



CHILD CARE ENHANCEMENT PROGRAM ELIGIBILITY APPLICATION 2007/2008



Parent/Guardian Names: _____ and _____

Child's Name: _____ DOB _____ Child's Name: _____ DOB _____

Child's Name: _____ DOB _____ Child's Name: _____ DOB _____

Home Address: _____ City: _____ Zip: _____

Home Telephone: (541) _____ Daytime Phone: (541) _____

☐ Single Parent Household ☐ Two Parent Household **Children are U.S. Citizens** ☐ Yes ☐ No

Sources of Income: Check all boxes that apply

☐ Employed ☐ Both Employed ☐ Self-Employed

☐ TANF – Temporary Assistance ☐ Child Support ☐ Other, explain:

☐ Currently receiving: ERDC, Child Welfare, JOBS, other subsidy for child care

☐ Other Federal Cash Income Programs (such as SSI, Veterans Benefits, etc.)

List the amount of money you receive per month here:

	From Work (before deductions)	From Child Support or Public Assistance	From Any Other Sources	Total Per Month
_____	\$ _____ +	\$ _____ +	\$ _____ =	\$ _____

_____	\$ _____ +	\$ _____ +	\$ _____ =	\$ _____
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Total Monthly Gross Income \$ _____ + \$ _____ + \$ _____ = \$ _____

TOTAL AVERAGE GROSS MONTHLY INCOME (before deductions): \$ _____

Take monthly gross income divide by 4 then times by 4.3

Number of people in the family _____

Family size includes parent(s)/guardian and your children under the age of 18 living in the household.

Child Care Enhancement Program Income Eligibility by Family Size

For the period of September 1, 2007 to August 31, 2008

Family Size	CCEP Eligible A family is eligible if their monthly income is at or below:	State Subsidy Eligible A family is required to talk with a DHS caseworker if their monthly income is at or below: <i>Unless you already receive DHS</i>	Family Size	CCEP Eligible A family is eligible if their monthly income is at or below:	State Subsidy Eligible A family is required to talk with a DHS caseworker if their monthly income is at or below: <i>Unless you already receive DHS</i>
2	\$ 2,984.00	\$2,111.00	4	\$4388.00	\$3,184.00
3	\$ 3686.00	\$2,648.00	5	\$5090.00	\$3,721.00

For larger families the monthly income eligibility amount increases, call Terri at 541-463-3304

This grant is to help support lower income working families.

Name of Child Care Site: _____

What are your expected child care hours and days? Mon____ Tue____ Wed____ Thur____ Fri____ Sa____ Su____

DOCUMENTATION REQUIRED FOR ELIGIBILITY:

Employed – parent/ guardian or parents need to submit all of the following Documents

1. Copy of current pay stubs for one full month plus the following.
2. Letter from employer stating: Hire date, rate of pay, hours working per week, and shift or schedule.
3. Other income verification: Child support, SSI, Veterans, ect.

Self-Employed – parent/ guardian or parents need to submit all of the following Documents

1. Copy of your 2006 taxes for self-employed – showing all earned and unearned income plus the following.
2. Or self employed after January 2007 – Please submit copies for 3-months worth of bookkeeping records, and all receipts for earned and unearned income. Please include your business's open hours and time sheet or verification for documenting labor.
3. Other information: Business Card, Website, Business Tax ID number, license, plus any other income Child Support, SSI, Veterans, ect.

Please Note:

- A. The subsidy can only be used when neither parent is available to care for the child because both are at work. If one parent is incapable of caring for the child this must be documented before the subsidy can be approved. The documentation must be provided by a professional who knows the parents and has expertise in the issues preventing the parent from providing care.
- B. ALL families whose income meets the State Child Care subsidy program guidelines will be asked to contact a local DHS case worker to determine eligibility of state funding. The goal of the CCEP program is for you to access state funding for child care first and CCEP second. All clients currently on state subsidy or who qualify will be asked to duplicate your income verification at your periodic review or when changes occur to your co-pay.
- C. Parent(s)/Guardian are responsible to pay 10% of your gross monthly income towards child care tuition each month per your provider contract for payments. To continue to receive the subsidy, the child or children need to be enrolled with a participating provider and up to date with your tuition each month.
- D. Provider must continue to meet the Child Care Enhancement eligibility requirements to continue to receive your child care subsidy.
- E. Gross monthly income verification will be asked for again in January 2008 or if there is a change in employment (hours worked, job class or change), DHS status or co-pay, or household size.

SIGNATURE:

I verify that the information given on this form is true and correct.

Parent/Guardian signature

Date

Parent/Guardian signature

Date

- This agreement may be terminated if CCEP program requirements are not met or funding source ends.
- All Material received is confidential to LCC/LFC and the provider.

Incomplete Application will be denied and placed on a waiting list

Parents – Please Read and fill out to complete your application

I _____ [print name here] want to participate in the childcare subsidy program through the Lane County Child Care Enhancement Project (CCEP), a pilot project that includes an evaluation. I understand that by receiving the subsidy, my name, phone number, and address will be released to NPC Research, the research firm conducting the evaluation. NPC Research will ask me to complete a written survey of my experiences with childcare.

By signing below, you indicate your understanding that your name and contact information will be released to NPC Research.

Parent Signature

Date

Lane Community College/LFC 4000 EAST 30TH AVE. EUGENE, OR 97405 463-3304 FAX: 463-4724

FOR CCEP PROGRAM USE:

To Verify Income and Employment:

- ☐ Pay Stubs: One Month (most current full month) ☐ other _____
- ☐ Letter from Employer: Stating: Hire date, Hourly or annual wage, hours worked per week and work shift.
- ☐ State/Local Records (list): _____ Child Support, SSI, Veterans ect.
- ☐ Self Employed – 1 year or more: Taxes for 2006 showing earned and unearned income.
- ☐ Self-Employed - after January 07 – bookkeeping records/receipts for most current full month.
- ☐ Other: _____

Verification result:

Parent(s)/Guardian income is below 85% of state median income ☐ Yes ☐ No
Verified income amount \$ _____ 10% of Gross Income is \$ _____
DHS Eligible ☐ No ☐ Yes DHS Award \$ _____ Hours awarded _____

APPROVAL OF CCEP PARENT SUBSIDY

Signature of Child Care Enhancement Program staff

Date

- ☐ Parent placed on waiting list (incomplete documentation) or _____
- ☐ Information could not be verified ☐ Child/Family no longer eligible
- ☐ Subsidy ended for other reasons: _____

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