

# Application for Child Care Financial Assistance

This letter is important. If you do not understand it, take it to your local office for help.

## Arabic

هذه رسالة مهمة. إذا كنت لا تفهم نصها فعليك أن تأخذها إلى المكتب المحلي التابع له لمساعدتك فيها.

## Burmese

ဤစာရွက်စာတမ်းသည် အရေးကြီးပါသည်။ သင်နားမလည်လျှင် သင်၏နယ်မြေအဖွဲ့သို့ အကူအညီရရှိ လှူဒါန်းသူအားပါ။

## Dinka

Athorë athiëčkic. Na cii ye deetic, ke laarë tennë maktam thiaak ke yin bi yin la kuöny thiin.

## French

Ce document est important. Si vous ne le comprenez pas, apportez-le à votre bureau local pour recevoir de l'aide.

## Nepali

यो दस्तावेज महत्वपूर्ण छ। यदि तपाईंले यसलाई बुझ्नुभएन भने, मद्दतको लागि यसलाई आफ्नो स्थानीय कार्यालयमा लिएर जानुहोस्।

## Russian

Это важное письмо. Если вам оно непонятно, возьмите его и обратитесь за помощью в местное отделение.

## Serbo-Croatian

Ovaj dopis je važan. Ukoliko je nerazumljiv za vas onda ga ponesite i obratite se lokalnoj kancelariji za pomoć.

## Somali

Dokumentigan ama qoraalkan waa muhiim. Haddii aadan fahmin, waxaad u qaadaa xafiiskaaga degaanka si aad caawimaad u hesho.

## Spanish

Esta carta es importante. Si no la entiende, llévela a su oficina local para solicitar ayuda.

## Swahili

Barua hii ni muhimu. Kama huielewi, ichukue, uende nayo katika ofisi yako ya karibu kwa msaada zaidi.

## Vietnamese

Lưu trữ này rất quan trọng. Nếu quý vò không hiểu nội dung trong thư, hãy đem thư này đến văn phòng tại nhà phòong của quý vò để được giúp đỡ.

## Section One: Applicant Information

Complete all fields; incomplete applications will be returned.

Last Name of Applicant \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix (eg. Jr., Sr., II) \_\_\_\_\_

Home Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number (optional) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

U.S. Citizen:  Yes  No If no, please indicate status:  Refugee  Immigrant  Asylee  Permanent Resident

Marital Status:  Married  Civil Union  Legally Separated  Divorced  Single  Single with Domestic Partner  Widow or Widower

Gender:  Female  Male Single-Parent Household:  Yes  No Primary Language: \_\_\_\_\_

Race (check all that apply):

American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

Ethnicity:  Hispanic  Non-Hispanic

Please enter all phone numbers and check your preference for contact:

Phone:  Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_  Message \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address (if different from address above) \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Section Two: Need for Care

Reason services are needed (check all that apply).

- |   |   |
|---|---|
| <input type="checkbox"/> Employment                             | <input type="checkbox"/> Reach Up   |
| <input type="checkbox"/> Self-Employment                        | <input type="checkbox"/> Special Health Need - Parent   |
| <input type="checkbox"/> Seeking Employment                     | <input type="checkbox"/> Special Health Need - Child  |
| <input type="checkbox"/> Training                               | <input type="checkbox"/> Family Support (i.e., extreme stress your family is experiencing in areas such as shelter, safety, emotional stability, substance abuse, and children's behaviors) |
| <input type="checkbox"/> Education                              |   |
| <input type="checkbox"/> Both Employment and Training/Education |   |



### Section Three: Other Household Members

List all other household members, including a second parent if applicable (use additional page if needed).

