Smart Start of Davidson County
Child Care Scholarship Application

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.** 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)

Smart Start of Davidson County
820 Grimes Boulevard
Lexington, NC 27292
Phone: 336-249-6688
Fax: 336-249-6687
www.partnershipforchildren.org

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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