

Quality Rated Subsidy Grant Eligibility Packet Checklist

The following checklist is designed to ensure that all required documentation is provided. This checklist must be included in each child's enrollment file.

Do You Have Everything?

- Quality Rated Subsidy Grant Application
 - Application Status is marked.
 - Application is completed in its entirety.
 - Parent has answered if the other parent lives in the household.
 - Parent has answered whether they have received CAPS services.
 - All children under 18 years in family unit are listed.
 - All income information is answered.
 - All Rights and Responsibilities are checked.
 - Original signatures and dates are present.
- Verification of Identity
- Verification of Social Security Number (if the number was provided on the Application)
- Verification of Georgia Residency
- Verification of Child's Age and Citizenship
- Verification of State-Approved Activity (as applicable)
 - Check stubs for most recent 4 weeks showing # of hours worked
 - Statement from employer
 - Enrollment notice from school/vocational training/technical college/ registrar
- Verification of Income (as applicable)
 - Verification of Earned Income
 - Verification of Unearned Income
 - Income Eligibility Worksheet (Initial/Renewal)
- Quality Rated Subsidy Grant Enrollment Notification Form
- Quality Rated Subsidy Grant Orientation Completion Notice

Child's Name: _____

Parent(s) Name: _____

Program Name: _____ License Number: _____

QRSG Program Admin.: _____

**Georgia Department of Early Care and Learning
QUALITY RATED SUBSIDY GRANT (QRSG) APPLICATION**

Application Status	Initial	1 st Renewal	2 nd Renewal	3 rd Renewal	4 th Renewal				
PARENTAL AUTHORITY 1									
(Please Print) PLEASE FILL IN THE FOLLOWING INFORMATION									
Your Name: First Name Middle Initial Last Name			Telephone Numbers Home: Work: Cell:						
Social Security No.		Date of Birth		Email Address:					
Residential Address: Street		Apt.	City	State	Zip Code County				
STATE APPROVED ACTIVITY INFORMATION									
<input type="checkbox"/> Employment <input type="checkbox"/> Vocational Training <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> GED Program <input type="checkbox"/> Associate Degree									
CURRENT EMPLOYMENT INFORMATION									
First Name, Middle Initial, Last Name		Employer's Name and Address		Telephone No. of Employer	Total No. Hours per Week				
VOCATIONAL TRAINING/SCHOOL INFORMATION									
Name and address of Program/School you are enrolled in:				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Total No. Classroom Hours				
Name and address of Program/School you are enrolled in:				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Total No. Classroom Hours				
Does the other parent of the child(ren) needing care live at the address above? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If YES, list information for other parent below:									
PARENTAL AUTHORITY 2									
Your Name: First Name Middle Initial Last Name			Telephone Numbers Home: Work: Cell:						
Social Security No.		Date of Birth		Email Address:					
STATE APPROVED ACTIVITY INFORMATION									
<input type="checkbox"/> Employment <input type="checkbox"/> Vocational Training <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> GED Program <input type="checkbox"/> Associate Degree									
CURRENT EMPLOYMENT INFORMATION									
First Name, Middle Initial, Last Name		Employer's Name and Address		Telephone No. of Employer	Total No. Hours per Week				
VOCATIONAL TRAINING/SCHOOL INFORMATION									
Name and address of Program/School you are enrolled in:				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Total No. Classroom Hours				
Name and address of Program/School you are enrolled in:				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Total No. Classroom Hours				
CHILD INFORMATION (List applicant's children under 18 years old residing at the address above.)									
CHILD NAME		SEX	DATE OF BIRTH	Social Security No.	CHILD NAME		SEX	DATE OF BIRTH	Social Security No.
Have you ever received subsidized child care for any of the children above from Childcare And Parent Services (CAPS) before? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If so, what county were you living in?									
Does the family have assets/resources that exceed \$1,000,000 in value? (Assets may include, but are not limited to: cash on hand, checking or savings account balance, real estate, jewelry, cars, boats, stocks or bonds, trust funds, pension plans, or retirement accounts.) <input type="checkbox"/> Yes <input type="checkbox"/> No									

INCOME INFORMATION

(Include spouse or other parent's information if present in household. If yes, select person who receives income and enter the monthly gross amount.)

