

Application for Child Care Financial Assistance

To be eligible for assistance, your family must:

- ➔ Have an accepted service need (*reason*) for child care.
- ➔ Meet the income guidelines.
- ➔ Live in Vermont.

HOW TO APPLY

1. Fully complete this application. *Incomplete applications will be returned.*
2. Sign at the bottom of page 10. *Use a pen.*
3. Complete any additional forms that are required (e.g., Verification of Employment Form).
4. Gather copies of required verification documents (e.g., child support order). *Originals may be returned upon request.*
5. Send your application, along with required documents and forms, to your local Community Child Care Support Agency (*see list on bottom of next page*). They can help you apply.

NOTE: If you get Reach Up, ask your case manager if they can authorize Child Care Financial Assistance for you. If they can, you **DO NOT** have to complete this application.

WHAT HAPPENS NEXT

1. Your local agency will determine your eligibility for assistance – based on your need for child care, household income, and family size.
2. If eligible, assistance may begin on the date your fully completed application was received.

If English is not your primary language and you need help understanding this information, tell your local office.

إذا لم تكن اللغة الإنجليزية لغتك الأولى وتحتاج إلى الحصول على المساعدة قم بإبلاغ المكتب الفرعي القريب منك.

Ako engleski jezik nije Vaš primarni jezik i ako Vam je potrebna pomoć da razumijete ovu informaciju, obavijestite svoj lokalni ured.

အကယ်၍ အင်္ဂလိပ်စကားသည် သင့်မိခင်ဘာသာစကား မဟုတ်သဖြင့် ဤသတင်းအချက်အလက်ကို နားလည်ရန်အတွက် အကူအညီလိုအပ်က သင့်အသံရုံးကို အကြောင်းကြားပါ။

Si vous n'êtes pas anglais de langue maternelle et que vous avez besoin d'aide pour comprendre ces informations, dites-le à votre bureau local.

Mugihe icongereza atari ururimi rw'awe rw'amavukiro ukaba ushaka impfashanyo y'ugusobanukirwa iy'inkenuzo, egera ibiro vyaho uba.

यदि अङ्ग्रेजी तपाईंको मुख्य भाषा होइन र तपाईंलाई यो बुझ्न सहयोग चाहिएमा, तपाईंको स्थानीय कार्यालयम भन्नुहोस्।

Haddii luuqada Ingiriisiga aysan ahayn luuqadaada asaasiga ah aadna u baahan tahay caawimaad ah fahanka macluumaadka, u sheeg xafiiska deegaankaaga.

Si su idioma materno no es el inglés y necesita ayuda para comprender esta información, infórmelo a su oficina local.

Ikiwa Kiingereza sio lugha yako ya msingi na unahitaji msaada wa kufahamu maelezo haya, waeleze ofisi yako ya mtaa.

Nếu tiếng Anh không phải là ngôn ngữ chính của quý vị và quý vị cần trợ giúp để hiểu thông tin này, hãy cho văn phòng tại địa phương quý vị biết.

DOCUMENT CHECKLIST

- Education savings account:** Send proof of any contributions to a qualified account.
- Reason for child care:** Complete the required forms and gather the documents required to verify the service need for child care.
- Child support:** Send a copy of any child support order. If you're not getting or paying the amount on the order, send a 6-12 month payment history from the Office of Child Support.
- Household income:** Include all documents required to verify all sources of income.
- State adoption:** If you have an adoption assistance agreement with the State of Vermont, send a copy. Income limits may be waived, but you'll still need to provide income information and verification and have a service need (*reason*) for child care.

Review this list and make sure you send all the required documents & forms.

COMMUNITY CHILD CARE SUPPORT AGENCIES

Staff in your local agency can:

- Answer your questions about assistance and help you apply.
- Provide copies of any additional forms you need to fill out.
- Help you find a child care provider if you don't already have one.

