

Child Care Scholarships

A project of Child Care Resource & Referral & FMC Community Empowerment

Application Criteria and Guidelines

Child Care Resource & Referral in partnership with FMC Community Empowerment has child care scholarships available for income eligible families in need of child care assistance.

1. Child Care Resource and Referral will serve as the fiscal agent and will use an application to gather information for determining eligibility.
2. Applications may be obtained from:
Child Care Resource and Referral
910 East Main St.
New Hampton, IA 50659
Phone: 641-394-4854 or 1-866-394-4854.
3. Eligibility for child care scholarships will be determined using income guidelines.
4. Scholarships will only be provided if the participant **does not** qualify for child care assistance through The Department of Human Services and has received a *Notice of Decision* indicating so.
5. The scholarship is the cost the child care provider would normally charge the parent and as costs are reasonable and within the scope of service.
6. The participant must use a child care provider in the FMC area who is either a licensed center or registered child development home through the Department of Human Services or the Department of Education.
7. The scholarship shall cover the charges of child care as identified and approved and reasonable transportation time. Scholarships do not include the cost of transportation.
8. A Child Care Assistance Attendance Sheet must be completed and signed by the participant, the provider, and school personnel to verify all hours of class attendance.
9. The participants must live within the FMC Empowerment Area. Scholarships will end immediately if the family moves outside of the FMC Empowerment area.
10. The scholarships are available on a first come, first serve basis. When funding is exhausted all scholarships will cease.
11. The family has a right to appeal the decision. They must be informed of this right. The appeal must be made to the FMC Empowerment Child Care Scholarship Committee within 30 days. The Committee will make an official ruling on any and all appeals.

Child Care Scholarships
Annual Income Guidelines
FY 07

Size of Family	DHS Maximum	Scholarship Maximum
2	16,968.00	23,736.00
3	21,364.00	29,767.00
4	25,760.00	35,798.00
5	30,156.00	41,829.00
6	34,552.00	47,860.00
7	38,948.00	53,891.00
8	43,344.00	59,922.00



CHILD CARE SCHOLARSHIPS
PROVIDER PARTNERSHIP AGREEMENT
BETWEEN
CHILD CARE RESOURCE & REFERRAL
AND

(provider) _____

Child Care Scholarships are made available to children whose families incomes are below 200% poverty level guidelines. These children may attend any licensed or registered child care provider in the FMC area to receive a child care scholarship.

Child Care Resource and Referral will serve as the fiscal agent for the child care scholarships. The Child Care Resource and Referral Resource Development Coordinator will administer and monitor the scholarships in partnership with participating child care providers who agree to follow the program guidelines:

- 1. Child Care Resource and Referral will serve as the fiscal agent and will use an application to gather information for determining eligibility.
2. Applications may be obtained from: Child Care Resource and Referral, 910 East Main St., New Hampton, IA 50659, Phone: 641-394-4854 or 1-866-394-4854.
3. Eligibility for child care scholarships will be determined using income guidelines. See attachment.
4. Scholarships will only be provided if the participant does not qualify for child care assistance through The Department of Human Services.
5. The scholarship is the cost the child care provider would normally charge and as costs are reasonable and within the scope of services.
6. The participant must use a child care provider in the FMC area who is either a licensed center or registered child development home through the Department of Human Services or the Department of Education.
7. The scholarship shall cover the charges of child care as identified and approved and reasonable transportation time. Scholarships do not cover the cost of transportation.
8. The participants must live within the FMC Empowerment Area. Scholarships will end immediately if the family moves outside of the FMC Empowerment area.
9. The scholarships are available on a first come, first serve basis. When funding is exhausted all scholarships will cease.
10. If the child care expense exceeds the allotted scholarship amount, it is the responsibility of the participant and child care provider to arrange additional fees and is not the responsibility of the fiscal agent (CCR&R).
11. The child care provider will maintain a Child Care Assistance Attendance Sheet and submit it to the fiscal agent (CCR&R) monthly by the fifth day of the month following the month that services were provided.
12. Child Care Providers may be audited at any time to show proof of child(ren) attendance by sending verification to CCR&R as requested.
13. For payment of services, the child care provider will submit the Child Care Scholarship Attendance Sheets to the fiscal agent monthly, by the fifth day of the month following the month that services were provided.
14. The time period covered by this agreement is from the date of inception, to end of participant classes, or June 30, 2007 when funding for the child care scholarship program ends.
15. This agreement may be terminated by either party for any reason upon written 30-day notice of one party to the others.
16. The family has a right to appeal the decision for denial of a scholarship. They must be informed of this right. The appeal must be made to the FMC Empowerment Child Care Scholarship Committee within 30 days. The Committee will make an official ruling on all appeals.