SOURCE OF INCOME	NO	YES	APPLICANT	MONTHLY GROSS INCOME	SPOUSE/OTHER PARENT	MONTHLY GROSS INCOME
WAGES/SALARY/SELF EMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
UNEMPLOYMENT COMPENSATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
SOCIAL SECURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
WORKER'S COMPENSATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
ALIMONY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
CHILD SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
REGULAR LOTTERY PAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
CAPITAL GAINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
RENTAL INCOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
DISABILITY PAYMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
INTEREST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
RETIREMENT/PENSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
TRUST FUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$

YOUR RIGHTS AND RESPONSIBILITIES

Parental Authority Rights

- You have the right to apply for assistance, withdraw the application, request termination of assistance, or reapply for the Quality Rated Subsidy Grant (QRSG) at any time.
- You are authorized to receive child care services as long as funds are available, and you remain eligible and have complied with all QRSG program requirements.
- You have the right to make decisions about the choice of child care provider that suits the needs of your family, as long as the provider is an approved QRSG participating program.
- Temporary Assistance for Needy Families (TANF) recipients have the right to be informed of the availability of exemptions from mandatory participation in employment services activities if appropriate child care is not available, affordable or cannot be accessed.
- Parental authorities who state that they or their children have been victims of domestic violence or who state that they are at risk of further domestic violence must be informed of the available community services that assist victims of domestic violence and how to voluntarily and confidentially access such services.
- You have the right to have access to your child during all times the child is in child care.
- Information that you provide is placed in a database used by CAPS & the QRSG program and will remain confidential in accordance with any applicable state or federal regulations.
- You have the right to see your case file unless this is prohibited by state or federal laws or regulations.
- You have the right to file an appeal when the Agency imposes an adverse action that is appealable, such as a denial and/or termination of QRSG services and you do not agree with the action taken by the agency.
 - o Changes where adverse actions are a direct result of implementation of federal and state regulations/policies and the change affects entire populations are not appealable.
- You have the right to request a grievance mediation and/or the right to an administrative hearing.
- Parental authorities who speak Spanish have the right to request and receive forms and notices in Spanish and request QRSG to provide an interpreter when contacting the QRSG program. Other non-English speaking individuals or persons with limited English proficiency shall have the right to request an interpreter provided by the agency.
- Parental authorities with vision or hearing impairments have the right to request auxiliary aids or other accommodations.
- You have the right to be treated fairly without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs, or disability. Note: If you feel your rights have been violated, please contact the Quality Rated Subsidy Grant Program at QRSG.Support@decalfga.gov.
- You have the right to appeal to the U.S. Department of Health and Human Services Office for Civil Rights (HHS OCR) if you feel DECAL or the Quality Rated Subsidy Grant program has violated your civil rights.
- You have the right to request suspension or termination of services.

Parental Authority Responsibilities

- You are responsible for providing true and accurate information to the program.
- You are responsible for supplying all requested forms, information, and verification needed to determine eligibility and amount of benefits. If all information cannot be submitted this may result in the inability to determine eligibility and the application being denied.
- You must permit the QRSG program and DECAL to verify all information/statements on the application and during the interview.
- You must cooperate in taking any actions necessary to establish eligibility. You must cooperate with any Quality Rated Subsidy Grant program, Audits and Compliance, and Office of Inspector General (OIG) fraud investigation by completing any required forms, responding to scheduled interview appointments, and by making requested records or information available. If you do not cooperate, you may be determined to be ineligible for Quality Rated Subsidy Grant.
- You are responsible for reporting any changes in your circumstances to the QRSG program within ten (10) calendar days of becoming aware of the change.
 - o The following list of changes may be reported to the Grant Administrator:
 - o Increases or decreases in income
 - o Loss of Activity (e.g., employment, education, or training)
 - o Any change in the child care arrangements (including changes in providers or the location where care is given, a change in the relationship of the provider to the child, cost, or the need for child care)
 - o State of residence
 - o Child's citizenship status
 - o Updated contact information (address, phone number and/or e-mail address) to allow on-going communication
 - o **Note:** Changes should be reported within ten (10) calendar days via phone, fax, e-mail, mail or in person.
- You are responsible for reporting within ten (10) calendar days if child(ren) is(are) no longer enrolled in child care or moves out of the home.
- You are responsible for paying the provider if child care is received during a period in which you are ineligible or for any child care that was unauthorized.
- You are responsible for repaying any overpayments assessed against you by the QRSG grantee or DECAL after all appeal processes have been exhausted. Any violations of responsibility for non-payment may result in additional adverse actions or sanctions.

