

**FREE GRANT for Childcare for Children Ages 0-3 yrs.**



**Destiny Starr Academy  
Quality Rated FREE Childcare Grant**

## **Finally a Grant that offers FREE Childcare!**

Applications are available at Destiny Starr Academy 2525 GA Hwy 20 NE  
Conyers, GA 30012. Some restrictions apply. Call For Details!

**770-602-9911**

2525 GA Hwy 20 NE  
Conyers, GA 30012

E-mail: [destiny1starr@yahoo.com](mailto:destiny1starr@yahoo.com)

[www.destinystarracademy.com](http://www.destinystarracademy.com)



## 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 file.

### **Do You Have Everything?**

- Quality Rated Subsidy Grant Application
- Verification of Identity
- Verification of Social Security Number (if the number was provided on the Application)
- Verification of 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 registrar
- Verification of Income
  - Verification of Earned Income (most recent 4 weeks of check stubs or statement from employer)
  - Verification of Unearned Income (if applicable)
  - Income Eligibility Worksheet
- Quality Rated Subsidy Grant Enrollment Notification Form
- Quality Rated Subsidy Grant Orientation Completion Notice

**Child's Name:** \_\_\_\_\_

**Parent(s) Name:** \_\_\_\_\_

**Child Care Program License Number:** \_\_\_\_\_

**Child Care Program Name:** \_\_\_\_\_

**QRSG Program Admin:** \_\_\_\_\_

### Georgia Department of Early Care and Learning QUALITY RATED SUBSIDY GRANT APPLICATION

Application Status:  Initial  Renewal  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**

Employment   
  Vocational Training   
  Middle School   
  High School   
  GED Program

**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?  Yes  No  
If YES, list information for 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**

Employment   
  Vocational Training   
  Middle School   
  High School   
  GED Program

**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

CHILDREN NEEDING CARE FOR THIS APPLICATION (Children under 6 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?  Yes  No  
If so, what county were you living in?

INCOME INFORMATION						
(before spouse or other family information is passed to household) If you submit person who receives income and indicate monthly gross amount.						
SOURCE OF INCOME	NO.	YES	APPLICABLE	MONTHLY GROSS INCOME	APPLICABLE/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"/>	\$
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 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 Quality Rated Subsidy Grant 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 your child during all times the child is in child care.
- Information that you provide is placed in a database used by 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 QRSG program at QRSG.Support@dec.al.ga.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 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 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. You must cooperate with any QRSG, 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 QRSG.
- 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 repaying any overpayments assessed against you by the QRSG program after all appeal processes have been exhausted. Any violations of responsibility for non-payment may result in additional adverse actions or sanctions. Refer to the QRSG Sanctions and Disqualifications Policy (QRSG/00-16).

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program 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 Quality Rated Subsidy Grant.

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

\_\_\_\_\_  
(Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Child Care Program)

\_\_\_\_\_  
(QRSG Program Administrator Signature)