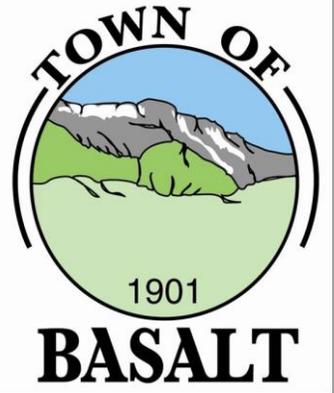


TOWN OF BASALT CHILDCARE FINANCIAL ASSISTANCE PILOT PROGRAM 2015



Childcare Financial Assistance *Pilot Program* applications
deadline: May 15, 2015

Applicants must supply the following information for both parents:

1. A copy of 2014 Federal tax return. (We do not accept extension letters.)
2. A copy of all W-2's for 2014
3. A copy of current pay stubs from all current employment
4. If self employed, applicants must supply a current (YTD) profit/loss statement and complete set of 2014 business taxes.
5. The employer verification form must be completed and returned by the employer(s) for both seasonal and full time jobs.
6. Completed copy of the assets and liabilities form. It must be signed & dated.
7. Signed copy of documentation that the child is lawfully present in the US.
8. If a parent is unable to work due to a disability, the attending physician should confirm the nature of the disability. In addition, any disability income must be included on the Financial Aid application.

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- **The application must be signed and dated.**
 - **All documents required must be on file to be considered a complete application.** The assets & liabilities form gives us a better understanding of your financial need. The information you provide on this form may be used in determining the amount of financial aid you may qualify for.
 - **Any fraud or misrepresentation made by families may disqualify them for current and future consideration.** The Town of Basalt reserves the right to prosecute any fraud or misrepresentation.
 - **Applications received after the deadline will be considered the following quarter.** New applications will be reviewed and applicants notified during the month following the application deadline.
 - **Families receiving financial assistance are responsible to report any changes in income, days using care, childcare provider, pay rate, work schedule or family number/status.**

The parent or legal guardian of any child age 5 or under attending licensed childcare in the Basalt – El Jebel area is eligible to apply for Financial Aid. Families must live or work in the Basalt Three Mile Area – please see the attached map. This generally includes the area from the Old Snowmass Conoco to Catherine's Store.

Parents must be working on the days assistance is awarded. Financial Aid will cover childcare for a maximum of 5 days per week. The minimum amount of Financial Aid awarded per day is \$5.00.

- ***Drop Completed application at Basalt Town Hall, % Nora Canas, 101 Midland Avenue, Basalt***
- ***For questions or assistance (in English and Spanish) with this application please contact Nora Canas 618-4852, or canasnora@hotmail.com***

📌 - Town of Basalt Childcare Financial Assistance is dependent on the availability of funds. Families qualify for childcare financial aid based on their gross income, the cost of childcare, the number of days a child attends childcare, and the number of children in childcare.

Income from all members of the household must be included on the application. Anyone who shares financial responsibility of the household that includes the child (children) must be listed. This may include both parents; mother and live in boyfriend; or father and live in girlfriend; grandparents; or other arrangements.

- If you work 8 to 15 hours a week you may qualify for 2 days of financial aid.
- If you work 16 to 22 hours a week you may qualify for 3 days of financial aid.
- If you work 23 to 28 hours a week you may qualify for 4 days of financial aid.
- If you work 29 or more hours a week you may qualify for 5 days of financial aid.

📌 Families with more than one child in childcare will receive 100% of the qualifying financial aid amount for the first child and 80% of the qualifying amount for additional children.

We expect that a family can pay an estimated 12% to 17% (depending on income level) of their income before taxes for childcare. We reserve the right to alter the percentage of parent contributions depending on availability of funds.

Financial Aid begins at the point that a family exceeds the maximum income to qualify for the Colorado Childcare Child Care Assistance Program (CCCAP). CCCAP is the first payee; The Town of Basalt is the second payee – only if the family has been determined to be over CCCAP maximum income level. Families will be referred to CCCAP and must complete that process before they will be eligible for childcare financial assistance.

The Financial Aid program is specifically for working parents. **Both** parents must be working on the days when they receive a subsidy.

Funds are paid directly to the early childhood program for each participating child. Days funded include days missed through no fault of the parent (i.e. sick day, or holidays when the program is closed). We expect that in most cases sick days can be made up, when possible. Financial aid will pay for up to three sick days a month. If your child misses more than 3 days a month, those days may not be eligible for financial aid. In the case of extended illness, we require a written statement from the doctor.

