

Are you in need of "NO OUT OF POCKET COST" childcare?

FREE CHILDCARE ASAP!

Our premier state licensed childcare sites are approved to participate in a grant program to offer free childcare to employees at this location.

There are no income requirements to participate!

TEXT: Your name and Email Address to 205-701-KIDS (5437)



Jefferson County

All Kids Childcare Site: (JCDS)

~Located at the New Bethlehem Baptist Church Campus~

1732 11th Avenue North Bessemer AL 35020

USE THE APPLICATION MARKED JEFFERSON

Tuscaloosa County

All Kids Childcare Site: (ALL KIDS)

231 McFarland Boulevard Northport AL 35476

USE THE APPLICATION MARKED TUSCALOOSA



www.ALLKIDSCHILDCARE.com



**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: INFO@ACAALABAMA.COM			Phone #:

CHILDREN NEEDING CARE:

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

PARENTAL FEE WAIVED: X YES NO
DATE CARE NEEDS TO START: 2-8-2021
DATE CARE NEEDS TO END: TBD

<p>*Amt. of Care Codes FULL TIME (FT) >25 hours/week PART TIME (PT) 15-25 hours/week</p>
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NAME OF LICENSED CHILD CARE PROVIDER: Jesus Christian Daycare and School
ADDRESS OF CHILD CARE PROVIDER: 1732 11th Avenue Bessemer AL 35020
ADDITIONAL INFORMATION: Phone: 2057015437

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 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: INFO@ACAALABAMA.COM			Phone #:

CHILDREN NEEDING CARE:

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

PARENTAL FEE WAIVED: X YES _____ NO

DATE CARE NEEDS TO START: 2-8-2021

DATE CARE NEEDS TO END: _____

NAME OF LICENSED CHILD CARE PROVIDER: ALL KIDS CHILDCARE CENTER

ADDRESS OF CHILD CARE PROVIDER: 231 MCFARLAND BOULEVARD NORTHPORT AL 35476

ADDITIONAL INFORMATION: Phone: 2057015437

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

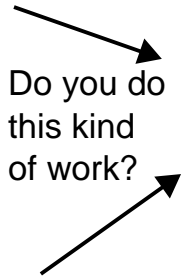
CHILD CARE SUBSIDY PROGRAM

INSTRUCTIONS

ONLY COMPLETE AND SEND IN THE APPLICATION PORTION OF THIS NOTIFICATION. PLEASE FOLLOW INSTRUCTIONS BELOW. THANK YOU!

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, congregate-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.

Do you do
this kind
of work?



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. 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.

VERY
IMPORTANT



PLEASE NOTE: The child care provider selected must be a licensed facility. The facilities listed in the childcare provider locations are preapproved centers with availability. The centers have completed the Health and Safety requirements, meets the Health Department Covid-19 requirements where applicable, and are approved to participate in the Child Care Management Agency in the state of Alabama.

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.

NO INCOME GUIDELINES

Submit all inquiries to: Info@ACAALABAMA.com should you have any questions.