CHILD CARE FINANCIAL ASSISTANCE APPLICATION

This application is not to be considered as a guarantee of financial assistance. Please print the information requested. Current proof of income must be attached for consideration.

Please check the financial assistance area you are applying for:

PRESCHOOL: AGES 1–5

❑ Full Day Preschool

❑ Preschool Enrichment

SCHOOL AGE CHILD CARE: AGES 5–13

❑ After School Age Child Care   ❑ Summer Day Camp

❑ Before School Age Child Care   ❑ Schools Out Day Camp

❑ Late Start School Age Child Care

YMCA Child Care location or school child would attend _____

Date _____

Parent/Guardian First Name _____   MI _____   Last Name _____

Home Street Address _____   City _____   State _____   Zip _____

Home Phone _____   Cell Phone _____

Email _____

DOCUMENTATION OF INCOME

Please provide all information required. Your request will not be processed without providing proof of your total household income.

Total monthly gross income for entire household $ _____
(Include proof of income for ALL household members, including child support, social security, public assistance/food stamps, state and federal aid, unemployment, etc.)

Please attach copies of the following:

❑ Federal IRS tax return for most recent tax year (1040,1040A,1040EZ)

OR

❑ Two most recent paycheck stubs for all working individuals
❑ Social Security income verification letter
❑ Public Assistance income verification letter
❑ W2 check stubs/forms

FOR ADMIN USE ONLY

Date Received _____   Staff Initials _____   ❑ Approved ❑ Not Approved

Date Processed _____   Program Session _____   Awarded _____%

Child 1 _____

Child 2 _____   Total Cost of Care $ _____

Child 3 _____   Less % Financial Assistance of $_____

Child 4 _____   Family Cost $ _____

Child 5 _____   Second Person Audit_____

Senior Executive Approval _____`

List all persons living in household (including other adults and yourself)

					Check box if currently employed or receiving income	Check box if child is age 2–13 and requesting Financial Assistant

					❑ Y ❑ N	❑ Y ❑ N
First Name	Middle Initial	Last Name	DOB	Relationship to Applicant		
First Name	Middle Initial	Last Name	DOB	Relationship to Applicant	❑ Y ❑ N	❑ Y ❑ N
First Name	Middle Initial	Last Name	DOB	Relationship to Applicant	❑ Y ❑ N	❑ Y ❑ N
First Name	Middle Initial	Last Name	DOB	Relationship to Applicant	❑ Y ❑ N	❑ Y ❑ N
First Name	Middle Initial	Last Name	DOB	Relationship to Applicant	❑ Y ❑ N	❑ Y ❑ N

Does your child or family have a situation that you would like us to consider?   ❑ Yes ❑ No

If yes, please explain (You may attached additional information if needed): _____
_____
_____

Do you currently receive or qualify to receive Child Care funding assistance?   ❑ Yes ❑ No

If yes, please provide agency name _____

Have you applied for Dane County funding? ❑ Yes ❑ No

If yes and have been denied, please attach your denial letter from Dane County Work Program of the Department of Human Resources with this application. If no, please visit www.access.wisconsin.gov and apply. Turn in denial or approval letter. This scholarship application will not be processed without a denial letter from County/WI Shares.

If no, please visit www.access.wisconsin.gov and click on "Am I Eligible?" to see if you may be eligible for state child care assistance. If it looks like you may qualify for child care assistance, you can go ahead and apply. If it looks like you will not qualify for child care assistance, you can print the determination. You can also check the income limits and requirements for the state child care assistance program by using the following link "Day Care Manual."

(MUST BE FILLED IN) I would like it taken into consideration that I feel I can afford to pay $_____ each month towards Child Care. I understand that the amount I feel I can afford may not be the amount I qualify for or am awarded.

The YMCA is not responsible for returning any documentation that accompanies this application. Please ensure that you have kept all of your original documents.

Mail completed application to: Lussier Family East YMCA.
                                    711 Cottage Grove Road, Madison, WI 53716

TERMS AND CONDITIONS
Please read through each of the statements below. This section must be signed for your application to be reviewed.

- You must provide proof of your total household income.

- Financial Assistance is awarded for the duration of the program (i.e. school year or summer). When your child's financial assistance expires, please reapply with current income verification.

- Family is responsible for their Child Care tuition by either making monthly payments through automatic withdrawal by credit card or bank account. A 2 week notice is required to terminate enrollment.

- The Y believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their Y Child Care.

- The maximum amount of financial assistance is 50% of program cost.

- The YMCA of Dane County prohibits any form of discrimination based on race, color, creed, sex, religion, national origin, age, disability, veteran's status, marital status or any other prohibited basis as defined by law. This applies to all employment and scholarship decisions. Discrimination will not be tolerated by employees, members, program members, suppliers, or consultants.

I have read and understand the Terms and Conditions stated above:

Applicant's Signature _____ Date _____