DATE

## PARENT(S) RIGHTS

As a recipient of child care subsidy funds, you have rights you should know about. These are:

**CLIENT'S SIGNATURE** 

The information you share with DECCD is confidential. This means that what you tell DECCD staff cannot be shared with anyone other than the child care provider of your choice without your permission except State or Federal program review or fiscal agents.

You have the right to see your case file, unless this is prohibited by federal or State law or regulation.

You have the right not to be discriminated against because of your political affiliation, religion, race, color, sex, handicap, national origin, or age. If you think you have been discriminated against, you should discuss this with DECCD.

You may enroll your child with the child care provider of your choice, providing they qualify as an approved provider.

Any dispute concerning a question of fact under this application/agreement which is not disposed of by agreement of the parties hereto shall be decided by the Director of the Division of Early Childhood Care & Development. In the review by the DECCD Director the parent/provider shall be afforded an opportunity to be heard and offer evidence in support of the questioned decision under review. This decision shall be reduced to writing and a copy thereof mailed or furnished to the parent/provider and shall be final and conclusive, unless, within thirty (30) days from the date of the decision, the parent/provider mails or furnishes the Executive Director of the Mississippi Department of Human Services a written request for review. Pending final decision of the Executive Director or his designee, DECCD will proceed in accordance with the decision of the Director of the Division of Early Childhood Care and Development.

## PARENT(S) RESPONSIBILITIES

PLEASE RE	AD THIS SECTION CAREFULLY. PLEASE ASK DECCD TO CLARIFY ANY OF THESE STATEMENTS THAT YOU DO NOT UNDERSTAND.
	I certify that this form has been examined by me and that the information given is true and correct to the best of my knowledge and belief.
	I agree to provide accurate and truthful information to DECCD when requested for the purposes of determining eligibility for assistance.
	I agree to provide DECCD information to verify any statements given in this application and hereby give DECCD, or its agents, permission to obtain such verification. I will cooperate fully with State and federal personnel in any review.
	I will notify DECCD within ten (10) calendar days of any change in the following circumstances: marital status, household size, household income, address, employment, education/training status for any household member.
	I agree to notify DECCD when child care services are no longer needed.
	I will notify the provider if my child(ren) will not attend child care for three (3) or more consecutive days.
	If I am not the parent or legal guardian of the children as specified, I declare that they are deprived of parental support of care by reason of death, incapacity or continued absence from home of a parent.
	I understand that Mississippi law requires MDHS to take necessary action to establish paternity and/or collect child support from the responsible parent(s) whose child(ren) are receiving public assistance. DECCD provides consumer information to parents in need of assistance in obtaining child support. I agree to cooperate and to provide assistance in the collection of child support and/or the establishment of paternity for children whom I am requesting assistance. I understand that if I don't cooperate as required, I may lose my eligibility for child care services according to the requirements of the program.
	I understand that the provider of the child care services is NOT and agent of DECCD, and that the foregoing entities in no way warrant the services rendered, and I understand that the child care provider acts solely as an independent contractor in its capacity as a child care provider.
	Under Mississippi law, any person who knowingly commits fraud or aids or abets another person to commit fraud, in connection with State or federally funded assistance programs may be punished for either a misdemeanor or a felony. Fraudulent acts are set forth in the applicable statutes, but they include failure to disclose a material fact in making a determination for a person to receive aid or benefits or services under any State or federally funded assistance program; failure to disclose a change of circumstances; and knowingly filing a false claim for aid, benefits, or services.
□YES □ □YES □	
CLIENT'S N	NAME (PLEASE PRINT)  DATE  DECCD STAFF NAME

**DECCD STAFF SIGNATURE**