

Smart Start of Davidson County Child Care Scholarship Application



Smart Start of Davidson County
 803 W. Center Street
 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** be 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 Co.
- 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
- Check Stubs (most recent 2 months of income) →
 - **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
- Employment Verification Form (**page 5 of application**) for **new jobs** or **recent pay rate changes**. Include any check stubs received thus far.
- Self-Employment Packet (for **self-employed** or **1099** parents/ guardians). Visit SSDC website to print.
- 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 for SSA or SSI (most recent SSA or SSI benefit/award letter)
- Unemployment Documentation (if applicable, please include most recent 8 weeks of payments)

1. Child's Full Name (As on birth certificate) _____
2. Child's Date Of Birth _____ (mm/dd/yyyy)
3. Child's Address _____
4. City _____ 5. State _____ 6. Zip Code _____
7. Mailing Address (If different from above) _____
8. City _____ 9. State _____ 10. Zip Code _____
11. Preferred Contact Phone Number _____ 12. Alternate Phone Number _____
13. Email address _____
14. Preferred Contact Method (How would you like us to contact you?) Telephone Email Either (phone or email)
15. Child's Gender Male Female
16. Child's Race (Please mark all that apply.) White/European Asian Native Hawaiian/Pacific Islander
 Black/African Native American/Alaskan Spanish/Latino/Hispanic Other _____
17. Is your child currently enrolled in a child care facility? Yes No Name? _____
18. How many addresses has the child had in the past year? 1 2-3 4+ Currently Homeless
19. Are you receiving financial assistance for child care? Yes No If yes, name of agency: _____
20. Is the child you are applying for enrolled in NC Pre-K or Head Start? Yes No
21. Do you have another child currently on the SSDC Child Care Scholarship Program? Yes No
22. If you answered "yes" to the question above, please provide name(s) of child(ren) currently enrolled below:

Child Name _____

1. Who does the child live with at the address above? Please note that this information may be verified by SSDC and other state agencies.

PLEASE SELECT ONE:

- both parents
- mother only
- father only
- parent & step-parent → (married or unmarried)
- legal guardian(s)
- legal custodian(s)
- foster parent(s)
- other (Please describe.) _____

2. 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 Name _____

Parent / Step-parent / Guardian #1 → Please complete questions 1-13.

Only complete for those parents / step-parents / guardians who live at the child's address.

1. Parent/Step-Parent/Guardian Name: _____ 2. Age: _____ 3. Date of Birth: _____
4. Marital Status: Single Married Separated Divorced Widowed
5. Parent / Step-Parent / Guardian Listed Above is currently: Employed Unemployed
6. Employer/Company Name: _____ 7. Hours per week? _____
8. Length of employment at current job: 12 months or more Less than 12 months N/A
9. Parent / Step-Parent / Guardian's current education level? High School Attendance High School Diploma or GED
 Some College College Graduate or Higher
10. Presently enrolled in school? No Yes → High School College Adult High School/GED Program
11. Current Student Status (as determined by school): Full-time status Part-time status
12. Name of School _____

13. Does another parent / step-parent / guardian live in the home?

- Yes → Please complete questions 14-25 & 26-29 below.
- No → Please only complete questions 26-29 below.

Parent / Step-parent / Guardian #2 → Please complete questions 14-25.

Only complete for those parents / step-parents / guardians who live at the child's address.

14. Parent/Step-Parent/Guardian Name: _____ 15. Age: _____ 16. Date of Birth: _____
17. Marital Status: Single Married Separated Divorced Widowed
18. Parent / Step-Parent / Guardian Listed Above is currently: Employed Unemployed
19. Employer/Company Name: _____ 20. Hours per week? _____
21. Length of employment at current job: 12 months or more Less than 12 months N/A
22. Parent / Step-Parent / Guardian's current education level? High School Attendance High School Diploma or GED
 Some College College Graduate or Higher
23. Presently enrolled in school? No Yes → High School College Adult High School/GED Program
24. Current Student Status (as determined by school): Full-time status Part-time status
25. Name of School _____

Other Income → Please complete questions 26-29.

Do you or anyone living in the home with the child receive the following? (For child support, you must provide amount for ALL children in home.)

26. Child Support: No Yes Amount: _____
27. Unemployment: No Yes Amount: _____
28. Social Security (SSA or SSI): No Yes Amount: _____
29. Other Income*: No Yes Amount: _____

*Please describe other income: _____

Child Name _____

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

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

If yes, please explain: _____

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

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

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

5. 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: _____

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

Language

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

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

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

9. Employer reduced work hours or laid off from work since _____

10. Physical challenge or chronic illness

11. Substance abuse

12. Mental health services

13. Incarceration

14. Domestic Violence (unreported reported)

15. 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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Employment Verification Form—Scholarship

This form is only necessary if paycheck stubs cannot be provided.

The following person has applied for or is currently receiving services from the Smart Start of Davidson County Child Care Scholarship Program. 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.

1. Employee Name _____

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

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

4. Hire Date: _____

5a. If newly hired, what is the first pay date when the employee will have worked for a full pay period? : _____

OR...

5b. If a recent change in pay rate or hours has occurred, what is the first pay date when the change will have been in effect for a full pay period? _____

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

7. Pay Rate: \$ _____ hourly weekly biweekly monthly

8. 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: _____