DCC-605
(R.11/23 [~~01/23~~])
922 KAR 2:165

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care
275 East Main Street, 3C-F
Frankfort, KY 40621
Email: PartnershipChildCare@ky.gov; Phone: 1-844-209-2657;
Fax: 502-564-3464

For Office Use Only:
Contract # _____
Date _____

Employee Child Care Assistance Partnership Notice of Action

Your application to participate in the Employee Child Care Assistance Partnership was:

☐ Approved ☐ Denied ☐ Terminated

The reason for this is[~~:~~]

_____

Effective[~~:~~] _____ through (unless terminated) _____

Business contribution (monthly) [~~and frequency:~~] _____

State match[~~:~~] _____

Employer/business name _____

Physical address [~~Address~~] _____City_____State _____Zip _____

Employee name _____

Physical address [~~Address~~] _____City_____State _____Zip _____

Child care provider/business name _____

Physical address [~~Address~~] _____City_____State _____Zip _____
Child's name _____Care start date _____ Care end date _____
Approved employer contribution amount _____ Approved state contribution amount _____

Child care provider/business name _____

Physical Address _____ City _____ State _____ Zip _____
Child's name _____Care start date _____ Care end date _____
Approved employer contribution amount _____ Approved state contribution amount _____

If you are dissatisfied with this decision, you may request an administrative hearing within thirty (30) days from the Office of the Ombudsman and Administrative Review, Quality Advancement Branch, 275 East Main Street, 2 E-O, Frankfort, KY 40621.