***Child Care Scholarship Application***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **I AM APPLYING FOR:** | Full-time Child Care | \_\_\_\_\_ | Part-time Child Care | \_\_\_\_ | DATE: |  |

**ANNUAL INCOME ELIGIBILITY GUIDELINES**

**For Child Care Scholarships**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # in Household | Income is between\*\* | **Discount applied to Day Care Fee** | **Income is between:** | **Discount applied to Day Care Fee** |
| 2 | $24,521 - $42,275 | 40% | $42,276 - $50,730 | 30% |
| 3 | $30,930 - $53,325 | 40% | $53,326 - $63,990 | 30% |
| 4 | $37,339 - $64,375 | 40% | $64,376 - $77,250 | 30% |
| 5 | $43,748 - $75,425 | 40% | $75,426 - $90,510 | 30% |
| 6 | $50,157 - $86,475 | 40% | $86,476 - $103,770 | 30% |
| 7 | $56,566 - $97,525 | 40% | $97,526 - $117,030 | 30% |
| 8 | $62,975 - $108,575 | 40% | $108,576 - $130,290 | 30% |

\*\***Families below this income level are probably eligible for DHS child care assistance. These guidelines are effective as of January 18, 2019.**

|  |
| --- |
| **CHILD’S INFORMATION:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: |  | Child’s Date of Birth: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Male | 🞏 | Female |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Ethnicity: | 🞏 | White | 🞏 | Hispanic/Latino | 🞏 | Asian | 🞏 | African American |  |
|  | 🞏 | Native American or Alaskan Native | | | 🞏 | Native Hawaiian or Pacific Islander | | | 🞏 Multi-racial |

|  |
| --- |
| **CHILDCARE PROVIDER INFORMATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Email Address: |  |

|  |  |
| --- | --- |
| IF THIS PROVIDER IS A RELATIVE, WHAT IS THE RELATIONSHIP TO THE CHILD(REN)?: |  |

PAYMENT RATE CHARGED BY ABOVE PROVIDER ***PER CHILD*** (complete only one):

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| $ |  |  | per **hour** | $ |  | per **day** | $ |  | per **week** | $ |  | per **month** |

|  |  |
| --- | --- |
| **DATE YOU STARTED WITH THIS PROVIDER:** |  |

#### **CHILD CARE ARRANGEMENT NEEDED**

**(Include a.m. and/or p.m. in your times.)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S NAME** |  | **MON** | **TUES** | **WED** | **THU** | **FRI** | **SAT** | **SUN** |
|  | **FROM:** |  |  |  |  |  |  |  |
| **TO:** |  |  |  |  |  |  |  |
|  | **FROM:** |  |  |  |  |  |  |  |
| **TO:** |  |  |  |  |  |  |  |

|  |
| --- |
| **HEAD OF HOUSEHOLD INFORMATION:** |

|  |  |
| --- | --- |
| Name of Parent or Guardian: |  |

|  |  |
| --- | --- |
| Relationship to Child: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: |  | State: |  | Zip Code: |  |

|  |  |
| --- | --- |
| County of Residence: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone Number: |  | Alternate Phone Number: |  |

|  |  |
| --- | --- |
| Email Contact: |  |

Marital Status of Head of Household:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 Married | 🞏 Single | 🞏 Widowed | 🞏 Partnered | 🞏 Divorced | 🞏 Separated |

Highest Education Level Completed by Head of Household:

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 Middle School or Lower | 🞏 Some High School | 🞏 GED | 🞏 High School Diploma |

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 Trade or Vocational Training | 🞏 2-year College Degree | 🞏 4-year College Degree | 🞏 Master’s Degree or Higher |

Ethnicity of Head of Household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞏 White | 🞏 Hispanic/Latino | 🞏 Asian | 🞏 African American | 🞏 Native American or Alaskan Native |

|  |  |
| --- | --- |
| 🞏 Native Hawaiian or Pacific Islander | 🞏 Multi-racial |

Check main type of insurance for each member of the household from the following choices.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 (**P**) Private | 🞏 (**N**) None | 🞏 (**A**) Medicaid/Medical Card | 🞏 (**C**) Medicare/Elderly | 🞏 (**D**) HAWKI | 🞏 (**E)** KIDCARE. |

|  |  |  |
| --- | --- | --- |
| Have you applied for childcare assistance through the state? | 🞏 Yes | 🞏 No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| if yes, indicate the following status of your application: | 🞏 Approved | 🞏 Pending | 🞏 Denied | 🞏 Canceled on |  |