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Last Name	First Name	Middle Name	Suffix (eg. Jr., Sr., II)
Date of Birth (mm/dd/yyyy)	Social Security Number	Primary Language	Relationship to Applicant
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs person under age 19 requiring child care? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Last Name	First Name	Middle Name	Suffix (eg. Jr., Sr., II)
Date of Birth (mm/dd/yyyy)	Social Security Number	Primary Language	Relationship to Applicant
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs person under age 19 requiring child care? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Last Name	First Name	Middle Name	Suffix (eg. Jr., Sr., II)
Date of Birth (mm/dd/yyyy)	Social Security Number	Primary Language	Relationship to Applicant
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs person under age 19 requiring child care? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Last Name	First Name	Middle Name	Suffix (eg. Jr., Sr., II)
Date of Birth (mm/dd/yyyy)	Social Security Number	Primary Language	Relationship to Applicant
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs person under age 19 requiring child care? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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**Section Four: Applicant's Need for Care**

**Complete this section about yourself.**

Employed at \_\_\_\_\_ Flexible schedule?  Yes  No Scheduled work hours per week \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Indicate your work hours: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Start \_\_\_\_\_

End \_\_\_\_\_

Do you have a Bachelor's Degree?  Yes  No Does your employer give you money towards child care?  Yes  No

In school or training at \_\_\_\_\_ Flexible schedule?  Yes  No Scheduled hours per week \_\_\_\_\_

Indicate your hours:	Hours: Start to End	Hours: Start to End	Hours: Start to End
Sunday	_____ to _____	_____ to _____	_____ to _____
Monday	_____ to _____	_____ to _____	_____ to _____
Tuesday	_____ to _____	_____ to _____	_____ to _____
Wednesday	_____ to _____	_____ to _____	_____ to _____
Thursday	_____ to _____	_____ to _____	_____ to _____
Friday	_____ to _____	_____ to _____	_____ to _____
Saturday	_____ to _____	_____ to _____	_____ to _____

Training through Reach-Up. The Reach-Up worker is \_\_\_\_\_

Working with Family Services. The social worker is \_\_\_\_\_

Not able to care for the children due to a special health need or family support issue  Seeking employment

**Section Five: Second-Parent's Need for Care**

**Complete this section for a second parent in the household. If there is none, go to page 4.**

Name: \_\_\_\_\_

Employed at \_\_\_\_\_ Flexible schedule?  Yes  No Scheduled work hours per week \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does he/she have a Bachelor's Degree?  Yes  No Does his/her employer contribute money towards child care?  Yes  No

Indicate his/her work hours: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Start \_\_\_\_\_

End \_\_\_\_\_

In school or training at \_\_\_\_\_ Flexible schedule?  Yes  No Scheduled hours per week \_\_\_\_\_

Indicate hours:	Hours: Start to End	Hours: Start to End	Hours: Start to End
Sunday	_____ to _____	_____ to _____	_____ to _____
Monday	_____ to _____	_____ to _____	_____ to _____
Tuesday	_____ to _____	_____ to _____	_____ to _____
Wednesday	_____ to _____	_____ to _____	_____ to _____
Thursday	_____ to _____	_____ to _____	_____ to _____
Friday	_____ to _____	_____ to _____	_____ to _____
Saturday	_____ to _____	_____ to _____	_____ to _____

Training through Reach-Up. The Reach-Up worker is \_\_\_\_\_

Working with Family Services. The social worker is \_\_\_\_\_

Not able to care for the children due to a special health need or family support issue  Seeking employment

