1. Visit, <u>https://www.apps.mdhs.ms.gov/ccis/NewApplication/AppStartPage.aspx</u> and click the circle next to "Redetermination", then click "Next".

Select Application
 Check Application Status Emergency (CCAIR) Parent Application Parent Application Add a Child Redetermination Provider Change Request
Next >>

2. Provide the requested information used in your original application for the Emergency certificate, then click, "Submit".

	Login	
* Last four digits of SSN:		
* First Name:		
* Last Name:		
* Date of Birth:		
	Submit	



3. Applicant Info. You will need to review and complete all questions on this screen. Once all questions have been answered/updated, click the "Next" button at the bottom of the screen. NOTE: All information in this document is for instructional purposes only and is not related to any actual client or known person.



4. Household Members. You will need to ensure that all household members are represented here. You can add members by clicking the, "Add Household Member" button. If information is missing for any household members already entered into the system, you will be alerted by a gold banner under the page navigation buttons. To update/complete information for any household member already in the system, you will click the "Edit" link next to their name. You can return to the previous screen by clicking the "Previous" button. Once the Household Members page has been updated, you can advance by clicking the "Next" button.





Editing Household Members. If you need to add missing information for a household member and you have clicked on the "Edit" link next to their name, the following screen will appear. Complete all requested information and click the "Save" button at the bottom of the screen. You will be returned to the previous screen listing all household members. You can navigate to prior pages using the "Previous" button or continue using the "Next" button.

Applicant Info	Household Members
Household Members	
Household Income	* Relationship to Parent: Child needing care
Care Schedule	Prefix: << Select One >> V
Documents	First Name: TESTDD
Device 0. Out-off	Middle Name: ENTER MIDDLE NAME
Review & Submit	Last varile. IESTDD
Contact Us	* Gender: Female
Logout	* Birthdate: Instance
	*** SSN: 04/09/2019 E
	** Ethnicity: Non-Hispanic
	** Race:
	White/Caucasian
	Black/Arrican American
	Alaska Native/American Indian
	Native HawainiPacific Islander
	* Is this child special No
	needs?
	the MDHS Division of Field Operations?
	* Is the child currently receiving Supplemental Security No V Income (SSI)?
	* Represents a required field
	** We are required by the federal government to collect this information. It will not be used to determine program eligibility
	*** The absence of this information cannot be a basis to deny eligibility
	**** In regards to cooperation with MDHS Division of Field Operations, the following apply:
	A. If either or both biological parents are NOT living in the same household with the child, parents/guardians are required to have an open child support case in order to receive child care subsidy.
	B. If no child support case is open with MDHS Division of Field Operations Office, parents must contact their local county office to make an appointment to open a case. NOTE: This requirement INCLUDES cases in which parents must be handled string court-ordered child support agreement. Mississippi law states that ALL child support cases must be handled through MDHS, Division of Operations. Parents may return to complete this application once a child support case has been opened for each child for which child care is needed.
	C. In some cases, MDHS, Division of Field Operations can provide documentation that parents are excused from cooperation with Child Support. This statement including the name of the child or children should be signed, dated, and include an official stamp of the county office then submitted to DECCD.
	D. For cases in which pursuing Child Support would place either the custodial parent or the child in physical, emotional, or mental danger DECCD may waive this requirement. If this applies to the case, please contact DECCD for instructions.
	Cancel

5. Household Income. No income will be listed on this screen and you will need to click the "Add Income" button to report income for eligibility determination.

Applicant Info	Household Income Details
Household Members	
Household Income	Please enter income details !
Care Schedule	
Documents	Add Income
Review & Submit	
Contact Us	
Logout	<pre>></pre>



Household Income Details. Once you click "Add Income", you will be asked to provide details about the income you are reporting. Click on the arrow in the Income Type dropdown and select the correct type of income. You will be able to repeat these steps to select additional income types after you have submitted information for the current selection.

Applicant Info	Household Income Details
Household Members	•
Household Income	* IncomeType << Select One >> V
Care Schedule	Employment Income
Documents	Child Support SSI
Review & Submit	Parent Social Security Other Income
Contact Us	
Logout	L

Once you have made the correct selection, additional questions will appear. Complete all requested lines and click the "Save" button at the bottom of the screen.

Applicant Info	Household Income Details
Household Members	
Household Income	* IncomeType Employment Income
Care Schedule	* Relationship Self
Documents	* Employer Name EMPLOYMENT INCORPORATED
Review & Submit	* Pay Frequency Monthly
Contact Us	* Check 1 Amount \$ 2500.00
Lonout	Check 2 Amount \$
Logour	Check 3 Amount \$
	Check 4 Amount \$
	Check Average \$2,500.00
	Annual Income \$30,000.00
	Save Cancel

Repeat these steps for all possible sources of income. Once all sources have been entered, click the "Next" button at the bottom of the screen.

Applicant Info	Household Income Details									
Household Members										
Household Income	Income Type	Relationship	Job	Pay Period	Annual Income	Check1	Check2	Check3	Ch	
Care Schedule	Edit DeleteChild Support			Monthly	\$3,000.00	\$250.00	\$0.00	\$0.00	\$0.	
Deservents	Edit Delete Employment	Self	Job 1	Monthly	\$30,000.00	\$2,500.0	0\$0.00	\$0.00	\$0.	-
Documents									F	
Review & Submit										
Contact Us			Ado	I Income						
Logout										
		<- P	revious	Next >	»					



6. Care Schedule. All Household Members identified as Child Needing Care will need to have a care schedule entered. If information is missing for any child, you will be notified by a gold banner. To add a care schedule, click on the "Add Child Care Schedule" button.

