

Smart Start of Davidson County Child Care Scholarship Application



Smart Start of Davidson County
306 E. US Highway 64
Lexington, NC 27292
Phone: (336) 249-6688
Fax: (336) 249-6687
www.partnershipforchildren.org

Eligibility Requirements:

- All Parents/Step-Parents/Guardians residing in the home must be working 20+hrs/week or enrolled in school full-time (as determined by school's policy); OR must have a combination of work/school to meet eligibility requirements
- The child must be birth to 5 years of age
- Family must be residents of Davidson County; OR working in or attending school in Davidson County
- If approved for this program, parent/guardian must select an eligible four or five star child care facility

Copies of these items MUST be included if applicable to family:

- Child's Birth Certificate
- Proof of all earned income (most recent 2 months of income)
(pay stubs or income verification form)

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

- Parent/Step-Parent/Guardian's School Schedule (if applicable)
- Child Support Documentation (must provide history for most recent 4 months for all children in home)
- Social Security Documentation (most recent Social Security benefit/award letter)

Child and Family Information

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

Child's Date Of Birth _____ (mm/dd/yyyy)

Child's Address _____

City _____ State _____ Zip Code _____

Mailing Address (If different from above) _____

City _____ State _____ Zip Code _____

Cell 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 many addresses has the child had in the past year? 1 2-3 4+ Currently Homeless

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

Is the child you are applying for enrolled in NC Pre-K or Head Start? Yes No

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

If you answered "yes" to the question above, please provide name(s) of child(ren) currently enrolled below:

Child and Family Information (Continued)

Child Name _____

Who does the child live with at the address above?

- both parents mother only father only parent & step-parent legal guardian(s) legal custodian(s)
 foster parent(s) other (please describe) _____

HOUSEHOLD MEMBERS Please list ALL of the people who live at the child's address. INCLUDE the child you are applying for.

NAME	DATE OF BIRTH	RELATIONSHIP TO CHILD ON APPLICATION
		APPLICANT CHILD

Total Number of Household Members: _____

Smart Start of Davidson County encourages all interested families to complete an application. If funding is not available at the time of application, and the family is determined to be eligible for the Smart Start of Davidson County Child Care Scholarship Program, the child's name will be placed on a waiting list. An at-risk score will be determined for each child. As funds become available, program staff will pull eligible children from the waiting list based upon their prioritization criteria.

Child and Family Information (Continued)

Child Name _____

PARENT/STEP-PARENT/GUARDIAN #1 INFORMATION

ONLY COMPLETE FOR THOSE PARENTS/STEP-PARENTS/GUARDIANS WHO LIVE AT THE CHILD'S ADDRESS

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

Marital Status: Single Married Separated Divorced Widowed

Parent/Step-Parent/Guardian Listed Above is currently: Employed Unemployed

Employer/Company Name: _____ Hours per week? _____

Length of employment at current job: 12 months or more. Less than 12 months N/A

Parent/Step-Parent/Guardian's current education level? High School Attendance High School diploma or GED

Some College College Graduate or Higher

Presently enrolled in school? No Yes → High School College Adult High School/GED Program

Current Student Status (as determined by school): Full-time status Part-time status

Name of School _____

Does another parent/guardian live in the home? Yes. Please complete Parent/Step-Parent/Guardian #2 section below.

No. Please leave information below blank and go to **Other Income**.

PARENT/STEP-PARENT/GUARDIAN #2 INFORMATION

ONLY COMPLETE FOR THOSE PARENTS/STEP-PARENTS/GUARDIANS WHO LIVE AT THE CHILD'S ADDRESS

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

Marital Status: Single Married Separated Divorced Widowed

Parent/Step-Parent/Guardian Listed Above is currently: Employed Unemployed

Employer/Company Name: _____ Hours per week? _____

Length of employment at current job: 12 months or more. Less than 12 months N/A

Parent/Step-Parent/Guardian's current education level? High School Attendance High School diploma or GED

Some College College Graduate or Higher

Presently enrolled in school? No Yes → High School College Adult High School/GED Program

Current Student Status (as determined by school): Full-time status Part-time status

Name of School _____

Other Income

Does anyone living in the home with the child receive the following? *For Child Support, you must provide amount for all children in home.

Child Support: No Yes Amount: _____ Unemployment: No Yes Amount: _____

Social Security: No Yes Amount: _____ Other Income: No Yes Amount: _____

Please describe other income: _____

Child and Family Information (Continued)

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

If English is not spoken in the home most of the time, what language is? _____

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 CONSTITUTES FRAUD AND 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.

Please return this form and required documentation to Smart Start of Davidson County
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***This form is only necessary if paycheck stubs cannot be provided.**

Employment Verification Form

The following person has applied for (or is currently receiving services from) one of our programs. By signing this form, you are giving us permission to contact you in case we need to verify any of the following information. Please verify employment information for the following person and return this form to the employee or to us directly at your earliest convenience.

Employee Name _____

Applicant (child(ren)'s name(s)) _____

Program family is applying for: SSDC Child Care Scholarship NC Pre-K

Is the person named above currently employed by you or your company? Yes No

Hire Date: _____

If newly hired, what is the first pay date when the employee will have worked for a full pay period? : _____

On average, how many hours will the person be working per week? _____

Pay Rate: \$ _____ hourly weekly biweekly monthly

How often will the pay be received?

weekly biweekly (every two weeks) bimonthly (twice a month) monthly

If no pay stubs or payroll summary can be provided, please complete the following table with payments for the most recent 2 months (8 weeks) of income

Pay Date/ Check Date	Hours Worked	Rate of Pay	Reg. Gross Pay	Overtime Hours Worked	Rate of Pay	Overtime Gross Pay	Tips

Name of the Company/Employer: _____

Company/Employer Address: _____ City: _____ Zip Code: _____

Phone#: _____ Fax# _____ Contact Email: _____

Name of person filling out this form: _____ Title: _____

Signature: _____ Date: _____