Applicant Signature: _____

Date: _____

QRSG Grant Administrator Signature: _____

Date: _____



Georgia Department of Early Care and Learning

2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334
(404) 656-5957

Nathan Deal
Governor

Amy M. Jacobs
Commissioner

Quality Rated Subsidy Grant Orientation Completion Notice

Date: _____

By signing this notice, I acknowledge that I have read, understand, and will comply with the policies and procedures as set forth in the Quality Rated Subsidy Grant (QRSG) orientation presentation. I have also completed and provided all forms and documents necessary to determine my eligibility to participate in the Quality Rated Subsidy Grant.

I understand that if I have questions regarding the Quality Rated Subsidy Grant, I will contact, _____, QRSG Program Administrator.

- Yes, I received the Parent Guide for the Quality Rated Subsidy Grant.
- No, I did not receive the Parent Guide for the Quality Rated Subsidy Grant.

(Parent's Name)

(Parent's Signature)

(Child Care Program)

(QRSG Program Administrator Signature)



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Quality Rated Subsidy Grant Enrollment Notification Form

Date: _____

Dear _____:
(Parent's Name)

It has been determined that your child: _____ (DOB: _____) is:
(Child's Name) (Month) (Date) (Year)

- Eligible and enrolled in a Quality Rated Subsidy Grant slot
- Not eligible for a Quality Rated Subsidy Grant slot

QRSG Eligibility Period: _____ to _____
(Begin Date) (End Date)

*Subsidy Eligibility Period: _____ to _____
(Begin Date) (End Date)

*In the event the childcare program no longer participates in the Quality Rated Subsidy Grant Program, you will be provided a Childcare and Parent Services (CAPS) scholarship to complete the remainder of your subsidy eligibility period where a family fee and/or differential fee may apply.

During the above QRSG Eligibility Period, you will not be charged a weekly childcare fee for the child listed above.

Parents are responsible for reporting any changes in their family/household situation. The changes must be reported to your QRSG Program Administrator within ten (10) calendar days of the change. Examples of changes include income, work hours, home address, and household members.

If, for any reason you think proper consideration has not been given to your situation, you have the right to send your request for reconsideration to DECAL. Reconsideration must be requested by email to QRSG.Support@decals.ga.gov within ten (10) calendar days from receipt of this notification.

(Child Care Program)

(Quality Rated Subsidy Grant Administrator Signature)

(Parent(s) Name)

(Parent Signature)

www.decals.ga.gov

**BRIGHT FROM THE START: Georgia Department of Early Care and Learning
CACFP Meal Benefit Income Eligibility Statement***

PART I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial)	SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers. Write case number and proceed to Part II.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here. Child Income/How Often: \$ _____ / _____

B. Other Household Members - List all household members (including yourself) not listed in Part I even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often	2. Welfare, child support, alimony / How Often	3. Social Security, pensions, retirement / How Often	4. All other income / How Often
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number - If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.
Last four Digits of Social Security Number XXX-XX _____ I do not have a Social Security Number

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm]. (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Circle the meals your child will normally receive while in care: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. If not completed fully and signed, the participant will be placed in the Paid category.

