

User Guide: Admission Form Process for Subsidized Child Care Families

May 2025

Purpose

This user guide details how subsidized child care families complete Admission Forms issued by the Department of Human Services (DHS) Child Care Services Division (CCSD) using SeamlessDocs, an online application used to securely transmit and sign documents.

About Admission Forms

An Admission Form is the document that authorizes payment and service assignments for a child and names the facility where the subsidized child care services will be provided. Admission Forms are required when DHS CCSD determines that a family is eligible to participate in the DC Child Care Subsidy Program. The DHS CCSD eligibility worker issues the form and the parent/guardian and child care provider must sign the form before the child can begin receiving subsidized child care services. Admission Forms contain personally identified information (PII) (e.g., child's name, child's date of birth, parent/guardian information) and therefore must be securely transmitted between the DHS CCSD eligibility worker, parent/guardian and child care provider. SeamlessDocs is used to securely transmit the Admission Form and complete the signature process.

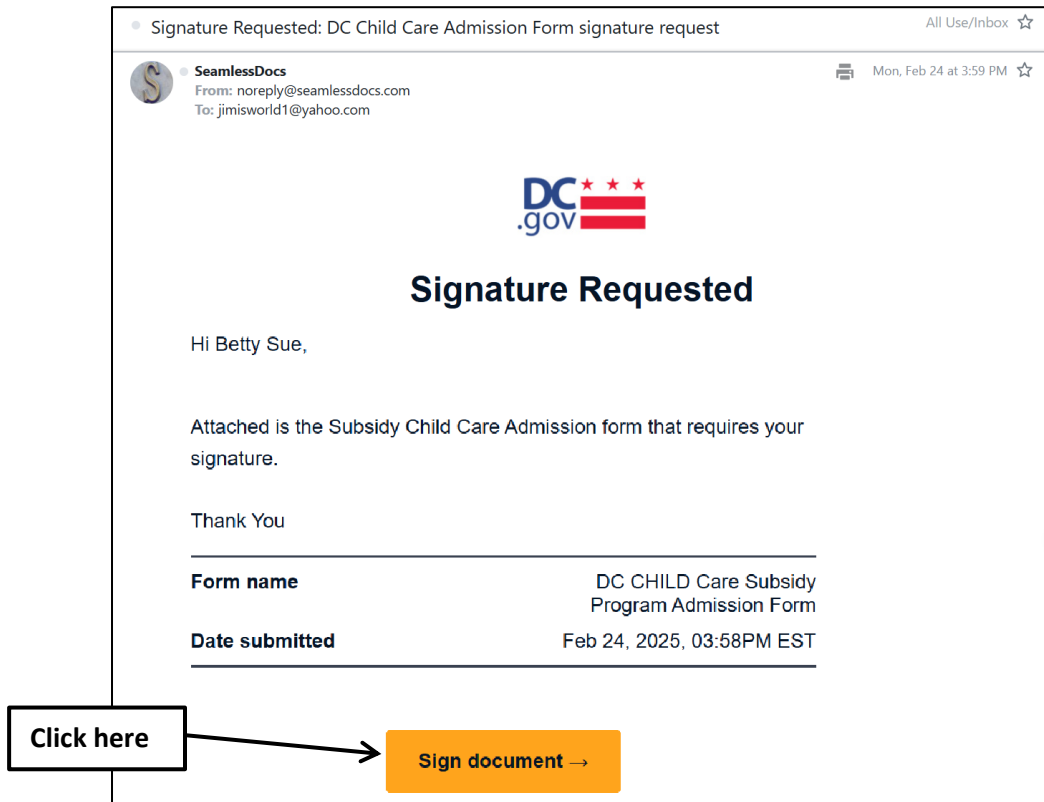
Please note, only DHS CCSD issues Admission Forms. Level II provider do NOT issue Admissions Forms.

Admission Form Process Overview

1. DHS CCSD sends the Admission Form using SeamlessDocs.
2. Family receives an email from SeamlessDocs with a link to complete the Admission Form. Parent/guardian completes electronic signature process.
3. Child care provider receives an email from SeamlessDocs with a link to complete the Admission Form. Provider completes electronic signature process.
4. DHS CCSD, family and child care provider receive email confirmation from SeamlessDocs that the Admission Form is complete. The final completed Admission Form is attached to the email and placed in the child's file at the facility.

How Families Complete the Admission Form Using Seamless

1. After DHS CCSD issues the Admission Form, you will receive an email from SeamlessDocs. The email will be sent from noreply@seamlessdocs.com and the subject line will be: *Signature Requested: DC Child Care Admission Form signature request*. **Click Sign document →**.
 - a. Note: It is recommended that you add noreply@seamlessdocs.com to your address book to help prevent the email from going to spam/junk.



- The Admission Form will open in SeamlessDocs. **Review the fields completed by your eligibility worker** to verify all information is correct (e.g., Child's Name, Child's Date of Birth, Child Care Provider, Facility, Beginning Date, etc.). Contact your eligibility worker if any information needs to be updated.