<p>ADDISON Child Care Services at Mary Johnson Children's Center 81 Water Street Middlebury, VT 05753 (802) 388-4304</p>	<p>FRANKLIN/GRAND ISLE Family Center of Northwestern Counseling & Support Services 130 Fisher Pond Road St. Albans, VT 05478 (802) 524-6554</p>	<p>RUTLAND Vermont Achievement Center 88 Park Street Rutland, VT 05701 (802) 773-4365 (<i>child care subsidy</i>) (802) 747-0033 (<i>child care referral</i>)</p>
<p>BENNINGTON Sunrise Family Resource Center 238 Union Street Bennington, VT 05201 (802) 442-0052</p>	<p>LAMOILLE Lamoille Family Center 480 Cady's Falls Road Morrisville, VT 05661 (802) 888-5229</p>	<p>WASHINGTON Family Center of Washington County 383 Sherwood Drive Montpelier, VT 05602 (802) 262-3292</p>
<p>CALEDONIA/ESSEX SOUTH Kingdom Child Care Connection at Umbrella 1330 Main Street St. Johnsbury, VT 05819 (802) 748-1992 (option 3)</p>	<p>ORANGE/WINDSOR NORTH The Family Place 319 US Route 5 South Norwich, VT 05055 (802) 649-3268, 1-800-639-0039</p>	<p>WINDHAM SOUTH Winston Prouty 209 Austine Drive, Vermont Hall Brattleboro, VT 05301 (802) 257-7852</p>
<p>CHITTENDEN Child Care Resource 300 Cornerstone Drive, Suite 128 Williston, VT 05495 (802) 863-3367</p>	<p>ORLEANS/ESSEX NORTH Kingdom Child Care Connection at Umbrella 79 Coventry Street, Suite 3 Newport, VT 05855 (802) 624-4157</p>	<p>WINDSOR S. / WINDHAM N. Springfield Area Parent Child Center 80 Jack & Jill Lane North Springfield, VT 05150 (802) 886-5242, 1-800-808-4442</p>

CHILD CARE FINANCIAL ASSISTANCE APPLICATION

Please print clearly and answer all questions completely.

1. TELL US ABOUT YOU (THE APPLICANT) AND YOUR HOUSEHOLD.

First name, middle name, last name & suffix (Jr., Sr., III, etc.)			
Other names (e.g., maiden name, nicknames or aliases)		Date of birth (mm/dd/yyyy)	
Social Security number*	Email address		
Phone numbers: (Check ✓ preferred one)	<input type="checkbox"/> Cell (with area code)	<input type="checkbox"/> Home (with area code)	<input type="checkbox"/> Work (with area code)
Physical address (street address, city, state, zip code)			
Mailing address (if different from physical address)			
Primary Language:		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Race (check ✓ all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> Prefer not to answer			
Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Asylee <input type="checkbox"/> Immigrant <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other (explain) _____			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self describe (explain) _____		Preferred Pronoun:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed		Vermont resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a million dollars or more in assets?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you put money into a qualified education savings account (e.g., Vermont Higher Education Investment Plan, other 529 Plan)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in the home pay child support?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any parent/caregiver currently on active duty in the U.S. Military or a member of a National Guard or Military Reserve unit?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which one: <input type="checkbox"/> Active Military <input type="checkbox"/> National Guard/Military Reserve			
Is your family experiencing homelessness?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a single-parent household?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. TELL US YOUR SERVICE NEED (REASON) FOR CHILD CARE.

Check the reason you need child care below.

- ➔ Provide any information required in the corresponding section.
- ➔ Get a copy of any form you need to complete from your local child care support agency or at <https://dcf.vermont.gov/cdd/families/forms>.

REASON CARE IS NEEDED		INFORMATION REQUIRED		
<input type="checkbox"/> Self employed	Send a completed <i>Self-Employment Business Plan</i> form. If self-employed: <ul style="list-style-type: none"> • More than a year, send a copy of your individual and business taxes, including all schedules. • Less than a year, send a profit and loss statement. 			
<input type="checkbox"/> Medically unable	Send a completed <i>Special Health Needs (Adult)</i> form.			
<input type="checkbox"/> Looking for work	Send a completed <i>Seeking Employment Plan</i> form.			
<input type="checkbox"/> Attending school or training	Send a completed <i>Training Plan</i> form and copy of your current registration form/class schedule.			
	Bachelor's Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you already have a Bachelor's Degree, this cannot be the reason you need child care.</i>			
<input type="checkbox"/> Working	<ul style="list-style-type: none"> • Send two consecutive pay stubs from the last 30 days for each job you have. • If your job is new and you don't have paystubs yet, send a completed <i>Verification of Employment</i> form. • If your employer does not withhold taxes for you, follow the instructions for self employment above. 			
➔ Work hours (circle AM or PM):	SUNDAY Start ____am / pm End ____am / pm	MONDAY Start ____am / pm End ____am / pm	TUESDAY Start ____am / pm End ____am / pm	
	WEDNESDAY Start ____am / pm End ____am / pm	THURSDAY Start ____am / pm End ____am / pm	FRIDAY Start ____am / pm End ____am / pm	SATURDAY Start ____am / pm End ____am / pm
Flexible schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduled hours per week ____	Does your employer contribute towards child care costs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
➔ Employer info	Name:		Phone:	
Full address:				
<input type="checkbox"/> Child with special health needs	Send a completed <i>Special Health Needs (Child)</i> form.			
<input type="checkbox"/> Family support	If your family is experiencing extreme short term stress (e.g., shelter, safety, emotional stability, substance abuse or children's behaviors), contact your local CIS Child Care Coordinator (https://dcf.vermont.gov/contacts/partners/scc).			
<input type="checkbox"/> Protective services	Discuss your need for child care with your Family Services worker.			

