

Smart Start of Davidson County Child Care Scholarship Application



Eligibility Requirements:

- All Parents/Guardians in the home must be working 20+hrs/week or enrolled in school full-time
- Children must be birth to 5 years of age
- Resident of Davidson County; OR working in or attending school in Davidson County
- Must select a four or five star child care facility

Copies of these items MUST be included:

- Child's Birth Certificate
- Proof of all income (most recent 2 months of income) (pay stubs, income verification form, child support, disability, etc.)

Example: Paid weekly = 8 most recent pay stubs

Paid biweekly = 4 most recent pay stubs

Paid semi monthly = 4 most recent pay stubs

Paid monthly = 2 most recent pay stubs

Please complete the following information about your child.

Child and Family Information

Child's Full Name (As on birth certificate) _____

Child's Date Of Birth _____ (mm/dd/yyyy) Child's Social Security Number: _____

Mailing Address _____

City _____ State _____ Zip Code _____

Physical Address (If different) _____

City _____ State _____ Zip Code _____

Home phone number _____ Alternate phone number _____

Email address _____

Child's Gender: Male Female

Child's Race (Please mark all that apply.) White/European Asian Native Hawaiian/Pacific Islander

Black/African Native American/Alaskan Spanish/Latino/Hispanic Other _____

Is your child currently enrolled in a child care facility? Yes No Name? _____

How long has your child been enrolled or attending there? _____ Years _____ Months

Does the child you are applying for live with (select one): mother father mother & father guardian
 other _____

How many addresses have you had in the past year? 1 2-3 4-5 6-7 8-9 Homeless

Are you receiving financial assistance for child care? Yes No If yes, name of agency: _____

Is your child enrolled in NC Pre-K or Head Start? Yes No

Do you have another child currently on the SSDC Child Care Scholarship Program? No Yes

If you answered "yes" to the question above, please provide name of child currently enrolled: _____

Child and Family Information (Continued)

Child Name _____

Please list all individuals that live in the physical address listed on the front page.

Name	Date of Birth	Relationship to Child

Total family size: _____

****Complete the information below for all parents and/or guardians that live with the child.**
If attending school or training, you must attach a class schedule to this form.**

#1 Parent/Guardian Information

Parent/Guardian Name: _____ Age: _____ Date of Birth: _____

Marital Status: Single Married Separated Divorced Widowed

Are you currently Employed Unemployed Disabled Employer Initiated Reduction in Hours

If so, Employer: _____ Hours per week? _____

How long have you been employed at your current job? 12 months or more. Less than 12 months N/A

What is your current education level? High School Attendance Completed 10th Grade High School diploma or GED Some College College Graduate or Higher

Are you currently enrolled in school? High School College

If you are currently enrolled in school, how many credit/semester hours are you presently taking? _____

Full-time status Part-time status GED/continuing education/training program

(Name of School) _____

#2 Parent/Guardian Information

Parent/Guardian Name: _____ Age: _____ Date of Birth: _____

Marital Status: Single Married Separated Divorced Widowed

Are you currently Employed Unemployed Disabled Employer Initiated Reduction in Hours

If so, Employer: _____ Hours per week? _____

How long have you been employed at your current job? 12 months or more. Less than 12 months N/A

What is your current education level? High School Attendance Completed 10th Grade High School diploma or GED Some College College Graduate or Higher

Are you currently enrolled in school? High School College

If you are currently enrolled in school, how many credit/semester hours are you presently taking? _____

Full-time status Part-time status GED/continuing education/training program

(Name of School) _____

Parent/Guardian Information

Child Name _____

Income Verification

****If employed and check stubs are not provided, please have employer complete and sign the following: ****

****Also have employer complete this form if you are newly employed and have not been employed for 2 or more months:****

Name of Business _____ Phone _____

Hire Date _____ Total average number of hours worked weekly _____

Rate of pay \$ _____ How often are you paid ? _____ Weekly _____ Bi-weekly
_____ Twice a month _____ Monthly

Please list GROSS wages for the most recent 2 months prior to the current month.

Date of Pay	# of Hours Worked	Amount of Gross Pay

Employer Signature: _____ Date: _____

Employer Printed Name: _____

Employer Title: _____ Phone #: _____

Client must complete the following section if applicable. Your form will not be processed without this information, do not leave any blanks. Put in "0" if none is received.

Other Income (List all income received in household. Written documentation must be provided.)

Child Support \$ _____ Court ordered? Yes No

Social Security \$ _____ Please list who receives: _____

Disability \$ _____ Please list who receives: _____

Other \$ _____ Please describe: _____

Child Name _____

Child's Special Needs and/or Services Received Within Past Year (check all that apply)

Do you think your child might have a developmental or educational challenge? Yes No Don't know

If yes, please explain: _____

Does your child have an IFSP (Individualized Family Service Plan)? Yes No Don't know

Does your child receive services from CDSA (Children's Developmental Services Agency)? Yes No Don't know

Does your child have an IEP (Individualized Education Plan)? Yes No Don't know

Does your child have a physical challenge or chronic illness (for example: cerebral palsy, asthma, etc)?

Yes No Don't know If yes, please explain: _____

Has your child been seen by a pediatric specialist for a chronic health concern? Yes No Don't know

Language

Your child speaks English: Most of the time. Some of the time. Does not speak English.

What language is spoken in the home most of the time? _____

Family Challenges (Occurrences during past year for Parent/Guardian)

Employer reduced work hours or laid off from work since _____

Physical challenge or chronic illness

Substance abuse

Mental health services

Incarceration

Domestic Violence (unreported reported)

Reported child abuse and/or neglect

I CERTIFY THAT ALL OF THE INFORMATION ABOVE IS TRUE AND CORRECT AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN FOR THE RECEIPT OF STATE FUNDS; THAT CHILD CARE SCHOLARSHIP PROGRAM OFFICIALS MAY VERIFY THE INFORMATION ON THE APPLICATION; AND THAT DELIBERATE MISREPRESENTATION OF THE INFORMATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE LAWS.

Signature of Person completing this form:

Parent/Guardian Signature: _____

Date: _____

Relationship to child: _____

*If guardian signs, documentation of guardianship will be required.

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Please return this form and required documentation to Smart Start of Davidson County
306 East US Hwy 64
Lexington, NC 27292
(336) 249-6688 phone • (336) 249-6687 fax
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