Signature: X _____ Print Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

PART V: Participant's Ethnic and Racial Identities (optional)

Check (✓) one ethnic identity: Hispanic/ Latino Not Hispanic/ Latino
Check (✓) one or more racial identities: Asian White Black or African American Indian or Alaska Native Hawaiian or other Pacific Islander

Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: _____ Per: Week Every 2 weeks Twice a month Month Year Household Size: _____
Categorical Eligibility: check (✓) if applicable Eligibility: check (✓) one Free Reduced Paid-Denied
Day Care Homes Only: check (✓) one Tier I Tier II

When this application is being performed, CACFP requires the signatures of the Determining Official (the official who determines eligibility) and the Confirming Official (the official who verifies the information).
Determining Official's Signature: _____ Date: _____
Confirming Official's Signature: _____ Date: _____
Follow Up Official's Signature: _____ Date: _____



Education and Training Verification

The individual named below is a student at your institution and has applied for child care services. To determine eligibility for such services, it is necessary to document their enrollment at your program.

This form should be completed by an official at the educational institution and returned to the student. Please note that the student is requested to sign below authorizing your release of this information.

By signing below, I certify that I approve of the release of the above requested information.

Signature of Student _____ Date: _____

Name and Address of Institution

Institution Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name and Address of Student

Name: _____

Street Address: _____ Apt.: _____ City: _____ State: _____ Zip: _____

Course/ Training Information

Vocational Goal: _____

Enrollment: Start Date: _____ End Date: _____

Projected Final Completion Date: _____

Student's daily attendance schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
From								Total Hours
To								

Credits Current Semester: _____

Is student pursuing a degree? Yes No If "Yes" what type of degree? Associate Bachelor

Preparer's Name: _____ Title: _____

Phone: _____ Email: _____

Preparer's Signature _____ Date: _____

SAVE

PRINT



HOPE Scholarship Eligible Institutions, Fiscal Year 2019

PUBLIC	PRIVATE	TECHNICAL
Abraham Baldwin Agricultural College Albany State University Armstrong State University Atlanta Metropolitan State College Augusta University Bainbridge State College Clayton State University College of Coastal Georgia Columbus State University Dalton State College East Georgia State College Fort Valley State University Georgia College & State University Georgia Gwinnett College Georgia Highlands College Georgia Institute of Technology Georgia Southern University Georgia Southwestern State University Georgia State University Gordon State College Kennesaw State University Middle Georgia State University Savannah State University South Georgia State College University of Georgia University of North Georgia University of West Georgia Valdosta State University	Agnes Scott College American InterContinental University Andrew College Argosy University Art Institute of Atlanta Berry College Brenau University Brewton-Parker College Clark Atlanta University Covenant College DeVry University Embry-Riddle Aeronautical University Emmanuel College Emory University Georgia Military College Herzing University LaGrange College Life University Mercer University Morehouse College Oglethorpe University Paine College Piedmont College Point University Reinhardt University Saint Leo University Savannah College of Art & Design Shorter University South University Spelman College Thomas University Toccoa Falls College Truett-McConnell College Wesleyan College Young Harris College	Albany Technical College Athens Technical College Atlanta Technical College Augusta Technical College Central Georgia Technical College Chattahoochee Technical College Coastal Pines Technical College Columbus Technical College Georgia Northwestern Technical College Georgia Piedmont Technical College Gwinnett Technical College Lanier Technical College North Georgia Technical College Oconee Fall Line Technical College Ogeechee Technical College Savannah Technical College South Georgia Technical College Southeastern Technical College Southern Crescent Technical College Southern Regional Technical College West Georgia Technical College Wiregrass Georgia Technical College

HOPE eligible institutions are published by the Georgia Student Finance Commission each fiscal year.

Source: Georgia Student Finance Commission (<https://www.gafutures.org/media/187650/hope-scholarship-eligible-institutions.pdf>)



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Brian Kemp
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Parent Guide for the Quality Rated Subsidy Grants

Congratulations on receiving a Quality Rated Subsidy Grant child care slot for your child(ren) offered by the Georgia Department of Early Care and Learning (DECAL)! You may have many questions related to your child's participation in the Quality Rated Subsidy Grant. At DECAL, we want to ensure that if you have questions or concerns that cannot be answered by your child care program, you can reach out to us.

