

For: FAS Employees

FAS Child Care Assistance Program (CCAP)

Approved by: Deputy Administrator, Management



1 Overview

A Background

Pub. L. 107-67, Section 630:

- grants Federal agencies the discretionary authority to use appropriated funds, otherwise available for salaries and expenses, to assist lower income employees in obtaining quality, **licensed** or **regulated** child day care
- allows coverage for children through age 13 and disabled children through age 18 whose parent or legal guardian is a Federal employee
- states that eligibility must be based on total family income (**TFI**).

Note: See subparagraph 2 F for more information on TFI.

B Purpose

This notice provides:

- CCAP eligibility information for National Office employees
- TFI parameters and the associated maximum assistance payment level
- AD-2060 (Exhibit 1)
- OPM 1644 (Exhibit 2).

Note: AD-2060 and OPM 1644 are available at <http://165.221.16.90/dam/ffasforms/forms.html>.

Disposal Date	Distribution
July 1, 2010 9-10-09	All FAS National Office employees

Notice PM-2734

2 CCAP Administration, Eligibility, and Assistance Levels

A CCAP Administration

CCAP will be administered by GAP Solutions, Inc. (GAPSI) located in Reston, Virginia. Employees applying for CCAP shall send their required documentation directly to GAPSI.

B Eligibility

Employees, including new hires, that have a child or children through age 13 or a disabled child through age 18 in day care, may be eligible to apply. The basic eligibility requirements are as follows.

IF the employee is a permanent...	THEN employee must...
<ul style="list-style-type: none">• FT employee, or• PT employee (scheduled to work at least 40 hours a pay period)	<ul style="list-style-type: none">• use or be willing to obtain a licensed or regulated child day care provider, and• have TFI of less than \$60,000 per year.

For employees who are married and not separated, their spouse must be 1 of the following:

- working
- enrolled in full-time studies
- unable to care for the child or children.

C Application Process

Eligible employees apply directly to GAPSI for program benefits.

GAPSI is responsible for reviewing and approving or disapproving all CCAP applications. Employees found eligible, will receive a payment information packet and GAPSI contract that they **must** sign and return. Once GAPSI receives the signed contract, they will begin the invoicing and payment process. See subparagraphs E and G.

Employees that do not provide adequate supporting documentation to GAPSI will be notified that information is missing or incomplete and given the opportunity to resubmit documentation. CCAP application denials will only occur if an employee does not provide GAPSI acceptable required documentation or does not meet the eligibility requirements.

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2 CCAP Administration, Eligibility, and Assistance Levels (Continued)

D Documents Required to Apply

Employees shall submit AD-2060 (Exhibit 1), OPM 1644 (Exhibit 2), and documentation required to apply for CCAP, which include the following:

- a copy of the day care provider's or center's license to operate
- a copy of the employee's IRS Form 1040 or 1040A for the current tax year
- copies of the employee's 2 most current statements of Earnings and Leave
- a copy of the employee's most recent SF-50.

If an employee changes day care providers, the employee is responsible for notifying GAPS I **immediately**. The new provider will need to complete and send OPM 1644 and a copy of their day care license to GAPS I as soon as possible. Lapses in CCAP payments may occur when changing licensed or regulated day care providers. See GAPS I's contract for details.

If any changes occur to the employee's income that may impact their eligibility status or monthly assistance allotment, the employee is responsible for notifying GAPS I as soon as possible. Failure to notify GAPS I of any changes in status may result in the employee being required to reimburse GAPS I for the difference.

Note: GAPS I will require a copy of IRS Form 1040 or 1040A each year **before** May 2 to re-certify eligibility.

E Invoicing Process

When GAPS I receives a signed contract, GAPS I will start sending invoices to the designated child day care provider or center. The provider will complete the invoice, making sure to include the dates services were provided and the total cost. Both the employee and the licensed or regulated child day care provider must sign each invoice before they are mailed to GAPS I for payment.

Note: CCPA assistance will not be granted for overnight child care.

Important: There will be no retroactive CCPA payments made for child day care services provided **before** the employee's GAPS I approval.

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2 CCAP Administration, Eligibility, and Assistance Levels (Continued)

F CCAP Levels

CCAP has 3 TFI levels and associated maximum monthly assistance payments, as follows.

IF eligible employee's total family income is ...1/	THEN the plan will pay this percentage of the participant's eligible child care expenses 2/	Monthly Assistance Not to Exceed 3/
Less than \$39,000	50%.	\$500
\$39,000 - \$51,000	30%.	\$300
\$51,000 - \$59,999	20%.	\$200

- 1/ To document TFI, GAPSI will need a copy of the employee's IRS Form 1040 or 1040A for the current tax year, if filing a joint return or as single-head of household. If the employee and their spouse file separate tax returns, then a copy of both tax returns will be required.
- 2/ These assistance amounts will be reduced by any subsidies paid by a State and/or local Government for child day care services involving the child or children for whom the employee is requesting CCAP.
- 3/ Monthly assistance amounts apply to total cost of child day care; not cost per child. If the employee's monthly child day care costs are less than the maximum monthly assistance amount the employee qualifies for based on TFI, the lesser amount will be paid to the provider by GAPSI.

