

**CHILD CARE DATA COLLECTION  
PRIVACY NOTICE AND CONSENT FORM**

The US Department of Health and Human Services (HHS) is gathering information about families that receive child care assistance. The information will be reported to the California Department of Education (CDE), and then to HHS. The information will be used for research on the status of child care in the United States, and will provide valuable data for those developing child care programs and policies at the state and local, as well as national level.

All of the information HHS receives about your family and others will be summed up and reported to Congress every two years. No person or family will be individually identified in reports made to Congress or to the public. All information CDE receives about your family and others will be summed up, and no person or family will be individually identified in reports made to the Legislature, other governmental agencies or the public.

To ensure that children and families receiving child care services are counted only once, HHS and CDE are requesting the social security number of the head of the family unit receiving child care assistance. If you do not wish to give your social security number for this purpose, you may still receive child care assistance. Social security numbers will help us meet HHS reporting requests and state requirements for program statistics. Authority to ask for your social security number for this purpose is in Section 98.71(a)(13) of Title 45 of the Code of Federal Regulations, *Education Code* Section 8261.5, and Section 18070 of Title 5 of the California Code of Regulations. Your decision to provide your social security number is voluntary.

I have been informed of the way my social security number will be used. I understand that if I do not wish to give my number, I can still receive child care assistance.

- ☐ YES, my social security number may be used: \_\_\_\_\_
- ☐ NO, I do not wish to give my social security number for this purpose.
- ☐ I do not have a social security number.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

If you would like a copy of this form, please ask.

You have the right to access records containing your personal information. For information about this system of records, contact the Director, Management Systems; Child, youth and Family Services Branch; California Department of Education, 721 Capitol Mall, Sacramento, CA 95814; telephone (916) 657-4642.

Original - File  
Duplicate - to Eligibility