TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
DEPUTY/ASSISTANT DIRECTORS FOR SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR ADMINISTRATION
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
PURCHASE OF CHILD CARE ADMINISTRATORS

FROM: CHARLES E. HENRY, ACTING EXECUTIVE DIRECTOR,
FAMILY INVESTMENT ADMINISTRATION

LINDA HEISNER, EXECUTIVE DIRECTOR
CHILD CARE ADMINISTRATION

RE: CIS SERVICES-1

PROGRAM AFFECTED: PURCHASE OF CHILD CARE

ORIGINATING OFFICE: OFFICE OF PROGRAM DEVELOPMENT
CHILD CARE ADMINISTRATION

CIS data entry for the POC program requires the completion of a Services-1 form. The purpose of this Action transmittal is to convey procedures for completing the Services-1 form for POC.

ACTION REQUIRED: All local departments are to use Services-1 (Attachment 1) to enter POC customers and informal providers in the CIS. The Services-1 form is to be used for new applicants and informal child care providers. The Services-2 is used at redetermination or to make changes for the customer or informal child care provider.

I. THE DHR/SSA SERVICES-1 FORM OVERVIEW

A single DHR/SSA Services-1 Data Input form can be used to report initial registration of a head of household (HOH) and one to two associates.
A. HEADING

1. Name of authorizing worker
2. Date the form is completed
3. Telephone number of authorizing worker

B. SECTION I: HEAD OF HOUSEHOLD

This section contains demographic information on the head of household (HOH) and associates for the POC case. Enter all demographic information about the HOH and associates.

The HOH is the applicant for POC. When an informal child care provider is being registered, the provider is considered the head of household.

Associates are the children who will receive POC. If an informal child care provider is being registered, associates are the adults who are regularly present in the home when a child is in care.

Specific items reported in this section are HOH and associates. Complete each as follows:

Client ID: The nine-digit identification number generated by the system.

Last Name: The last name of the HOH or associate.

First Name: The first name of the HOH or associate.

Middle Name: The middle name of the HOH or associate.

Suffix: The suffix of the HOH or associate, ex: jr. III etc.

Date of Birth: The date of birth of the HOH or associate in the following format: mmddyyyy.

Sex: The sex of the HOH or associate. The codes for this element are listed on the back of the Services-1 form.

Race: The primary race code of the HOH or associate. The codes for this element are listed on the back of the Services-1 form.
Social Security Number: The social security number of the HOH or associate.

Relationship: The code identifies the associate’s relationship to the HOH. The HOH is automatically identified as SE or self. The codes for this element are listed on the back of the Services-1 form.

Alien Number: The alien identification number for the case head or HOH or associate.

MS: Marital status of the HOH or associate.

Race/Ethnicity: Race and ethnicity codes for services involving out of home placement. The codes for these elements are listed on the back of the Services-1 form. Enter the appropriate code for the HOH or associate.

C. SECTION II: CURRENT ADDRESS

This section provides address information about the residence of the HOH. Complete this section as follows:

Telephone Number: This is the three-digit area code and the seven-digit telephone number of the HOH.

Street Number: The number of the HOH’s residence.

Street Direction: Ex: n = north, ne = northeast, etc.

Street Name: The name of the street on which the HOH lives.

Street Type: Ex: Rd = road, Blvd. = boulevard, etc.

Apartment Number: Enter the HOH apartment number, if any.

Additional Address: Information continued from the address such as an apartment house or development name, a Post Office Box or a route name or number is entered into these buckets.
City: The name of the city or town in which the HOH resides.

State: The abbreviation for the state in which the HOH lives.

Zip Code: The zip code for the household’s address.

D. SECTION III: MAILING ADDRESS

This section indicates the address, if it is different from the Current Address, at which the HOH receives mail.

E. SECTION IV: PROJECT CATEGORY DATA

This section identifies specific information about each type of service or benefit. Complete each bucket as indicated:

**DO/RGN/Status:** Enter the District Office in the first three buckets. Use the Services Operations manual for District code. Skip the second set of buckets used for RGN. Enter the case status code in the last bucket.

**DO:** This stands for “District Office”. Enter the code which identifies the local department, district or office unit in which the application is made or the case is carried. Ex: 352.

**RGN:** This section is not used for POC purposes.

**Status:** Enter the code, which defines the status of the case. Ex: A = Active, C = Closed.

**Proj. Cat./St Use/Loc Use:**

**Proj. Categ:** This “project category” code identifies the service program for which an application is being made. POC project categories are entered in this section. See listing of project codes below.

Use the following project categories for POC:

1. **02N2 Child Care Intake:** At application this code is used to open the case in CIS while eligibility is pending and child care needs are being assessed. The completion of this field is important because the staff time spent...
determining eligibility is a factor in the formula used to determine staff allocations.

This code remains in effect until a decision is made on the customer’s application.

2. **02C1 Wait list**: This category is used only when the local department lacks funds to provide the service or the list of available providers has been exhausted and a provider that is acceptable to the parent or appropriate for the child is not available. See COMAR 07.04.06.05D.

3. **02C2 Group Day Care**: These are child care centers licensed by DHR, operating under a letter of compliance issued by DHR, licensed by a branch of the military or operated by a public school. See COMAR 07.04.06.02B(7).

4. **02C3 Family Day Care**: These are family child care providers registered by DHR. See COMAR 07.04.06.02B(14).

5. **02C4 Relative Care**: This type of informal child care is provided by a person related to the child either in the relative’s home or in the child’s home. See COMAR 07.04.06.06C.

6. **02C5 In-home**: This type of informal child care is provided by a non-relative in the child’s home. See COMAR 07.04.06.06C.