4. TELL US ABOUT ANY OTHER PARENT/CAREGIVER IN THE HOME.

You MUST list your spouse, civil union partner or legal parent of your child(ren).

First name, middle name, last name & suffix (Jr., Sr., III, etc.)		Relationship to applicant
Primary language	DOB (mm/dd/yyyy)	Social Security number*
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> Prefer not to answer		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Asylee <input type="checkbox"/> Immigrant <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other (explain) _____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self describe (explain) _____		Preferred Pronoun

Check the reason they need child care below.

- ➔ Provide any information required in the corresponding section.
- ➔ Get a copy of any form you need to complete from your local child care support agency or at <https://dcf.vermont.gov/cdd/families/forms>.

REASON CARE IS NEEDED	INFORMATION REQUIRED		
<input type="checkbox"/> Self employed	Send a completed <i>Self-Employment Business Plan</i> form. If self-employed: <ul style="list-style-type: none"> More than a year, send a copy of their individual and business taxes, including all schedules. Less than a year, send a profit and loss statement. 		
<input type="checkbox"/> Medically unable	Send a completed <i>Special Health Needs (Adult)</i> form.		
<input type="checkbox"/> Looking for work	Send a completed <i>Seeking Employment Plan</i> form.		
<input type="checkbox"/> Attending school or training	Send a completed <i>Training Plan</i> form and copy of their current registration form/class schedule.		
	Bachelor's Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If they already have a Bachelor's Degree, this cannot be the reason they need child care.</i>		
<input type="checkbox"/> Working	<ul style="list-style-type: none"> Send two consecutive pay stubs from the last 30 days for each job. If their job is new and they don't have paystubs yet, send a completed <i>Verification of Employment</i> form. If their employer does not withhold taxes, follow the instructions for self employment above. 		
➔ Work hours (circle AM or PM):	SUNDAY Start ____am / pm End ____am / pm	MONDAY Start ____am / pm End ____am / pm	TUESDAY Start ____am / pm End ____am / pm
	WEDNESDAY Start ____am / pm End ____am / pm	THURSDAY Start ____am / pm End ____am / pm	FRIDAY Start ____am / pm End ____am / pm
SATURDAY Start ____am / pm End ____am / pm			
Flexible schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduled hours per week ____	Does your employer contribute towards child care costs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
➔ Employer info	Name:		Phone:
Full address:			

5. TELL US ABOUT OTHER HOUSEHOLD MEMBERS. Include your children and anyone else you claim as a dependent on your taxes. Use extra paper if needed.

First name, middle name, last name & suffix (Jr., Sr., III, etc.)		Relationship to applicant
Primary language	DOB (mm/dd/yyyy)	Social Security number*
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> Prefer not to answer		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Asylee <input type="checkbox"/> Immigrant <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other (explain) _____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self describe (explain) _____		
Is this a child under 19 who has special health needs and requires child care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a child you get Act 166 funds for?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are both parents present in the household?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of absent parent (if known) OR reason unknown: _____		
Physical Address of absent parent (if known): _____		
Are you (the applicant) married to the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, were you separated in the last 12-months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the absent parent receiving child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

First name, middle name, last name & suffix (Jr., Sr., III, etc.)		Relationship to applicant
Primary language	DOB (mm/dd/yyyy)	Social Security number*
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Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self describe (explain) _____		
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Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the absent parent receiving child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

5. TELL US ABOUT OTHER HOUSEHOLD MEMBERS (Continued). Include your children and anyone else you claim as a dependent on your taxes. Use extra paper if needed.

First name, middle name, last name & suffix (Jr., Sr., III, etc.)		Relationship to applicant
Primary language	DOB (mm/dd/yyyy)	Social Security number*
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> Prefer not to answer		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Asylee <input type="checkbox"/> Immigrant <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other (explain) _____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self describe (explain) _____		
Is this a child under 19 who has special health needs and requires child care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a child you get Act 166 funds for?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are both parents present in the household?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of absent parent (if known) OR reason unknown: _____		
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Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Primary language	DOB (mm/dd/yyyy)	Social Security number*
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Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the absent parent receiving child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

6. TELL US ABOUT YOUR CHILD CARE PROVIDER(S). To receive payments, the provider you use must be registered, licensed or certified by the Child Development Division.