You can reach the Quality Rated Subsidy Grant unit by emailing: QRSG.Support@decals.ga.gov

Here are a few reasons why you may contact Bright from the Start regarding your participation in the Quality Rated Subsidy Grant:

- You feel that your rights have been violated;
- You feel that you have not been treated fairly;
- You wish to file an appeal or request a reconsideration because you do not agree with an eligibility decision that has been made;
- You have concerns related to the child care program you are attending.

Parental Rights & Responsibilities

It is important that as a recipient of the Quality Rated Subsidy Grant that you understand all of your rights and responsibilities.

Parental Authority Rights

- The parental authority has the right to apply for assistance, withdraw the application, request termination of assistance, or reapply for participation in the Quality Rated Subsidy Grant if funds and slots are available, and the parental authority remains eligible and has complied with program and child care center requirements.
- The parental authority has the right to make decisions about the choice of the child care provider that suits the needs of his/her family, if the provider is approved by DECAL as a QRSG participating program.
- Temporary Assistance for Needy Families (TANF) recipients have the right to be informed of the availability of exemptions from mandatory participation in employment service activities if appropriate child care is not available, affordable, or cannot be accessed.
- Parental authorities who state that they or their children have been victims of domestic violence or who state that they are at risk of further domestic violence must be informed of the available community services that assist victims of domestic violence and how to voluntarily and confidentially access such services.

- The parental authority has the right to have access to his/her child during all times the child is in care.
- Information the parental authority shares with a participating child care program or DECAL, will remain confidential in accordance with any applicable state or federal regulations/confidentiality policies.
- The Parental Authority has the right to see his/her case file unless this is prohibited by Federal or State laws or regulations.
- The Parental Authority has the right to file an appeal in situations of adverse action taken by the childcare program and the decision is not agreed upon.
 - Changes where adverse actions are a direct result or implementation of federal and state regulations/policies and the change affects entire populations are not appealable.
- The parental authority has the right to request a grievance mediation and/or the right to an administrative hearing.
- Parental authorities who speak Spanish have the right to request and receive forms and notices in Spanish and request DECAL to provide an interpreter when contacting the QRSB program. Other non-English speaking individuals or persons with limited English proficiency shall have the right to request an interpreter by the agency.
- Parental authorities with vision or hearing impairments have the right to request auxiliary aids or other accommodations.
- The parental authority has the right to be treated fairly without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs, or disability.
- The parental authority has the right to appeal to the U.S. Department of Health and Human Services Office for Civil Rights (HHS OCR) if they feel the child care program or DECAL has violated their civil rights.
- The parental authority has the right to request suspension or termination of services.
- The Parental Authority has the right to receive notification within 12 calendar days of any action which will affect child's eligibility and participation in the Quality Rated Subsidy Grant including but not limited to provider's loss of grant funding, loss of Quality Rated Star rating and/or loss of license.
- The Parental Authority must request a reconsideration or an administrative hearing, as appropriate, in writing within twelve (12) calendar days from receiving the notice of any action taken by child care program or DECAL.
- Failure to request, in writing, reconsideration or a hearing, as appropriate, within twelve (12) calendar days from receipt shall automatically affirm the decision.
 - Steps for appeal are as follows:
 - Contact the Quality Rated Subsidy Grant Program by emailing QRSB.Support@decalfg.gov.
 - DECAL will review the case.
 - Final Determination Letter will be sent to parental authority.

Parental Authority Responsibilities

- You are responsible for providing true, current, accurate and complete information to their child care program and DECAL. Failure to provide true and accurate information may result in sanctions
- You are responsible for supplying all requested forms, information, and verification needed to determine eligibility for program and amount of benefits. If all information cannot be submitted at the time of application, this may result in the inability to determine eligibility and the application being denied after a two-week period.
- You must permit child care program and DECAL to verify all information/statements on the application and during the interview.
- You must cooperate in taking any actions necessary to establish eligibility. The parental authority must cooperate with any DECAL and Office of Inspector General (OIG) fraud investigation by completing any required forms, responding to scheduled interview appointments, and by making requested records or information available. Parental authorities who do not cooperate may be determined to be ineligible until they cooperate.