7. **02C6 Short-Term Care**: This type of informal care is also called “babysitting” and is provided by a non-relative in the provider’s home. See COMAR 07.04.06.06C.

8. **02C7 Awaiting Placement**: This is used in those rare occasions when eligibility has been determined but the parent is having difficulty locating acceptable and appropriate child care. See COMAR 07.04.06.06C.

9. **02R2 Informal Child Care**: This is used for informal child care providers.

**St Use**: This stands for “state use”. A one digit code used for statistical purposes for specific service programs.
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<tr>
<th>Field</th>
<th>Description</th>
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<tr>
<td>Loc. Use:</td>
<td>This stands for &quot;local use&quot;. A two-digit code defined by local departments is entered into this area.</td>
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<tr>
<td>Worker I.D.:</td>
<td>This is a six-character identification number given to case managers. The POC case manager's worker number should be entered in this field.</td>
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<tr>
<td>Application Date:</td>
<td>If the application is submitted with all required verifications, enter that date. If the verifications are not submitted with the application, enter the date they are received. The case manager has 30 days from the date all verifications are received to make a decision on the customer's eligibility. Leave these buckets unchanged when completing a Redetermination.</td>
</tr>
<tr>
<td>Acceptance Date:</td>
<td>The date the decision is made to accept or to deny the applicant's application is entered here. This date may differ from the application date. This date should be no more than 30 days from the date entered in Application Date bucket to be in compliance with timely action on an application. Leave these buckets unchanged when completing a Redetermination.</td>
</tr>
<tr>
<td>Close Date:</td>
<td>The date a benefit or service is terminated according to program policy or the date the application is denied.</td>
</tr>
<tr>
<td>Close Code:</td>
<td>For POC Services closure 000 is the code used for regular closings and 099 for all other closings than regular closings, including fraud.</td>
</tr>
<tr>
<td>Recon Due:</td>
<td>Enter the date that the redetermination of the case is due. This date should not be more than twelve months from the Acceptance Date entered for the initial application or the Recon done date entered for the last redetermination. This requirement is based on COMAR 07.04.06.09A(2) and is used as an anchor date for POC purposes.</td>
</tr>
<tr>
<td>Recon Done:</td>
<td>Enter the date the redetermination was completed. This date is the anchor used during POC Baseline</td>
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Expunge Date: For POC purposes these buckets are not used.

Eligibility Code: This code identifies the category of eligibility. Use the following eligibility codes for POC:

a. 001 AFDC/TCA is used for Priority 1 cases. Remember the case head must be receiving TCA for the case to be a Priority 1.

b. 002 SSI is used for cases in which the applicant or POC child receives SSI.

c. 009 Without regard to income is used for all other cases.

Service Unit ID: This is the nine-digit number generated by the system under which a specific benefit or service is provided. This number is called the Services ID number. Enter the Service ID number in these buckets.

Comments: Case managers should use this area to explain the action requested.

II. REGISTERING INFORMAL PROVIDERS

Once an individual has applied to become an informal provider he or she should be registered in the CCAMIS Informal Provider Registry (in these cases, the Services-1 form is completed with information about the provider (case head/HOH, address, SS#, race, sex etc.). The potential provider is entered on CIS using information from a Services-1 form.

The project category to be used to register the provider is 02R2. The Application Date is the date the informal provider agreement and the consent form are received. The Acceptance Date is the same date if the informal child care provider is recommended for payment following a review of child abuse and neglect records. When payment is disapproved, the date of the decision is entered as the close date. The close code is entered as 099. The Redetermination Date must be within two years from the Acceptance Date.

ACTION DUE: Immediately.
INQUIRIES: Direct Services-1 and CIS questions to Reynaldo Graham at 410-767-8387 or Rey Arriazola on 410-767-7820. POC policy and procedural questions are directed to Linda Zang on 410-767-7813.

cc: DHR Executive Staff
    FIA Management Staff
    Constituent Services
    OIM Help Desk
Client Information System
Service Programs
DATA INPUT FORM

I. HEAD OF HOUSEHOLD

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<thead>
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<th>FIRST NAME</th>
<th>LAST NAME</th>
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DATE OF BIRTH (MONTH-DAY-YEAR)

SEX: 

RACE: 

SOCIAL SECURITY NUMBER: 

MOTHER'S NAME: 

FATHER'S NAME: 

MARRIED NAME: 

MIDNAME: 

ASSOCIATE 1

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DATE OF BIRTH (MONTH-DAY-YEAR)

SEX: 

RACE: 

SOCIAL SECURITY NUMBER: 

MOTHER'S NAME: 

FATHER'S NAME: 

MARRIED NAME: 

MIDNAME: 

ASSOCIATE 2

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DATE OF BIRTH (MONTH-DAY-YEAR)

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RACE: 

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MOTHER'S NAME: 

FATHER'S NAME: 

MARRIED NAME: 

MIDNAME: 

II. CURRENT ADDRESS

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<th>STREET NUMBER</th>
<th>ST. ORL.</th>
<th>STREET NAME</th>
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TELEPHONE (INCLUDE AREA CODE)

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<th>STREET TYPE</th>
<th>APARTMENT NUMBER</th>
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III. MAILING ADDRESS

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CITY: 

STATE: 

ZIP CODE: 

IV. PROJECT CATEGORY DATA

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<th>DO/RGN/Status</th>
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Proj. Cat./St Use/Loc Use

Worker I.D.

Application Date

Acceptance Date

Close Date

Close Code

Recon Due

Recon Done

Expunge Date

Eligibility Code

Service Unit I.D.

NOTES:

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