Child's name:	Indicate hours needed, circle AM or PM:
Child care provider information:	Sunday _____ am/pm to _____ am/pm
Name:	Monday _____ am/pm to _____ am/pm
Phone:	Tuesday _____ am/pm to _____ am/pm
Location:	Wednesday _____ am/pm to _____ am/pm
Relationship to child:	Thursday _____ am/pm to _____ am/pm
Child care start date:	Friday _____ am/pm to _____ am/pm
	Saturday _____ am/pm to _____ am/pm

Will the child use the same child care program for the summer months? Yes No

Child's name:	Indicate hours needed, circle AM or PM:
Child care provider information:	Sunday _____ am/pm to _____ am/pm
Name:	Monday _____ am/pm to _____ am/pm
Phone:	Tuesday _____ am/pm to _____ am/pm
Location:	Wednesday _____ am/pm to _____ am/pm
Relationship to child:	Thursday _____ am/pm to _____ am/pm
Child care start date:	Friday _____ am/pm to _____ am/pm
	Saturday _____ am/pm to _____ am/pm

Will the child use the same child care program for the summer months? Yes No

Child's name:	Indicate hours needed, circle AM or PM:
Child care provider information:	Sunday _____ am/pm to _____ am/pm
Name:	Monday _____ am/pm to _____ am/pm
Phone:	Tuesday _____ am/pm to _____ am/pm
Location:	Wednesday _____ am/pm to _____ am/pm
Relationship to child:	Thursday _____ am/pm to _____ am/pm
Child care start date:	Friday _____ am/pm to _____ am/pm
	Saturday _____ am/pm to _____ am/pm

Will the child use the same child care program for the summer months? Yes No

Child's name:	Indicate hours needed, circle AM or PM:
Child care provider information:	Sunday _____ am/pm to _____ am/pm
Name:	Monday _____ am/pm to _____ am/pm
Phone:	Tuesday _____ am/pm to _____ am/pm
Location:	Wednesday _____ am/pm to _____ am/pm
Relationship to child:	Thursday _____ am/pm to _____ am/pm
Child care start date:	Friday _____ am/pm to _____ am/pm
	Saturday _____ am/pm to _____ am/pm

Will the child use the same child care program for the summer months? Yes No

7. TELL US ABOUT YOUR HOUSEHOLD INCOME & EXPENSES. *If they live in the home, you must include for your spouse, civil union partner or legal parent of your child(ren).*

Gross Monthly Income (before deductions such as taxes)	Applicant	Other Parent/Caregiver
EARNED INCOME		
<input type="checkbox"/> Salaries, wages, tips, etc.	\$	\$
<input type="checkbox"/> Bonuses (ongoing)	\$	\$
<input type="checkbox"/> Military pay (active, reserve, deployed)	\$	\$
<input type="checkbox"/> Self-employment (e.g., farming, carpentry, lawn care, logging)	\$	\$
<input type="checkbox"/> Vista or Americorps stipend	\$	\$
UNEARNED INCOME		
<input type="checkbox"/> Alimony	\$	\$
<input type="checkbox"/> Child support	\$	\$
<input type="checkbox"/> Dividend, interest or trust fund income	\$	\$
<input type="checkbox"/> Rental Income	\$	\$
<input type="checkbox"/> Retirement benefits	\$	\$
<input type="checkbox"/> Pension	\$	\$
<input type="checkbox"/> Social Security Benefits	\$	\$
<input type="checkbox"/> Unemployment compensation	\$	\$
<input type="checkbox"/> Veteran's benefits	\$	\$
<input type="checkbox"/> Worker's compensation	\$	\$
PUBLIC BENEFITS		
<input type="checkbox"/> PSE Education/Reach Up	\$	\$
<input type="checkbox"/> Reach Up Child Only	\$	\$
<input type="checkbox"/> 3SquaresVT (EBT Cash Only)	\$	\$
<input type="checkbox"/> Housing Assistance	\$	\$
<input type="checkbox"/> Supplement Security Income (SSI)	\$	\$
OTHER INCOME		
<input type="checkbox"/> Explain:	\$	\$
<input type="checkbox"/> Explain:	\$	\$
Monthly Expenses		
<input type="checkbox"/> Child Support Paid	\$	\$
<input type="checkbox"/> VHEIP/529 College Savings Plan	\$	\$

8. PROVIDE YOUR CONSENT TO EXCHANGE INFORMATION

I authorize my local child care support agency to exchange information needed to determine my eligibility for assistance with any of the agencies checked below.

