

For: FSA National Office Employees

**Child Care Assistance Program (CCAP) for National Office Employees**

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).

<b>Disposal Date</b>	<b>Distributionb</b>
July 1, 2010	All FSA National Office employees

**Notice PM-2728**

**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 will send 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 and in day care, may be eligible to apply. The basic eligibility requirements are as follows.

<b>IF the employee is a permanent...</b>	<b>THEN employee must...</b>
<ul style="list-style-type: none"><li>• FT employee</li><li>• PT employee (scheduled to work <b>at least 40 hours</b> a pay period)</li></ul>	<ul style="list-style-type: none"><li>• use or be willing to obtain a licensed or regulated child day care provider</li><li>• have TFI of less than <b>\$47,000</b> per year.</li></ul>

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 to review and approve or disapprove all CCAP AD-2060's. 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 (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. AD-2060 denial will only occur if an employee does not provide GAPSI acceptable required documentation.

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

#### D Documents Required to Apply

AD-2060 (Exhibit 1) and OPM 1644 (Exhibit 2) describe the documentation that is required to apply for CCAP.

Some required documents are:

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

If an employee changes day care providers, the employee is responsible for notifying GAPS I **immediately**. The new provider shall 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.

**Note:** GAPS I will require copies of IRS Form 1040's or 1040A's each year on or before May 1 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 5 TFI levels and associated **maximum** monthly assistance payments, as follows.

<b>TFI Level</b>	<b>IF the employee's TFI is...1/</b>	<b>THEN the maximum monthly assistance per family is...2/</b>
1	\$44,000-46,999	\$83.
2	\$41,000-43,999	\$166.
3	\$38,000-40,999	\$249.
4	\$35,000-37,999	\$332.
5	\$34,999 or less	\$415.

- 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.

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 evaluated by the National Office each FY. The Union will be notified of their decision

If an unanticipated funding emergency occurs **before** the end of a funded FY, the National Office 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's)

DCFSA's 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's in any tax year is \$5,000 per household; the minimum amount is \$250.

**Note:** Total benefits received from CCAP and DCFSA's **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**.

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### 3 Contacts

#### A GAPSI Contacts

For questions about AD-2060's, invoicing, or payment processing, contact GAPSI directly at **703-770-2090**, or send request to:

GAP Solutions, Inc. – Attn. Kathy Keller  
USDA-FSA 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 Contacts

For questions about CCAP:

- see AFSCME Local 3925 Collective Bargaining Agreement, Article 47
- policy, contact Susan Brown at [susan.brown@wdc.usda.gov](mailto:susan.brown@wdc.usda.gov).

AD-2060

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

This form is available electronically.

<b>AD-2060</b> (09-24-07)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	
<b>CHILD CARE ASSISTANCE PROGRAM (CCAP) APPLICATION</b>		1A. Action requested <i>(Check one below)</i> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Change <input type="checkbox"/> Cancellation	
		1B. Agency <i>(Check one below)</i> <input type="checkbox"/> FSA/HQ <input type="checkbox"/> FSA/KC <input type="checkbox"/> FAS <input type="checkbox"/> RMA	
<b>PART A - APPLICANT'S INFORMATION</b>			
2. Name of Parent or Legal Guardian <i>(Last, First, Middle)</i>		3. Social Security Number <i>(last 4 digits)</i>	4. Grade
5. Agency Division / Staff		6. Official Duty Location	
7. Home Address <i>(Including Zip Code)</i>		8. Work Address <i>(Including Zip Code and Stop Code)</i>	
Telephone Number <i>(Area Code):</i>		Telephone Number <i>(Area Code):</i>	
9. E-Mail Address		10. FAX Number <i>(Area Code):</i>	
<b>PART B - IF MARRIED, SPOUSE INFORMATION</b>			
11. Name <i>(Last, First, Middle)</i>		12. Social Security Number <i>(last 4 digits)</i>	13. Grade <i>(If Applicable)</i>
14A. Are you employed?  <input type="checkbox"/> YES <input type="checkbox"/> NO	14B. Name of Employer <i>(If the answer is "YES" in Item 14A, enter employer's name here.)</i>	15A. Are you enrolled in full-time studies?  <input type="checkbox"/> YES <input type="checkbox"/> NO	15B. Name of College or Vocational Institution <i>(If answer is "YES" in Item 15A, enter name of College or Vocational Institution here.)</i>
16. Home Address <i>(Including Zip Code)</i>		<input type="checkbox"/> Check if same as item 7.	
Telephone Number <i>(Area Code)</i>		17. Explain if you are unable to care for child / children?	
18. E-Mail Address <i>(If applicable)</i>		19. FAX Number <i>(Area Code) (If applicable)</i>	