- You are responsible for reporting changes in his or her circumstances to the Quality Rated Subsidy Grant Program Administrator within ten calendar days of becoming aware of the change. Some changes, while not required to be reported, will result in an increased benefit for the family by reporting them. Changes should be reported by phone, fax, email, mail, or in person.

The following is a list of changes that you as the parental authority is required to report within 10 calendar days of becoming aware of the change:

- Change in family income where the gross applicable income exceeds 85% State Median Income (SMI) for a minimum of four consecutive weeks
- Change in activity that is not temporary (e.g., loss of employment, graduation from school or training activity)
- Request for change in child care provider
- Any change in child care arrangements (including child care provider's location, relationship of the provider and the child, cost, or need for care)
- There is no longer a need for QRSB services
- Family moves out of the state of Georgia
- Change in contact information (e.g., phone number, email address, mailing address)

The following is a list of changes that you, the parental authority may, but is not required to, report:

- Change in family income where the gross applicable income is at or below 85% SMI
- Child birth, adoption, or addition of a new child
- Marriage
- Change in state-approved activity that is temporary and the activity may resume

Note: Changes should be reported within ten (10) calendar days via phone, fax, e-mail, mail, or in person. Some changes may affect QRSB eligibility status.

Failure to report required changes may result in sanctions.

- You are responsible for reporting within ten (10) calendar days if child (ren) is (are) no longer enrolled in child care or moves out of the home.
- You are responsible for paying child care fees to the provider, if applicable, for additional children in household needing care who are not participating in the Quality Rated Subsidy Grant.
- You are responsible for paying additional fees to the childcare program outside of the day-to-day child care costs; such as late fees, field trip costs, etc.
- You are responsible for paying the provider if child care is received during a period in which he or she is ineligible or for any child that QRSB services are not authorized.
- You are responsible for repaying any **overpayments** assessed against him/her by DECAL after all appeal processes have been exhausted. Any violations of responsibility for non-payment may result in additional adverse actions or **sanctions**.
- You or an authorized representative is responsible for signing their children in and out of care each day in accordance with both the QRSB program and the child care provider's policies and procedures. Failure to sign children in and out of care each day may result in the provider being assessed an overpayment.

QRSB eligibility is redetermined annually. You are responsible for re-apply for grant services and resubmitting new information every 12 months. Failure to do so during the re-determination will result in loss of grant slot

As a QRSP recipient, you are eligible for full day full year services. You child is required to attend the child care program at least 10 days a month in order to be in good standing. Children who are not in attendance Children

who do not attend child care program for 10 consecutive days without a medical or other reasonable explanation will be removed from the QRSB grant slot.

Grant program services may be terminated if the parental authority does not comply with program policies. Any violations of responsibility may result in suspension, reduction, or termination of grant services.

Transitioning from the Quality Rated Subsidy Grant

Your child will transition from a Quality Rated Subsidy Grant if he/she turns four years of age on or before September 1st of that next school year.

Transition families whose subsidy eligibility period has expired on or before June 30th will be given the opportunity to apply for CAPS services to continue care starting July 1st. If awarded a CAPS scholarship, your family will incur a family fee and differential fee.

Transition families whose subsidy eligibility period expires after June 30th will be transitioned to a CAPS scholarship based on submitted eligibility. The CAPS scholarship will be created until the end of your subsidy eligibility period. Once transitioned to a CAPS scholarship your family fee will be waived but you will have a differential cost to pay based on provider rates.

Detailed instructions about this process and the requirements for your family will be provided to you from your current provider closer to the time.

Loss of QR Rating at Child Care Program

If for any reason your current child care program loses their Quality Rated star rating, your family will be given the option to transition to a child care scholarship to continue child care services at the current child care provider or any provider of your choice. Your eligibility file will be used to create your CAPS scholarship and you will continue services until your subsidy eligibility period ends. Your family fee and differential will be waived at the current child care program.