- Economic Services Division —
Department for Children and Families
- Office of Child Support —
Department for Children and Families
- Family Services Division —
Department for Children and Families
- Vermont Department of Labor
- Vocational Rehabilitation Division —
Department of Disabilities, Aging and
Independent Living
- Child care provider: _____

- Child's school: _____
- Employer: _____
- Family Support Team
- Early Childhood Special Education (ECSE)
- Visiting Nurses Association (VNA)
- Home Health and Hospice
- Children's Integrated Services (CIS)
- Other _____

9. SIGN AND CERTIFY YOUR APPLICATION

By signing below, I certify that I understand that:

- I will be notified in writing about the decision on my application.
- I must report any changes that may affect my eligibility within 10 business days (e.g., changes in my household size, marital status, employment or training status, address and income).
- I could be prosecuted for fraud if I don't report changes within 10 business days of the change or I provide incorrect or misleading information.
- If I get assistance, I am responsible for paying the difference between the child care financial assistance I receive and what my provider charges. While I am not eligible for assistance, I am responsible for paying for any child care costs incurred.
- Failing to provide the required documents may result in denial of this application.

SIGN & DATE YOUR APPLICATION BELOW. USE A PEN.

UNSIGNED APPLICATIONS WILL BE RETURNED

I certify that the information provided on this application is true and complete to the best of my knowledge.

Signature of Applicant

Date

**You are not required to provide your social security number. However, not providing it might delay the process of your application.*

ADDITIONAL RESOURCES FOR FAMILIES

ASSISTANCE & REFERRAL

Vermont 2-1-1:

Dial 2-1-1 toll free from anywhere in Vermont. Discover hundreds of local, regional and statewide programs, services & resources. vermont211.org

CHILD CARE

Child Care Consumer Line:

Get information about specific child care providers and state licensing requirements; voice a concern or make a formal complaint.

Call 1-800-649-2642 (press 3).

dcf.vermont.gov/cdd/families/reach-out

Child Care Licensing Regulations:

Read the rules established to protect the health and safety of children in out-of-home care.

dcf.vermont.gov/cdd/laws-rules/licensing

Child Care Referral:

Your local child care support agency can help you find a provider and answer your questions.

[See the list of agencies on page 2.](#)

Publications for Families:

Get a copy of the booklets below from your local child care support agency or online at dcf.vermont.gov/cdd/families/publications.

➔ *Child Care Financial Assistance Program* - describes the program, how it works & your rights & responsibilities if you get help.

➔ *Using Regulated Child Care in Vermont* - provides an overview of the health & safety requirements that regulated child care programs must follow.

HEALTH CARE

Early and Periodic Screening, Diagnostic, and Treatment Service

Call 1-800-250-8427 to find out about EPSDT — a Dr. Dynasaur/Medicaid benefit that helps keep children and youth under 21 healthy.

greenmountaincare.org/health-plans/medicaid

ECONOMIC HELP

Benefits Available From:

➔ DCF - dcf.vermont.gov/benefits

➔ Other Organizations - dcf.vermont.gov/benefits/other

Community Action Agencies:

If you have low income, your local agency can help you meet your basic needs (e.g., emergency food help, fuel and utility assistance and housing assistance). vermontcap.org

PARENTING/CHILD DEVELOPMENT SUPPORT

Children's Integrated Services (CIS):

Are you pregnant and have a condition that may impact your baby? Have a baby or toddler with a developmental delay? Child up to age 6 that may need additional support around behaviors? Trouble accessing or finding child care due to your child's specialized needs? Services are available at low or no cost to families. Call your CIS Coordinator.

dcf.vermont.gov/services/cis

Help Me Grow Phone Line:

Dial 2-1-1 to talk to a child development specialist who can answer questions about your child's development and connect you to resources in your community. helpmegrowvt.org

Parent Child Centers:

Contact your local center to ask about services that can help your children get off to a healthy start. This may include early childhood services, home visits, playgroups, parent education & support and information & referral.

dcf.vermont.gov/contacts/partners/pcc

Resources for Families:

Find resources on topics such as child development, child trauma, domestic violence, early childhood, education, health/mental health, legal, LGBTQ, parenting, and pregnancy.

dcf.vermont.gov/divisions

EDUCATION

VT529 (Formally VHEIP)

A college savings account that can help you pay for college/training for you or your family in the future. Account qualifies for 10% VT state income tax credit on annual contributions or gifts to your account. vheip.org