**Section Six: Requested Provider**

**Your provider must be registered, licensed, or certified by the Child Development Division to receive payment.**

Child's Name _____	Indicate hours needed:	Hours: Start to End	Hours: Start to End
Name of school if attending _____	Sunday	_____ to _____	_____ to _____
Provider's Name _____	Monday	_____ to _____	_____ to _____
Provider's Address _____	Tuesday	_____ to _____	_____ to _____
City _____ State _____ Zip _____	Wednesday	_____ to _____	_____ to _____
Telephone Number _____	Thursday	_____ to _____	_____ to _____
Relationship to Child _____	Friday	_____ to _____	_____ to _____
Child Care Start Date _____	Saturday	_____ to _____	_____ to _____
Will this provider be applying to be a legally exempt provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Child's Name _____	Indicate hours needed:	Hours: Start to End	Hours: Start to End
Name of school if attending _____	Sunday	_____ to _____	_____ to _____
Provider's Name _____	Monday	_____ to _____	_____ to _____
Provider's Address _____	Tuesday	_____ to _____	_____ to _____
City _____ State _____ Zip _____	Wednesday	_____ to _____	_____ to _____
Telephone Number _____	Thursday	_____ to _____	_____ to _____
Relationship to Child _____	Friday	_____ to _____	_____ to _____
Child Care Start Date _____	Saturday	_____ to _____	_____ to _____
Will this provider be applying to be a legally exempt provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Child's Name _____	Indicate hours needed:	Hours: Start to End	Hours: Start to End
Name of school if attending _____	Sunday	_____ to _____	_____ to _____
Provider's Name _____	Monday	_____ to _____	_____ to _____
Provider's Address _____	Tuesday	_____ to _____	_____ to _____
City _____ State _____ Zip _____	Wednesday	_____ to _____	_____ to _____
Telephone Number _____	Thursday	_____ to _____	_____ to _____
Relationship to Child _____	Friday	_____ to _____	_____ to _____
Child Care Start Date _____	Saturday	_____ to _____	_____ to _____
Will this provider be applying to be a legally exempt provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Child's Name _____	Indicate hours needed:	Hours: Start to End	Hours: Start to End
Name of school if attending _____	Sunday	_____ to _____	_____ to _____
Provider's Name _____	Monday	_____ to _____	_____ to _____
Provider's Address _____	Tuesday	_____ to _____	_____ to _____
City _____ State _____ Zip _____	Wednesday	_____ to _____	_____ to _____
Telephone Number _____	Thursday	_____ to _____	_____ to _____
Relationship to Child _____	Friday	_____ to _____	_____ to _____
Child Care Start Date _____	Saturday	_____ to _____	_____ to _____
Will this provider be applying to be a legally exempt provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Section Seven: Household Income****Indicate household income by recipient and type of income.**

For each type of income you claim you must supply written evidence. Examples of documentation include two consecutive pay stubs, a copy of last year's income tax return for self-employment; a statement from your employer confirming wages for new employment and a copy of your court order for child support.

Family Member \_\_\_\_\_

Family Member \_\_\_\_\_

Type of Income (select all that apply):

Type of Income (select all that apply):

	Amount	Frequency		Amount	Frequency
<input type="checkbox"/> AmeriCorps Stipend	_____	_____	<input type="checkbox"/> AmeriCorps Stipend	_____	_____
<input type="checkbox"/> Child Support Received*	_____	_____	<input type="checkbox"/> Child Support Received*	_____	_____
<input type="checkbox"/> Dividend Income	_____	_____	<input type="checkbox"/> Dividend Income	_____	_____
<input type="checkbox"/> 3SquaresVT (formerly food stamps)	_____	_____	<input type="checkbox"/> 3SquaresVT (formerly food stamps)	_____	_____
<input type="checkbox"/> Housing Assistance	_____	_____	<input type="checkbox"/> Housing Assistance	_____	_____
<input type="checkbox"/> Interest Income	_____	_____	<input type="checkbox"/> Interest Income	_____	_____
<input type="checkbox"/> Medicaid	_____	_____	<input type="checkbox"/> Medicaid	_____	_____
<input type="checkbox"/> Military Pay-Active Duty	_____	_____	<input type="checkbox"/> Military Pay-Active Duty	_____	_____
<input type="checkbox"/> Military Pay-Reserve	_____	_____	<input type="checkbox"/> Military Pay-Reserve	_____	_____
<input type="checkbox"/> Other	_____	_____	<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> PSE Stipend	_____	_____	<input type="checkbox"/> PSE Stipend	_____	_____
<input type="checkbox"/> Reach Up <input type="checkbox"/> RU Child Only	_____	_____	<input type="checkbox"/> Reach Up <input type="checkbox"/> RU Child Only	_____	_____
<input type="checkbox"/> Rental Income	_____	_____	<input type="checkbox"/> Rental Income	_____	_____
<input type="checkbox"/> Self-employment Income	_____	_____	<input type="checkbox"/> Self-employment Income	_____	_____
<input type="checkbox"/> Social Security Benefit	_____	_____	<input type="checkbox"/> Social Security Benefit	_____	_____
<input type="checkbox"/> Spousal Maintenance Received	_____	_____	<input type="checkbox"/> Spousal Maintenance Received	_____	_____
<input type="checkbox"/> Supplemental Security Income	_____	_____	<input type="checkbox"/> Supplemental Security Income	_____	_____
<input type="checkbox"/> Tips, etc.	_____	_____	<input type="checkbox"/> Tips, etc.	_____	_____
<input type="checkbox"/> Trust Fund	_____	_____	<input type="checkbox"/> Trust Fund	_____	_____
<input type="checkbox"/> Unemployment Compensation	_____	_____	<input type="checkbox"/> Unemployment Compensation	_____	_____
<input type="checkbox"/> Veterans Benefits	_____	_____	<input type="checkbox"/> Veterans Benefits	_____	_____
<input type="checkbox"/> Vista Stipend	_____	_____	<input type="checkbox"/> Vista Stipend	_____	_____
<input type="checkbox"/> Wages	_____	_____	<input type="checkbox"/> Wages	_____	_____
<input type="checkbox"/> Worker's Compensation	_____	_____	<input type="checkbox"/> Worker's Compensation	_____	_____