To be completed by the eligibility worker.	
Type of Service <i>(select all that apply):</i> <input checked="" type="checkbox"/> Traditional <input type="checkbox"/> Non-traditional <input type="checkbox"/> Extended Day	
Family Information	
Applicant's Name: Betty Sue *	Immunization Grace Period: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Name: John Doe *	Child's Date of Birth: 06/06/2016 *
Child Care Placement Information	
Child Care Provider: ABC Provider *	Facility: Warehouse *
Provider Type: <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II	
Facility Type: <input type="checkbox"/> CDC <input type="checkbox"/> CDH <input type="checkbox"/> CDX <input checked="" type="checkbox"/> In-Home Care	
Age Group: <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input checked="" type="checkbox"/> School Age	
Assigned Service(s)	
Type of Service: Full Service *	
OSSE Total Payment: _____	Parent Co-Payment: \$50.00 *
OSSE Daily Payment Rate: \$15.00 *	
Beginning Date: <input type="calendar"/> February 24, 2025 *	
<i>Eligibility Worker must complete this section</i>	
Days of assignment: Sun ___ * Mon ___ * Tues ___ * Wed ___ * Thurs ___ * Fri ___ * Sat ___ *	
Comments: Test Test Test Test Test Test Test Test Test Test	
Type of Service: _____	
OSSE Total Payment: _____	Parent Co-Payment: _____
OSSE Daily Payment Rate: _____	
Beginning Date: <input type="calendar"/> _____	
<i>Eligibility Worker must complete this section, if applicable</i>	
Days of assignment: Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___	
Comments: _____	
Type of Service: _____	
OSSE Total Payment: _____	Parent Co-Payment: _____
OSSE Daily Payment Rate: _____	
Beginning Date: <input type="calendar"/> _____	
<i>Eligibility Worker must complete this section, if applicable</i>	
Days of assignment: Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___	
Comments: _____	

3. Under the section titled Parent(s)/Guardian(s):
 - a. **Check the box** next to “I acknowledge that this form is only valid for the child care provider listed above.”
 - b. **Check the box** next to “I understand that this form is invalid if my child does not enroll in the facility named above within 30 calendar days of the date authorized to start child care.”
 - i. Note: The Beginning Date in the Assigned Service(s) section of the form is the date your child is authorized to start child care.
 - c. **Insert your name** in the Print Name field.
 - d. **Click Submit & Sign.**

The screenshot shows a form titled "Certifications (ALL signatures are required)". It has three main sections: Eligibility Worker, Parent(s)/Guardian(s), and Child Care Provider. Each section has a checkbox for acknowledgment, a signature field, and a date field. The Eligibility Worker section is filled out with "Jimi Jimi Tester" and a date of "03/27/2025". The Parent(s)/Guardian(s) section has a signature field with "Signature Here" and a date of "03/27/2025". The Child Care Provider section has a signature field with "Signature Here" and a date of "03/27/2025". There is a "Submit & Sign" button at the bottom right. Annotations include "Click here" boxes with arrows pointing to the checkboxes and signature fields, and "Insert name here" with an arrow pointing to the Print Name field. The DC.gov logo is in the top right, and "Page 2 of 2" is at the bottom.

Click here

4. A box will appear that says Create Your Signature. Your name and email address will be prepopulated in the Full Legal Name, Your Initials and Email fields.
 - a. **Select your Signature Type** and complete the signature process.
 - b. **Check the box** next to “I agree to electronically sign and to create a legally binding contract between the other party and myself, or the entity I am authorized to represent.”
 - c. **Click Apply Signature.**

The screenshot shows a web form titled "Create Your Signature". The form contains the following elements:

- Full Legal Name:** A text input field containing "Betty Sue".
- Your Initials:** A text input field containing "BS".
- Email:** A text input field containing "JimiAkinmolayan@yahoo.com".
- Signature Type:** A section with three radio button options: "Type" (selected), "Draw", and "Upload Custom".
- Signature Preview:** A large area with a light gray grid background showing the name "Betty Sue" written in a cursive font.
- Agreement:** A checkbox that is currently unchecked, followed by the text: "I agree to electronically sign and to create a legally binding contract between the other party and myself, or the entity I am authorized to represent."
- Apply Signature:** A blue button with white text.

Three callout boxes with arrows point to specific parts of the form:

- A box labeled "Select Signature Type" points to the "Type" radio button.
- A box labeled "Click here" points to the agreement checkbox.
- A box labeled "Click here" points to the "Apply Signature" button.

- Your signature will be added to the Admission Form. You will be brought back to the full form. **Click Finalize & Submit.**

Certifications (ALL signatures are required)

Eligibility Worker

I certify that I have completed the above information and it is accurate to the best of my knowledge.

Print Name: Jimi Jimi Tester Signature: Brenda Monroe-Carr (DHS) Date: 03-27-2025

Parent(s)/Guardian(s)

*acknowledge that this form is only valid for the child care provider listed above.

*understand that this form is invalid if my child does not enroll in the facility named above within 30 calendar days of the date authorized to start child care.

Print Name: Betty Sue * Signature: Betty Sue Date: 03/28/2025

Child Care Provider (Authorized individuals at the child development facility must complete this section and return this form to DHS within five calendar days.)

Date the child listed above was enrolled in this facility: _____

I understand the form is only valid for 30 calendar days from the date of service.

Print Name: _____ Signature: Signature Here Date: 03/28/2025

[Click here](#) → **Finalize & Submit**

- A new window will open with two messages. The first message will say, “You have completed your document” and the second message will say, “Thank you! Your submission is completed. Your document has been successfully signed.”
- The Admission Form will automatically be sent to the child care provider. After the child care provider completes the signature process, you will receive an email from SeamlessDocs notifying you that all parties (e.g., DHS CCSD, family, child care provider) have completed the Admission Form. The subject line of the email will be: *Document Completed: DC Child Care Admission Form submission confirmation*. The email will include the final completed form as an attachment.

Get Support

For support completing the Admission Form process using SeamlessDocs, contact your DHS CCSD eligibility worker.