

# Tennessen warning for Child Care Assistance Program providers

**This notice tells how private or confidential information about you may be used and disclosed.**

## Why do we ask for this information?

- To tell you apart from other people with the same or similar name.
- To decide whether you or someone in your household can be authorized as a child care provider for a family receiving child care assistance.
- To make payments for child care you provide.
- To make reports, do research, do audits, and evaluate your programs.
- To investigate reports of people who may lie about the help they need or the care they provide, or to get assistance they may not be entitled to receive.

## Do you have to answer the questions we ask?

We need this information to tell if you or someone in your household can be authorized as a provider for a family receiving child care assistance. Without the information, we may not be able to authorize or pay you or anyone in your household as a provider for a family receiving child care assistance. If you give us wrong information on purpose, you can be investigated and charged with a crime such as fraud, and you may also be subject to an administrative or licensing action.

You do not have to answer the questions we ask, but if you do not, you may not be able to participate in the Child Care Assistance Program. You must tell us your rates, payment policies for child absences and holidays, required registration fees, required number of notice days before care ends, and license status before payment can be made for care you provide. If you are a legal non-licensed provider, you also must tell us your name, age, address, and Social Security or tax identification number before payment can be made for care you provide.

## With whom may we share information?

We will only share information about you as needed and as allowed or required by law. We may share your information with the following agencies or persons that need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, partner, nonprofit and private agencies
- Researchers, auditors, investigators, and others who do quality-of-care reviews and studies or begin prosecutions or legal actions related to managing the human services programs

- Court officials, county attorneys, attorneys general, other law enforcement officials, child support officials, and child protection and fraud investigators
- Human services offices, including child support enforcement offices
- Governmental agencies, including federal agencies and agencies in other states administering public benefits programs
- Guardians, conservators or persons with power of attorney who are authorized representatives
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Anyone else to whom the law says we must or can give the information.

## What are your rights regarding the information we have about you?

- You and people you have given permission to may see and copy private information we have about you. You may have to pay for the copies.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will correct the information or attach your explanation any time information is shared.
- If you do not understand the information, ask your provider registration worker to explain it to you. You can ask the Minnesota Department of Human Services for another copy of this notice.

## What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service because you have made a complaint. If you believe your privacy rights have been violated by a county or tribal agency, you may send a written complaint to the county or tribal agency.

If you think the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to:

Minnesota Department of Human Services  
Attn: Privacy Official  
PO Box 64998  
St. Paul, MN 55164-0998

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ፡ ይህንን ደብዳቤ ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዩን ሰራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,သံက့ၢ်ဘဉ်ပုၤဂ့ၢ်ဝိအပုၤမၤစၢၤတၢ်လၢနဂီၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໄປຮອດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawl wadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LBI (8-16)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)