development, A Service of the Office of Child Care

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ADMINISTRATION FOR
CHILDREN & FAMILIES