G CCAP Payments

GAPSI will make CCAP payments:

- **after** receiving the provider's invoice
- **after** the child day care services are provided, not before
- **directly to the designated child day care provider or center**; payments are **not** made to employees.

Note: Employees are responsible for paying their child day care costs on time and in full as required by the provider. The provider will deduct CCAP payments received from GAPSI from future child day care costs.

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2 CCAP Administration, Eligibility, and Assistance Levels (Continued)

H CCAP Funding

Funding of CCAP will be reevaluated by FAS each FY. The Union will be notified of their decision if it is decided that funding is unavailable.

If an unanticipated funding emergency occurs before the end of a funded FY, FAS will ensure that CCAP participants and the Union are provided a minimum of 60 calendar days advance notice.

I Tax Liability

Participants in CCAP are responsible for determining their own tax situation. It is **not** CCAP's intent to increase an employee's tax liability; however, assistance received from CCAP may or may not be taxable.

Note: It is an employee's responsibility to become familiar with applicable tax codes.

J CCAP and Dependent Care Flexible Spending Accounts (DCFSA)

DCFSA allow eligible employees to use pre-tax allotments to pay for eligible dependent care expenses. The maximum amount an employee may set aside in DCFSA in any tax year is \$5,000 per household; the minimum amount is \$250.

Note: Total benefits received from CCAP and DCFSA **cannot** exceed \$5,000 per benefit year.

K Ineligibility

If employees become ineligible for CCAP, after being approved, GAPSI will provide employees with at least a 30 calendar day notice of benefit withdrawal. This could occur when there is:

- an increase in income that causes TFI to exceed the eligibility requirements according to subparagraph B
- failure to use a licensed day care provider
- non-compliance with terms of GAPSI's CCAP contract.

Note: If an employee provides GAPSI with fraudulent documentation, CCAP assistance will be withdrawn **immediately**.

3 Contacts

A GAPSI Contact

For questions about applying, invoicing, or payment processing, contact GAPSI directly at **703-707-2090**, or send request to:

GAP Solutions, Inc. – Attn. Kathy Keller
USDA-FAS Child Care
12054 North Shore Drive
Reston, Virginia
Fax: 866-681-9815.

Note: Do not call employee's servicing personnel office about CCAP payments.

B CCAP Questions

If there are any policy questions about CCAP, contact Susan Brown by either of the following:

- e-mail at **susan.brown@wdc.usda.gov**
- telephone at 202-404-0066.

AD 2060

This is an example of AD-2060 that employees shall complete to apply for CCAP.

<p>This form is available electronically.</p> <p>AD-2060 (07-23-09)</p> <p style="text-align: center;">U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency Foreign Agriculture Service Risk Management Agency</p> <p style="text-align: center;">CHILD CARE ASSISTANCE PROGRAM (CCAP) APPLICATION</p> <p><small>The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 5 CFR Part 792 and Public Law 107-67. The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-7, Employee Resources Master File and USDA/FSA-11, Subsidiary Personnel, Pay and Travel Records. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.</small></p>		<p>1A. Action requested (Check one below)</p> <p><input type="checkbox"/> New <input type="checkbox"/> Resubmission</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Cancellation</p> <p>1B. Agency (Check one below)</p> <p><input type="checkbox"/> FSA/HQ <input type="checkbox"/> FSA/KC</p> <p><input type="checkbox"/> FAS <input type="checkbox"/> RMA</p>	
PART A - APPLICANT'S INFORMATION			
2. Name of Parent or Legal Guardian (Last, First, Middle)	3. Social Security Number (last 4 digits)	4. Grade	
5. Agency Division / Staff	6. Official Duty Location		
7. Home Address (Including Zip Code)	8. Work Address (Including Zip Code and Stop Code)		
Telephone Number (Area Code):	Telephone Number (Area Code):		
9. E-Mail Address	10. FAX Number (Area Code):		
PART B - IF MARRIED, SPOUSE INFORMATION			
11. Name (Last, First, Middle)	12. Social Security Number (last 4 digits)	13. Grade (If Applicable)	
14A. Are you employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	14B. Name of Employer (If the answer is "YES" in item 14A, enter employer's name here.)	15A. Are you enrolled in full-time studies? <input type="checkbox"/> YES <input type="checkbox"/> NO	15B. Name of College or Vocational Institution (If answer is "YES" in Item 15A, enter name of College or Vocational Institution here.)
16. Home Address (Including Zip Code) <input type="checkbox"/> Check if same as Item 7.	17. Explain if you are unable to care for child / children?		
Telephone Number (Area Code):			
18. E-Mail Address (if applicable)	19. FAX Number (Area Code) (if applicable)		
<p><small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).</small></p> <p><small>To file a complaint of Discrimination, write to USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 845-6136 (Spanish) or (800) 877-8339 (TDD) or (866) 377-8642 (Federal-relay). USDA is an equal opportunity provider and employer.</small></p>			

AD-2060 (Continued)

AD-2060 (07-23-09)

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PART E – CERTIFICATION AND SIGNATURE OF APPLICANT AND SPOUSE

I / we understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both.