Applicant Info	Care Schedule
Household Members	No records found !
Household Income	
Care Schedule	WARNING: The following children should be included in the care schedule
Documents	(1) TESTDD TESTDD
Review & Submit	
Contact Us	
Logout	Add Child Care Schedule

You will select the child's name from the dropdown menu then enter in a "Yes" or "No" response for the days of the week for which care is needed. You will then complete the remainder of the questions on this page and click on the "Save" button.

Applicant Info	Care Schedule
Household Members	
Household Income	
Care Schedule	Child Name: TESTDD TESTDD
Documents	Requires Services On
Review & Submit	* Sun: No 🗸 * Mon: Yes 🗸 * Tue: Yes 🗸 * Wed: Yes 🗸 * Thu: Yes 🗸 * Fri: Yes 🗸 * Sat: No 🗸
Contact Us	
Logout	* Hours for each day: MORE THAN 6 HOURS
	* Provider: CHILD NURSERY Search
	* Address: STREET
	Apt/Suite/Lot:
	* Zip:
	* City:
	* State: MISSISSIPPI 🗸
	* County: 🗸 🗸
	Save Cancel

Repeat for all children in household needing care. Once you have entered in care schedules for all children, click the "Next" Button.

Applicant Info	Care Schedule				
Household Members	Child Name	Care Days	Hours for Each Day	Provider	
Household Income	Edit DeleteTESTDD TESTDD	NYYYYYN	More than 6 hours	CHILD NURSERY	
Care Schedule					
Review & Submit		Add Child	Care Schedule		
Contact Us					
Logout		<< Previous	Next >>		

7. Documents. This page will indicate the documentation you are required to submit in order to complete eligibility determination. Please review this information and make notes of the items needed. Once you have noted all information needed, click the "Next" button.



8. Review & Submit. This page will reflect all the information you have submitted in your application. Please review all of it carefully. If any changes are needed, click on the "Edit Applicant Info" link in the upper left corner of the screen.

Applicant Info	Review and Submit
Household Members	Edit Applicant Info
Household Income	Applicant's Legal Name
Care Schedule	Prefix FirstName: TESTSS
Documents	MiddleName:
Review & Submit	LastName: TESTSS Suffix:
Contact Us	Applicant's Contact Details
Logout	Primary: 601-787-8676 WORK

You are also required to respond to statements at the bottom of this page. You can respond by clicking in the check boxes for each true statement. You may review the changes you have made to the application information my clicking the "Review/Save Application Before Submitting" button. This option will provide you with a PDF copy of your application for your records. You may enter your application for eligibility determination by clicking the "Submit" button.

☑ I certify that the information I have provided is true and correct. I certify that I have not omitted or misrepresented any information required for eligibility for the Mississippi Child Care Payment Program.
☑ I certify that I have read and understand the Parent's Rights and Responsibilities document located at https://secac.ms.gov/wp-content/uploads/2016/09/DECCD-Electronic-Parents-Rights.pdf as well as the Parent Statement of Agreement located at https://secac.ms.gov/wp-content/uploads/2016/09/DECCD-Electronic-Parents-Rights.pdf as well as the Parent Statement of Agreement located at https://secac.ms.gov/wp-content/uploads/2016/09/eccd_B_ElectronicParentSoAForm.pdf . I understand that anytime these documents are changed/updated I will receive email notification of the changes and it is my responsibility to read and request any assistance needed from DECCD in order to understand the changes.
☑ I understand and agree that by accepting these services, it is my responsibility to adhere to all policies set by DECCD for the Mississippi Child Care Payment Program. I understand that a copy of the policies for this program is located on the DECCD website, https://secac.ms.gov/wp-content/uploads/2017/01/Amended-CCPP-Policy-Manual-010417.pdf .
I certify that my family assets do not exceed one million dollars (\$1,000,000.00).
Review/Save Application Before Submitting

Once you click on the "Submit" button, you will be asked again if you are ready to submit your application. If yes, click "OK". If no, click "Cancel" to return to the Review and Submit screen for editing.



After you click "OK", your application will be submitted and you will be taken to a confirmation screen.





You will also receive a confirmation email containing you Application Number. This number must be written on all documentation submitted for eligibility determination. This email will also remind you of the documentation you will need to submit. Once all documents have been submitted, DECCD will complete eligibility for your case. You will be notified via email once this has been completed.

Name:TESTSS TESTSS Application #:20200710000164 THIS NUMBER MUST BE WRITTEN ON REQUIRED DOCUMENTATION SENT TO DECCD

Please submit the following required documents in order for the application to be approved:

Email secured by Check Point

- Proof of Relationship Submit a long form birth certificate, court documents, or school registration doc provided by the school containing the parent's name for each child who needs childcare.
- Guardianship Document If you are not the biological parents of a child who needs care, you must sub order or a Guardianship/In Loco Parentis Verification Form (you can download this form at? https://secac.ms.gov/wp-content/uploads/2016/09/eccd D ElectronicGuardianshipForm.pdf)
- Proof of Identification for Parent Submit (1) one form of verification from the following list: a copy of parent's current driver?s license, state-issued ID, passport, or other government issued photo ID. or Subr

Please call 1-800-877-7882 If you need assistance with this process.