



Kay Ivey  
Governor

## State of Alabama Department of Human Resources

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50 Ripley Street  
Post Office Box 304000  
Montgomery, Alabama 36130-4000  
(334) 242-1310  
<http://dhr.alabama.gov>



Nancy T. Buckner  
Commissioner

January 19, 2021

Dear Child Care Provider:

The Alabama Department of Human Resources strives to remain responsive to the fluid demands related to the COVID-19 pandemic. As a result, the Department is extending child care assistance to first responders and members of the health care community through June 30, 2021. Additionally, the Department will begin accepting new referrals from employers of eligible individuals beginning February 1, 2021.

The Department would like your assistance in providing notice to the families you serve that may be eligible for this child care assistance opportunity. Enclosed is a copy of the referral form and instructions. Please share both with your families who are first responders or members of the health care community or have them contact the Department via email at [childcare.subsidy@dhr.alabama.gov](mailto:childcare.subsidy@dhr.alabama.gov) for more information. The referral must be submitted to the Department by the employer's authorized designee. Referrals submitted by a child care provider or family will not be accepted.

Eligibility for this child care assistance is not based on income. Individuals who may be eligible include: physicians, dentists, mental health workers, nurses, chiropractors, physical therapists, veterinarians, employees of hospitals/clinics, clinical staff, employees of nursing homes, employees of residential health care facilities, employees of adult day care centers, employees of blood banks, employees of congregate-care facilities, employees of assisted living facilities, elder care workers, medical wholesale and distribution employees, home health workers and aides, medical supply and equipment manufacturers and providers, medical waste disposal employees, hazardous waste disposal employees, police officers, firefighters, and emergency medical technicians.

In order to receive the child care assistance, eligible families must choose to enroll their child/children at a licensed child care facility participating on the Child Care Subsidy Program. The child care facility will receive 125% of the regular reimbursement rate for swiped attendance for children in this eligibility category.

Licensed facilities that are not currently participating on the Child Care Subsidy Program may register with their local Child Care Management Agency in order to serve those families requesting this child care assistance. Child care facilities participating on the Child Care Subsidy Program must meet Health and Safety Guidelines as prescribed by the Department. The requirements can be referenced at this link: <https://dhr.alabama.gov/wp-content/uploads/2020/01/Sr-No-Highlighted-Health-Safety-10-3-19.pdf>

Thank you for helping us spread the word to provide support to the frontline workers of the pandemic.

Sincerely,

Bernard Houston  
Administrator for Child Care Services  
and Workforce Development

Enclosure

**ALABAMA DEPARTMENT OF HUMAN RESOURCES/  
CHILD CARE MANAGEMENT AGENCY  
CHILD CARE SUBSIDY REFERRAL FORM**

**DATE:** \_\_\_\_\_ **TYPE OF REFERRAL:** Health Care Provider or First Responder

**TO:** Candice Keller **FROM:** \_\_\_\_\_  
Name of DHR Designee Name of Employer's Authorized Designee

**APPLICANT INFORMATION:**

Parent Name:		Spouse Name (if applicable):	
Date of Birth:	Race:	Date of Birth:	Race:
SSN (optional):	Sex:	SSN (optional):	Sex:
Employer Name:		Employer Name:	
Employer Address:		Employer Address:	
Employer Phone #:		Employer Phone #:	
Residential Address:			
City:	County:	State:	Zip Code:
Email Address:			Phone #:

**CHILDREN NEEDING CARE:**

Name	Date of Birth	Race	Sex	SSN (Optional)	Amount of Care (FT/PT)*

**PARENTAL FEE WAIVED:**  YES  NO

**DATE CARE NEEDS TO START:** \_\_\_\_\_

**DATE CARE NEEDS TO END:** \_\_\_\_\_

**NAME OF LICENSED CHILD CARE PROVIDER:** \_\_\_\_\_

**ADDRESS OF CHILD CARE PROVIDER:** \_\_\_\_\_

**ADDITIONAL INFORMATION:** \_\_\_\_\_

**\*Amt. of Care Codes**  
FULL TIME (FT) >25 hours/week  
PART TIME (PT) 15-25 hours/week

I certify the information given is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant (Parent)

\_\_\_\_\_  
Signature of Employer's Authorized Designee

**DO NOT WRITE BELOW THIS SECTION**

\*\*\*\*\*

The following child(ren) \_\_\_\_\_

were enrolled at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
CMA Worker's Name

\_\_\_\_\_  
CMA Worker's Signature

ALABAMA DEPARTMENT OF HUMAN RESOURCES

CHILD CARE SUBSIDY PROGRAM

Effective April 22, 2020

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**FORM TITLE:** DEPARTMENT OF HUMAN RESOURCES/CHILD CARE  
MANAGEMENT AGENCY CHILD CARE SUBSIDY REFERRAL FORM

**PURPOSE:** The purpose of this form is for Health Care Providers and Caregivers to obtain a referral from your Employer's Authorized Designee for the Alabama Department of Human Resources Child Care Subsidy Program. The eligible population for this referral includes: physicians, dentists, mental health workers, nurses, chiropractors, physical therapists, veterinarians, hospitals/clinics, clinical staff, nursing homes, residential health care facilities, adult day care centers, blood banks, congregational care facilities, assisted living facilities, elder care, medical wholesale and distribution, home health workers and aides, medical supply and equipment manufacturers and providers, medical waste disposal, hazardous waste disposal, and other ancillary healthcare services.

**INSTRUCTIONS:** Please complete the form in its entirety. The form must be signed by the Authorized Designee and emailed to [childcare.subsidy@dhr.alabama.gov](mailto:childcare.subsidy@dhr.alabama.gov). Approval of your case will be emailed to the e-mail address provided on the form. Child care will be provided for children in your household from ages birth through 12 years of age.

**PLEASE NOTE:** The child care provider selected must be a licensed facility. The facility must register with the local child care management agency in order to receive funding and prior to enrollment of your child(ren). For assistance locating a provider, please visit <https://dhr.alabama.gov/child-care/> and select "Find Child Care Facilities Open During the Pandemic".

**Use of Time and Attendance System (TAS) Card:** You will receive a TAS card to swipe attendance of your child at the child care facility within 10 days of case approval. Your provider will receive a point-of-service device to use with your card. Instructions on how to use the card is included with the card. You must swipe your child in and out each day in order for the provider to receive payment. Do not leave your card with the provider or any employee of the provider.