I / we certify that the above information is true and correct to the best of my knowledge.

I / we certify that my spouse is either employed, enrolled in full-time studies, or physically or mentally unable to care for child / children for whom day care assistance is being requested in this application.

23A. Gross Annual Income of Applicant / Legal Guardian \$	23B. Gross Annual Income of Spouse (If applicable) \$	23C. Total Incomes of Applicant and Spouse (When applicable) as Reported on IRS Tax Form 1040 and / or 1040A.) \$
24A. SIGNATURE OF APPLICANT		24B. DATE (MM-DD-YYYY)
25A. SIGNATURE OF SPOUSE (If married)		25B. DATE (MM-DD-YYYY)

PART F - DOCUMENTATION TO SUBMIT WITH APPLICATION

1. Copies of earnings statements for the most recent 2 pay periods or pay cycles for applicant and spouse.
2. Copies of your most recent Federal (1040 or 1040A) and State Income Tax Returns.
3. Copy of applicant's most recent SF-50, Notification of Personnel Action, to verify your permanent FT or PT work status.
4. Completed **OPM-1644, Child Care Provider Information Form** with attached copy of the child care provider's most recent **unexpired** license or other notification of approval to operate. (Note: This Part F, Item 4, information can be mailed directly to GAP Solutions, Inc – Attn. Kathy Keller USDA-FSA Child Care, 12054 North Shore Drive, Reston, VA 20190 "provider" or can be included with this application.)

NOTE: When both parents work for the Federal Government, child care assistance cannot be awarded for the child / children by more than one Federal agency.

OPM 1644

This is an example of OPM 1644 that employees shall complete to document child care provider information for CCAP.

Form Approved:
 OMB No. 3206-0240

CHILD CARE PROVIDER INFORMATION FOR THE CHILD CARE SUBSIDY PROGRAM FOR FEDERAL EMPLOYEES

This information is required by law for the agency administrator of the Child Care Subsidy Program to verify licensure and/or regulation status. Once you are notified by a Federal employee that they submitted an application for child care subsidy from their Federal agency, please complete this form and return it to the parent. Please attach a copy of your latest license and/or regulatory document.

Section I - Parent Information						
1. Name of parent/legal guardian with child in the provider's care	2. Federal agency of parent					
Section II - Provider Information						
1. Type of provider <i>(Check one)</i>						
Family Child Care	Child Care Center					
Federally Sponsored Child Care Center						
2. Name of child care provider						
3. Address of child care provider <i>(Include street number, city, state and ZIP code)</i>	4. Provider e-mail address					
	5. Provider telephone number					
6. Tax identification number or Social Security Number	7. Provider fax number					
8. License number of provider	9. State in which license is issued					
10. License expiration date <i>(MM/DD/YYYY)</i>						
Section III - Child Information						
Please furnish the information below for each Federal employee who applied for subsidy at your facility:						
a. Name of each child in Section I parent's family enrolled <i>(Last, first, middle initial)</i>	b. Enrollment date <i>(MM/DD/YYYY)</i>	c. Does the child receive any other subsidy? <i>(If "Yes", complete d. and e.)</i>		d. Source of subsidy	e. Amount of subsidy	f. Total weekly fee for child
		Yes	No			

Office of Personnel Management
Form authorized for local reproduction
OPM 1644
Revised March 2005

Section IV - Information on Provider's Financial Institution's Account for Payment to Provider (Used only by Agencies that Self-Administer the Program)	
1. Name of financial institution	2. Financial institution's routing number
3. Address of financial institution <i>(Include street number, city, state, and ZIP code)</i>	4. Type of account <i>(For payment deposit) (Check one)</i> Checking Savings
	5. Provider's account number
Section V - Signature of Provider	
I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both.	
1. Name of provider	2. Title of provider representative
3. Signature of provider <i>(I certify that the above information is true and correct to the best of my knowledge.)</i>	4. Date of signature <i>(MM/DD/YYYY)</i>
<p>Privacy Act Statement</p> <p>Public Law 106-554, § 633 (September 29, 2000) confers regulatory authority on OPM for agency use of appropriated funds for child care costs for lower income Federal employees. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. The primary use of these Social Security Numbers and tax identification numbers will be for identification purposes in determining eligibility for child care subsidy. The primary use of information regarding family income (copies of pay slips and tax returns), name of current child care provider, copies of the provider's license, statement of compliance, and information about other child care subsidies is also used to determine eligibility for child care subsidy. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.</p>	
<p>Public Burden Statement</p> <p>We think this form takes an average of 10 minutes to complete including the time for getting the needed data and reviewing both the instructions and completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Manager, Paperwork Reduction (3206-0240), Washington, DC 20415-7900. The OMB Number, 3206-0240, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.</p>	

OPM 1644 (Back)
Revised March 2005