



Serving Children Supporting Caregivers Strengthening Our Community

2020 Covid-19 Child Care Financial Aid Application

Funded by Douglas County CARES Act

August 27, 2020

Program Information: In response to the current national health and economic crisis, and in collaboration with the Douglas County CARES Act, Positive Bright Start announces the **Covid-19 Child Care Financial Aid Program**. The goal of the program is to provide early education tuition relief for essential workers in Douglas County. The scholarships are child-specific and will be paid directly to a licensed early child care and education program participating in the Douglas County Hero Relief Program. Funds are to be applied toward the recipient's early education tuition. All scholarship awards are subject to the availability of funds.

Applicant Eligibility: Covid-19 Child Care Financial Aid may be awarded to income eligible, essential worker families who reside in Douglas County with a combined household income less than 240% federal poverty level.

Application Process: Applications for Covid-19 Child Care Financial Aid will be accepted *beginning September 1, 2020*. After processing, all applicants will receive written notification of their status. As long as funds are available, approved applicants will be awarded a scholarship based on their income level. Ineligible applicants will receive a denial notification. **Incomplete applications and/or missing supporting documentation will cause a delay in processing.** Please complete the application in full and attach all required supporting documentation. Questions about this program may be directed to Sunday Monson; sunday@positivebrightstart.org. Applications can be emailed to sunday@positivebrightstart.org, mailed, or delivered to our agency office drop box at 1900 Delaware, Lawrence.

All approved applicants will receive a monthly scholarship for the months of August - December 31, 2020.

Data: Upon scholarship approval, and included in the award letter, Positive Bright Start will request a parent-completed social-emotional screener, the ASQ-SE2, and developmental screener, the ASQ3, for the child receiving scholarship. Those are to be completed and returned to the Positive Bright Start agency office by the due date set in the award letter.

Legal Disclosure: Funding for this program is provided by the Douglas County CARES Act. Positive Bright Start is not a child care referral agency and cannot refer families nor endorse any community early education program over another. Positive Bright Start does not participate in or oversee care of children outside of the Positive Bright Start Preschool program and is not liable for any circumstances involving quality of care in other sites.

Applicant's Rights & Responsibilities

- A. I understand the scholarship I receive from the Covid-19 Child Care Financial Aid program is subject to: the availability of funding, to any policy changes/decisions and is paid directly to the early education program.
- B. I understand that I have a right to have my eligibility determined within 30 days.
- C. I understand that I have a right to a fair hearing if I am dissatisfied with the decisions made on my application or if I feel there has been undue delay in acting on my application.
- D. I understand that I have a right to equal treatment as other applicant/recipients who are in similar situations.
- E. I understand that I have the responsibility to report fully all changes in my circumstances which affect my application.
- F. I agree to a full investigation of my eligibility including potential inquiries of employers. I further understand that if the agency needs to contact my employers, I hereby consent to the release of information concerning my income.
- G. I understand that falsification of any information in this application will be grounds for termination of the scholarship.
- H. I understand that I have the responsibility to report any changes in my circumstances which affect my eligibility.
- I. I understand that I have the responsibility to cooperate in current and subsequent agency efforts to establish my eligibility.
- J. I understand that the tuition scholarship program will pay up to 5 absences each month. After 5 absences, the scholarship will decrease in accordance to the fee schedule for each additional absence and that I am responsible to pay for all absences in excess of the 5 paid absences directly to the early education center. When more than five absences in a month is necessary, it is my responsibility to contact the scholarship administrator.
- K. I understand that I have the responsibility to pay my family share (tuition and fees not covered by scholarship) in accordance with the policy set by my child’s early childhood educational center.

I have read and understand the preceding information. I certify that all of the information in this form is correct to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____

Checklist: After completing the following application, please use this checklist to determine if all your supporting materials are attached. **Remember, applications must include supporting financial documentation. Missing documentation will delay processing.**

- _____ Tax Return and/or Income Verification. If 2019 tax return is no longer representative of your family income, please include two current pay stubs or evidence of current employment status.
- _____ For Parent-Students: Student Enrollment Status (hours enrolled) and Financial Aid Summary
- _____ For Parents Receiving DCF Assistance: DCF Child Care Family Plan Letter
- _____ Supporting Documentation of Non-Employment Income (i.e. child support, alimony, military benefits, etc.)

PLEASE COMPLETE EACH SECTION, PRINTING CLEARLY

Applicant Contact Information (parent(s), guardian(s) or responsible party applying for scholarship)

Name(s): _____

Address: _____ Zip: _____

County: _____ Phone: _____ Email: _____

Child Care Provider/Early Education Program Contact Information

Name _____ Email Address _____

Address _____ Telephone Number _____

Child Information

Child's Name	Date of Birth	Gender Identity	Ethnicity (optional)	Special Needs (IEP and/or diagnosis)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Caregiver Information

1. Name of Primary Parent/Guardian _____ Address _____

2. Any Additional Parent/Guardian _____

Who has custody of the child(ren)? _____ Relationship to child(ren): _____

With whom does the child(ren) live? _____ Relationship to child(ren): _____

Household Members (list applicant first)

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employment Income

List **all** members of the household **over the age of 18** who receive income from employment and **provide a copy of the most recent tax returns**. **If** the household’s financial situation has changed **significantly** since that filing, provide a letter of explanation and one of the following for each employed household member: the two most current, consecutive paystubs or a letter from the employer verifying wages, hours, and expected monthly earnings.

Person Employed	Name of Employer	Gross Pay	Frequency of Pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Non-employment Income

Monthly Gross

- 1. Child Support _____
(Attach a copy of your Kansas Payment Center Payment History Report for 2020)
- 2. Alimony _____
- 3. Pension/Retirement Benefits _____
- 4. Unemployment Compensation _____
- 5. Workman's Compensation _____
- 6. Social Security Benefits _____
- 7. Veteran’s Pension _____
- 8. Educational Stipends and/or Paid Living Expenses _____
- 9. Fellowships or Paid Internships _____
- 10. International Financial Support _____
- 11. Tribal Benefits _____
- 12. 3rd Party Living Expense Contributions _____
- 13. Any Other Income: Monetary Gifts, etc. _____

Please attach supporting documentation for all that apply

DCF Child Care Assistance

Does the household receive DCF Child Care Assistance? Yes or No

If yes, list monthly benefit amount and **provide a copy of your DCF Child Care Family Plan letter**. _____

DCF Child Care Assistance is not considered income, but does factor into Financial Aid award amounts.

Parent/Guardian Attending School

(Provide copy student schedule and financial aid letter.)

Name of Parent/Guardian	_____	_____
Name of School attending	_____	_____
FT/PT (# credits in which enrolled)	_____	_____
Year in school (FR,SO,JR,SR,Grad)	_____	_____