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). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

AD-2060 (Continued)

AD-2060 (09-24-07)

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**PART C - CHILD INFORMATION (If there are more than 3 children, duplicate this page and attach to application.)**

20A. Child No. 1: Name (Last, First, Middle)	20B. Birth Date (MM-DD-YYYY)	20C. Social Security Number (last 4 digits)
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20D. Type of Current Childcare Provider (Check one of the following check boxes): <input type="checkbox"/> Center-Based Care <input type="checkbox"/> School-Based Child Care <input type="checkbox"/> Family Child-Care Home	20E. Weekly Child Care Cost \$
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20F. Name of Current Child-Care Provider / Center	20G. Current Child Care Provider / Center's Tax SSN or Tax ID Number (last 4 digits)
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20H. Child Care Provider / Center's Address (Including Zip Code)	20I. Child Care Provider / Center's Telephone Number (Area Code):
	20J. E-Mail Address (If available)

20A. Child No. 2: Name (Last, First, Middle)	20B. Birth Date (MM-DD-YYYY)	20C. Social Security Number (last 4 digits)
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20D. Type of Current Childcare Provider (Check one of the following check boxes): <input type="checkbox"/> Center-Based Care <input type="checkbox"/> School-Based Child Care <input type="checkbox"/> Family Child-Care Home	20E. Weekly Child Care Cost \$
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20F. Name of Current Child-Care Provider / Center	20G. Current Child Care Provider / Center's Tax SSN or Tax ID Number (last 4 digits)
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20H. Child Care Provider / Center's Address (Including Zip Code)	20I. Child Care Provider / Center's Telephone Number (Area Code):
	20J. E-Mail Address (If available)

20A. Child No. 3: Name (Last, First, Middle)	20B. Birth Date (MM-DD-YYYY)	20C. Social Security Number (last 4 digits)
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20D. Type of Current Childcare Provider (Check one of the following check boxes): <input type="checkbox"/> Center-Based Care <input type="checkbox"/> School-Based Child Care <input type="checkbox"/> Family Child-Care Home	20E. Weekly Child Care Cost \$
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20F. Name of Current Child-Care Provider / Center	20G. Current Child Care Provider / Center's Tax SSN or Tax ID Number (last 4 digits)
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20H. Child Care Provider / Center's Address (Including Zip Code)	20I. Child Care Provider / Center's Telephone Number (Area Code):
	20J. E Mail Address (If available)

**PART D - STATE / LOCAL SUBSIDIES**

21A. Do you receive any child care tuition subsidies from a State or Local Government Program? If your answer is "YES," complete balance of Part D as applicable. <input type="checkbox"/> YES <input type="checkbox"/> NO	21B. Indicate whether State or Local <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL
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21C. Name the Subsidy Program	21D. Program Contact's Telephone Number (Area Code):
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22. List the name of the child and the amount of the tuition subsidy you receive from the State or Local Government below:

22A. Name of Child	22B. Monthly Subsidy Amount \$
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22C. Name of Child	22D. Monthly Subsidy Amount \$
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22E. Name of Child	22F. Monthly Subsidy Amount \$
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AD-2060 (Continued)

AD-2060 (09-24-07)

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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 First Financial Associates by the "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

Following is an example of OPM 1644 that shall be completed by employees to document child day 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> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Family Child Care</span> <span>Child Care Center</span> <span>Federally Sponsored Child Care Center</span> </div>					
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

OPM 1644 (Continued)

Section IV - Information on Provider's Financial Institution's Account for Payment to Provider <i>(Used only by Agencies that Self-Administer the Program)</i>	
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)</i> <i>(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>

**Privacy Act Statement**

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.

**Public Burden Statement**

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.