List all other people who live in your home:

|  |  |  |
| --- | --- | --- |
| Name (First, Last) | Relationship to child | Employer |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of adults living in the home: |  | Number of children living in the home: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENT:** |  | **DATE YOU STARTED AT THIS JOB /SCHOOL:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TOTAL AVG. HRS. YOU ATTEND WORK PER WEEK:** |  | **TOTAL HRS. YOU ATTEND SCHOOL PER WEEK:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER’S NAME | | |  | NAME OF SCHOOL | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHER PARENT (if applicable):** |  | **DATE YOU STARTED AT THIS JOB /SCHOOL:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TOTAL AVG. HRS. YOU ATTEND WORK PER WEEK:** |  | **TOTAL HRS. YOU ATTEND SCHOOL PER WEEK:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER’S NAME | | |  | NAME OF SCHOOL | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |

|  |
| --- |
| INCOME VERIFICATION |

**Documentation for all forms of income (see list below) *must be included* with this application or the application will not be processed until the necessary documentation has been received.**

**This documentation may include 2 (two) current pay stubs and proof of all of the following if applicable.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞏 Child Support | 🞏 Unemployment Compensation | 🞏 Public Assistance/welfare payments (FIP) | 🞏 Alimony |  |
| 🞏 Pensions and annuities | 🞏 Workman’s compensation | 🞏 Social Security | 🞏 Veteran’s Benefits | 🞏 Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pay period: | 🞏 Weekly | 🞏 Bi-weekly | 🞏 2x monthly | 🞏 Monthly |

|  |  |  |  |
| --- | --- | --- | --- |
| Both parents’ **gross** wages |  | Net income from self-employment |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child support |  | Unemployment Compensation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Alimony |  | Public assistance/welfare payments (FIP) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Pensions and annuities |  | Workman’s compensation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Social Security |  | Veteran’s Benefits |  |

|  |  |
| --- | --- |
| Other |  |

|  |  |
| --- | --- |
| Child support you **PAY** each month: | $ |

**CERTIFICATION:** I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE. IF ANY PART IS FALSE, MY PARTICIPATION IN THIS PROGRAM MAY BE TERMINATED AND I MAY BE SUBJECT TO LEGAL ACTION. I ALSO UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE HELD IN THE SPIRIT OF CONFIDENCE WITHIN THE AGENCY AND IS ACCESSIBLE TO ME DURING NORMAL BUSINESS HOURS.

Signature Date

**Child Care Scholarship - Parent Agreement Form**

* Must be a resident of Muscatine County.
* Children must be 0-5 years of age.
* Applicant cannot be eligible for any other child care assistance programs.
* Applicant must be currently working or attending school (or in combination) at least 28 hours/week. If there are two parents in the home, we average the combined hours. For example, if one parent works 40 hours and the other works 20 hours per week, we average the two together for an average of 30 hours per week for each.
* Parent attending school will submit a copy of their official school schedule printout.
* Parent will submit two current pay stubs upon request at any given time.
* Parent will notify us **within three days** of any changes in school or work schedules and of any changes in family status and/or income.
* Parent will review the monthly Statement of Child Care Costs form (sent to the provider) and provide a signature verifying the accuracy.
* ECIMC will pay your provider directly for child care expenses agreed upon related to attending classes and/or working.

This program pays a sliding scale of 40% of the day care cost per month for those families whose income is 250% or less of Federal Poverty Level. For families whose income is between 251%-300%, the rate is 30% of the day care rate. The parent is responsible for the remaining child care costs.

* The parent agrees to make the required co-payment to the child care provider on a timely basis. **Failure to do so will terminate eligibility with the Child Care Scholarship program**.
* The parent agrees to give the current provider a two-week notice if the parent needs to change providers, **failure to do so will terminate eligibility with the child care scholarship program** and the parent will be responsible to reimburse the provider for any outstanding child care costs.
* If the parent fails to bring their child to the designated child care for more than 3 weeks with no notification to their provider their **scholarship will be terminated**.
* A sum of money has been pledged for this program through Early Childhood Iowa Muscatine County.

**As long as funds remain available** and the family eligibility remains the same, parents will be assisted by our program.

* This agreement is valid for the time period indicated below. The family will be reevaluated for continuation near the end of the eligibility period as long as funding remains available. Parents will be notified of such.
* The parent can choose her/his child care provider. However, the provider must be licensed or registered (some exceptions apply) and must carry and maintain liability and accident insurance to cover all children in care.
* Child care scholarship can be terminated if any agreements are broken.

***I hereby agree to all statements listed above:***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Parent Signature |  | Date |

|  |  |
| --- | --- |
| **ELIGIBILITY PERIOD:** | **July 1, 2019 – June 30, 2020** |

Please return signed application and all related documents to:

Early Childhood Iowa Muscatine County

Attn: Whitney Howell

149 Colorado St.

Muscatine, IA 52761

[C:](tel:563.263.8476%20x%206522) 319-931-2908

[563.263.0273](tel:563.263.1562) (fax)

[www.ecimc.org](http://www.ecimc.org/)