The duly authorized signatures on behalf of the parties signed below will serve to initiate this agreement.

Parent/Student/Guardian: _____ Date _____
Signature of Parent/Guardian: _____ Date _____

Child Care Provider
Name _____ Address _____
City, State, Zip _____
Phone _____ Hourly/Unit Rate for Child Care: _____
(Signature) _____ Date _____

Child Care Resource and Referral
Name _____
(Signature) _____ Date _____



CHILD CARE SCHOLARSHIP APPLICATION

A project of Child Care Resource & Referral & FMC Community Empowerment

APPLICANT INFORMATION:

Child(rens) Name: _____
Child(rens) Birth Date: _____ Current Age(s): _____
Child(rens) Sex: _____
Child(rens) Race/Ethnicity: _____
Child(rens) Health Insurance Company: _____
Special Needs: _____

FAMILY INFORMATION:

Parent(s)/Guardian Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
County: _____

FAMILY INCOME (ANNUAL):

Family Size: _____ *****COUNT YOURSELF, YOUR SPOUSE, AND ALL CHILDREN LIVING IN THE HOME. ONLY THE TEENAGE PARENT(S) AND HER CHILD(REN) ARE COUNTED IN FAMILY SIZE FOR DETERMINING ELIGIBILITY. A COMPANION IN THE HOME IS NOT CONSIDERED IN DETERMINING ELIGIBILITY UNLESS THERE IS A COMMON CHILD.

PROOF OF INCOME:	
FIP BENEFITS:	
CHILD SUPPORT OR ALIMONY:	
SSI:	
SOCIAL SECURITY:	
OTHER:	

*** Denial letter or notice of decision from The Department of Human Services must be attached.

CHILD CARE INFORMATION:

Child Care Provider Name/ Center Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Number of Days Per Week Child(ren) Will Attend Child Care: _____
Hourly rate of Child Care: _____

I certify that the above information is correct and that all income is reported. I give permission to verify the information on the application. I understand that deliberate misrepresentation of this information will terminate eligibility for funds and I will be responsible for reimbursement of any funds already received. All information contained on this application will be kept confidential and used solely for purposes of determining eligibility for child care scholarships.

Printed Name: _____

Signature: _____ Date: _____

Child Care Resource & Referral
Child Care Scholarship Attendance Sheet

Month _____ Year _____

Name of Child					Name of Child				Name of Child			
Day	Time In	Time Out	# of hrs	X if absent	Time In	Time Out	# of hrs	X if absent	Time In	Time Out	# of hrs	X if absent
1 st		to				to				to		
2 nd		to				to				to		
3 rd		to				to				to		
4 th		to				to				to		
5 th		to				to				to		
6 th		to				to				to		
7 th		to				to				to		
8 th		to				to				to		
9 th		to				to				to		
10 th		to				to				to		
11 th		to				to				to		
12 th		to				to				to		
13 th		to				to				to		
14 th		to				to				to		
15 th		to				to				to		
16 th		to				to				to		
17 th		to				to				to		
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19 th		to				to				to		
20 th		to				to				to		
21 st		to				to				to		
22 nd		to				to				to		
23 rd		to				to				to		
24 th		to				to				to		
25 th		to				to				to		
26 th		to				to				to		
27 th		to				to				to		
28 th		to				to				to		
29 th		to				to				to		
30 th		to				to				to		
31 st		to				to				to		
Total Hours					Total Hours				Total Hours			

I certify these hours of care are correct:

Signature of Parent/Guardian _____ Date: _____

I certify these hours of care are correct:

Signature of Child Care Provider _____ Date: _____

I certify these hours are correct:

Signature of School Personnel _____ Date: _____