- **Any days missed within the control of the parent (i.e. family trips), will not be paid with Financial Aid and the family is responsible for payment of the full tuition to the childcare program.**
 - **Families are responsible for paying any amount due to the childcare program that is not paid by Financial Aid. In order to continue to receive assistance from this program, families must be current in their payments to providers or risk losing childcare financial aid.**
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- **If your balance to a childcare program is unpaid for more than 30 days your Financial Aid will be probationary. If unpaid for 60 days your Financial Aid will stop and you may reapply the quarter after your balance is paid in full to the childcare program. You may also only reapply for financial aid with a new childcare program when all payments to other childcare programs are paid in full.**

If a family fails to notify your childcare program at the time of a salary or wage increase, we will calculate the difference from the date of the change to the time we were notified and you will be responsible for any past tuition owed to the childcare provider. Failure to report any significant changes in a timely manner may result in immediate termination of the financial assistance benefit for the family.

You may choose to use Town of Basalt Childcare Financial Assistance at the following licensed childcare programs:

- Blue Lake Preschool – 963-4380
- Growing Years – 927-8008
- Learning Curve Preschool – 963-9455
- NJS Hobby Farm – 379-6510
- Cornerstone School – 927-9106
- Solara – 704-9328
- Stephanie Northrup’s Family Childcare – 510-5182
- Camp Chip-A-Tooth (preschool age only) – 927-0169

A Financial Aid Committee will meet to review applications for Financial Aid. In 2015 Kids First will administer the financial aid program with funding from the Town of Basalt.

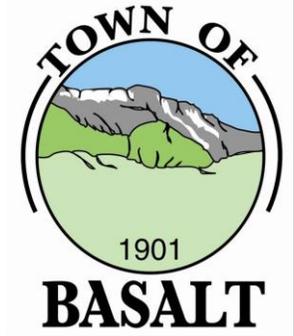
We expect that families receiving childcare financial aid will fully participate in their child’s childcare program. Childcare programs depend on parent participation in many ways, mainly because parent involvement in an early childhood program is a key indicator of quality and a primary component of the child’s successful learning in future years.

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Town of Basalt Childcare Financial Assistance

Pilot Program Application 2015

101 Midland Avenue, Basalt



Date of Application: _____

Mother's Name: _____

Father's Name: _____

Current Address: _____

Current Address: _____

Mailing Address: _____

Mailing Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

List all Children:

Name: _____ Age/DOB: _____ School: _____ # of days enrolled: _____

Name: _____ Age/DOB: _____ School: _____ # of days enrolled: _____

Name: _____ Age/DOB: _____ School: _____ # of days enrolled: _____

Total # of children in household: _____ Total # of people living in the household: _____

Do you own, rent, or have employer paid housing:

Rent – monthly cost \$ _____

Own employee housing – monthly cost \$ _____

Own free-market housing – monthly cost \$ _____

Other - please explain: _____

REQUIRED DOCUMENTS – PLEASE CHECK THAT YOU HAVE INCLUDED:

2014 Federal Income Tax Return (complete and signed)

2014 W-2's from all employers

CURRENT PAY STUB from all employers

IF SELF EMPLOYED – current (YTD) Profit/Loss Statement and complete set of business taxes

Child's proof of legal presence (United States birth certificate or United States passport)

Client responsibility agreement – signed & dated

Employment verification – filled out by employer- one is required for each job held

Child Support Affidavit – if applicable

****Completion of this application does NOT guarantee that you will receive financial aid****

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Employment: Please list ALL current and seasonal employment information. Please attach additional sheet of paper with employer information if necessary.

Mother

Father

Employer # 1

Address: _____
Gross Monthly Income: _____
Dates of Employment: _____

Employer # 2

Address: _____
Gross Monthly Income: _____
Dates of Employment: _____

If seasonal – list dates of employment: _____

Income: Include all other sources of income.

Child Support/Alimony: _____
Social Security: _____
Dividends/Interest: _____
Other Income: _____

- **Falsification of any of the above information, or use of Financial Aid funds for purposes other than described herein, may lead to immediate termination of Financial Aid funding and is punishable under the Colorado Revised Statutes, Section 18-4-401, Theft of Services.**
- In providing the above information, applicant(s) declares the same to be voluntarily furnished. Applicant(s) hereby grants the Town of Basalt the right to request verification thereof through persons and/or entities disclosed and/or hereinafter disclosed. Applicant(s) declares the above information is true and accurate. Applicant(s) declares that the information on this application is understood by the applicant(s).
- I authorize The Town of Basalt, licensed childcare programs, Human Services(CCCAP) and other necessary agencies to release pertinent information in order to better coordinate services for my child (children).