\*If you are not receiving child support please explain \_\_\_\_\_

Does anyone in your household pay regular court-ordered child support?  Yes  No If yes, please provide verification.

If yes, who? \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

**Section Eight: Verification and Signature****You must sign and date your application in ink.**

- I understand that the Child Development Division will notify me in writing about its decision on my application.
- I certify that the information given on this form is true and correct to the best of my knowledge.
- I understand that I must report any changes that may affect my eligibility as soon as possible (e.g., changes in my household size; marital status; unemployment, employment, or training status; address, and income).
- If I am eligible, I understand that I must pay the difference between the child care financial assistance I receive and what my provider charges.
- I understand that I must pay for any child care costs I incur while I am not eligible for child care financial assistance.
- I understand that I could be subjected to prosecution for fraud if I do not report changes, or provide incorrect or misleading information.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

## Instructions and Required Documentation

If your application is not completely filled out, it will be returned. Required forms may be obtained either by contacting your eligibility specialist or by downloading them from <http://dcf.vermont.gov/cdd>

*If you are found eligible, your child care financial assistance will begin on the date your completed application is received.*

Eligibility is determined based on your family's need for child care, total gross household income, and family size. Each caretaker must have one of the following service needs:

- Employment:** Enclose your last two pay stubs or have your new employer fill out a Verification of Employment Form—available from your child care eligibility specialist.
- Self-Employment:** Complete a Self-Employment Business Plan form. If you have been self-employed for more than one year, enclose a complete copy of your most recent tax return. If you have been self-employed for less than one year, a profit and loss form will be required.
- Household Income:** Include verification of all other household income such as SSI, Social Security, Veteran's Benefits, unemployment benefits, Worker's Compensation, interest income, stocks and bonds, and rental income. Include a copy of your check or a letter from the agency from which you receive compensation.
- Child Support Verification:** For each child, include a court order, payment history from the Office of Child Support, or a detailed letter of explanation if you are not receiving child support.
- In School or Training:** Complete a Training Plan Form, along with your course schedule including days and hours attending. If study time is needed, it may be granted at the rate of one hour per hour of class time. Upon completion of your classes, you will need to provide documentation of successfully completed coursework. *If you have a Bachelor's Degree, you are ineligible for financial assistance under this service need.*
- Reach Up:** If you are eligible for Reach Up, ask your Reach Up case manager to submit an authorization for child care to your child care eligibility specialist.
- Protective Services:** Please discuss your need for child care with your Family Services social worker. Your social worker will let you know what information is required.
- Special Health Need (Adult):** If you are medically incapacitated complete this application and submit a Special Health Need Adult form signed by an MD, Nurse Practitioner (NP), Physician Assistant (PA) or state Licensed Psychologist.
- Special Health Need (Child):** You must demonstrate that your child has a significant health or specialized developmental need as documented by one of the following: 1) a licensed physician; 2) a licensed psychologist; or 3) the assessment determining eligibility for Special Education or Early Intervention Services that includes child care as part of the child's development plan (IEP or IFSP).
- Seeking Employment:** If you are looking for work and receiving TANF, contact your Reach Up case manager. If you are looking for employment and NOT on TANF, submit a Work Search Plan Form.
- Subsidized Adoption:** If you are a parent with an adoption subsidy agreement, you must enclose a copy of your adoption subsidy agreement with your application. You will need to verify your service need for child care, but *your income may be waived if you have an adoption agreement with the State of Vermont.*

If you have any questions regarding what information to send with this application or need help completing this application, please call your community agency. Failure to do so may delay the beginning of benefits.

**Return your completed form along with all required supporting documentation to:**