

HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION APPLICANT AND CO-APPLICANT CARD HOLDERS

Case Name: _____ Case Number: _____

Co-Applicant Cardholder Name: _____

Reason for Issuance: (A) New Applicant Applicant Co-Applicant
(check all that apply) (B) Replacement Lost/stolen Not working Other: _____

By signing this form, I am acknowledging I have received this HOOSIER WORKS FOR CHILD CARE CARD and understand the policies related to its use.

- I understand I may not allow anyone, including my child care provider, to possess or use my Hoosier Works for Child Care card to authorize electronic attendance transactions for child(ren).
- I understand a provider should never attempt to force me to violate this policy. If a provider does attempt to force me to violate this policy, I shall immediately report it to the Local Intake Agent for referral to the state.
- Exceptions to this policy will only be accepted with written documentation from the Office.

Failure to follow the above policy could lead to **negative action** taken against me and/or my child care provider, up to and including termination from the Child Care and Development Fund (CCDF) voucher program.

- I have received the HOOSIER WORKS FOR CHILD CARE CARD.
- My card will be mailed, when my application is processed if I have valid vouchers

Applicant or Co-Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY	
16 Digit Card Number: _____ <i>(Or attach a photocopy of the front of the HW Card)</i>	
Issuing staff: _____	Date: _____

CARD USAGE TRAINING	
_____	Video and verbal/written
_____	Verbal/written only