Parent(s) Signature: _____

Date: _____

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Child's Proof of Citizenship or Lawful Presence Town of Basalt Childcare Financial Aid

Children are considered the primary beneficiary of benefits under the Town of Basalt financial aid program. Children are the only household members required to verify citizenship status or lawful presence.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that my child(ren) is (check one):

- A United States citizen
- Lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that my child is lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

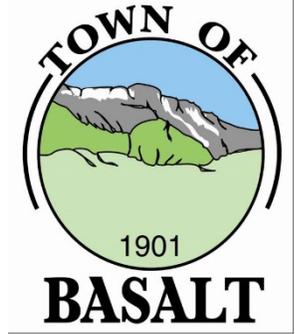
Signature of parent/guardian

Date

- A copy of one of the following common forms of identification for my child(ren) is attached. ***For questions or assistance (in English and Spanish) with this application please contact Nora Canas 618-4852, or canasnora@hotmail.com***

- A certificate of birth in the United States
- A United States passport

CLIENT RESPONSIBILITY AGREEMENT FOR TOWN OF BASALT CHILDCARE FINANCIAL ASSISTANCE



I, _____, _____, agree to the following conditions while receiving financial aid from the Town of Basalt for my childcare costs.

1. ____ I agree that I will in writing or by email notify my childcare provider if there are any changes in my/our childcare arrangements, employment, or any household change.
2. ____ I agree to pay the remaining amount of my monthly tuition on time.
 - a. I understand that if I do not pay my tuition to my provider on time each month I will lose my childcare financial aid.
 - b. I understand that my financial aid is based on household income, household size, number of days my child(ren) is/are in care, and number of children in childcare.
3. ____ I understand that I may be asked for an interview to explain and answer any questions that the Town of Basalt Financial Aid Committee may have.
4. ____ I understand that childcare financial aid does not pay financial aid if my family goes on vacation. Financial aid is only paid for the days a parent(s) is/are working.
5. ____ I understand that childcare financial aid will pay for up to 3 sick days per month. If sick for more than 3 days a doctor's note is required to verify the illness.
6. ____ I understand that if the documentation in and accompanying the application is false or found to be non-verifiable my financial aid will be terminated immediately.
7. ____ Signed copy of the Child's Proof of Citizenship form and documentation that the child(ren) is/are lawfully present in the US.

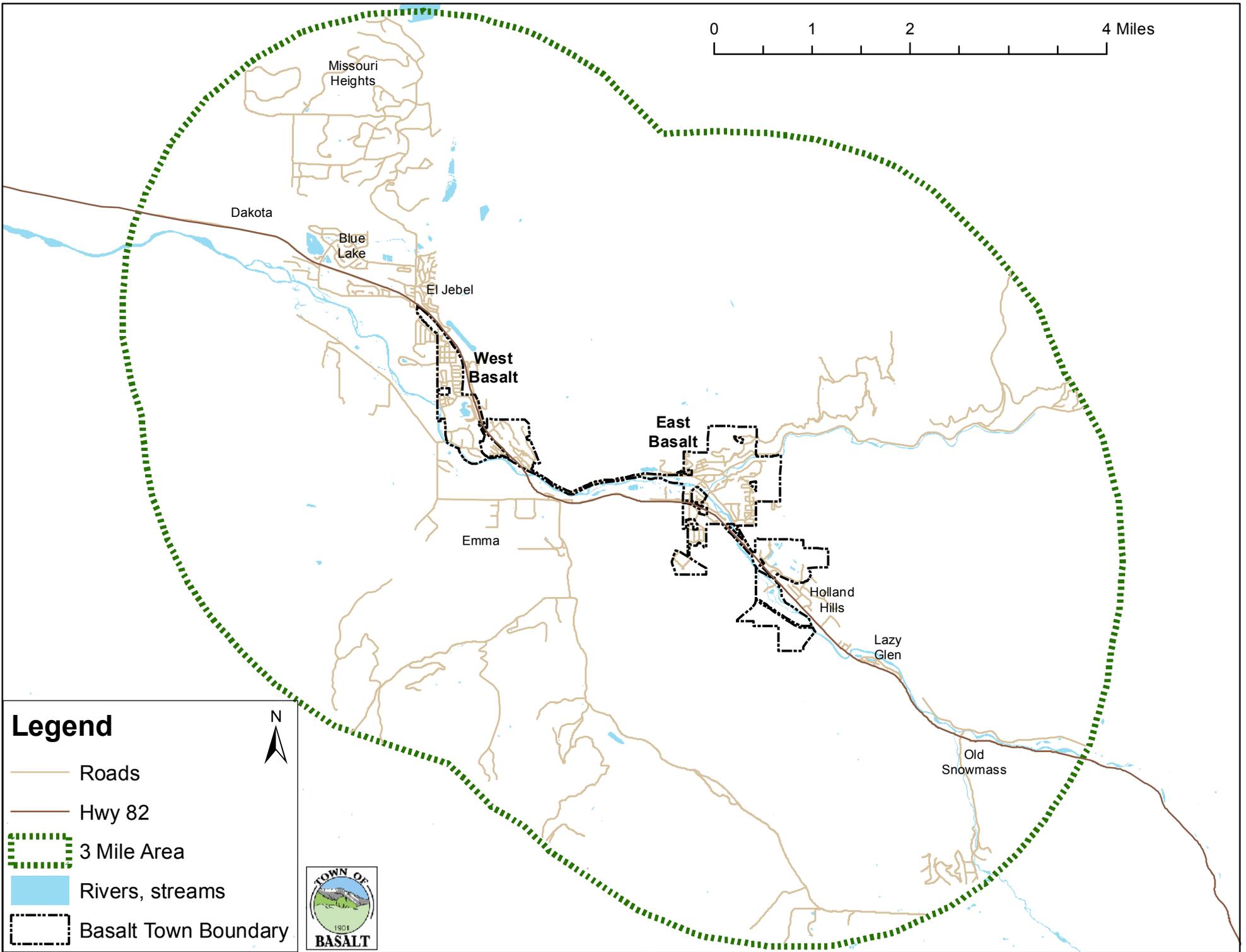
Client signature

Date

Client signature

Date

Signatures on this form do not represent approval of childcare assistance



Legend

-  Roads
-  Hwy 82
-  3 Mile Area
-  Rivers, streams
-  Basalt Town Boundary



Employment Verification

EMPLOYER - Please scan/email or mail back to:
 Town Of Basalt % Nora Canas – 618-4852,
canasnora@hotmail.com Or fax to: 927-4703

TO BE COMPLETED BY APPLICANT: *(Complete the Information for each job)*

Employer : _____ Employee Name: _____
 Phone Number: () _____ Phone #: () _____
 Fax Number: () _____ Cell Phone # : () _____
 Address: _____ Address : _____

Applicant Release Statement:

Applicant Name: _____ Date: _____

I hereby authorize the release of the following information in order to determine my eligibility for the Town of Basalt Childcare Financial Aid. Please complete this form in full and return it to Town of Basalt as soon as possible – childcare financial aid will not be awarded without this information.

Signature: _____

TO BE COMPLETED BY EMPLOYER:

The employee named above has applied for Town of Basalt Childcare Financial Aid. We must verify all income for this person and their household to determine eligibility. Please complete the following information and return as soon as possible.

Your assistance in completing this form accurately and timely is greatly appreciated!

If the item does not apply, please indicate by placing "N/A" on the appropriate line.

Position or Title: _____	Date of Hire: _____
<u>Compensation Information</u>	
1. Hourly Wages \$ _____	Has employment been continuous? YES NO
2. # of Hours/Week _____	<input type="checkbox"/> <input type="checkbox"/>
3. # of Weeks/Year <i>(Including paid vacations)</i> _____	If NO, please explain _____
4. Year To Date Earnings \$ _____	Through <i>(date)</i> / / _____
<u>Overtime Information</u>	
5. Hourly Overtime Wages \$ _____	Is overtime seasonal? <input type="checkbox"/> <input type="checkbox"/>
6. # of Overtime Hours/Week _____	# of Weeks of OT/Year _____
<u>Raise Information</u>	
7. Next Raise <i>(Please state hourly increase)</i> \$ _____	Comments: _____
8. Date of Next Raise _____	_____
<u>Additional Compensation Information</u>	
9. Tips/Week \$ _____	Comments: _____
10. Bonuses, Commissions or Other Types \$ _____	_____

Signature of Employer/Supervisor: _____ Title: _____
 Printed Name of Employer/Supervisor: _____
 Date of Completed Form: _____ Phone #: () _____