

# K-State Center for Child Development

## Application for Childcare Subsidies

**This Application is used to determine the level at which you will be billed for your childcare and additional subsidies you may be eligible for.**

Please attach your latest IRS 1040 OR two months of paycheck stubs. Also add a letter explaining any special financial conditions (as well as any documentation of the special consideration if available). This information needs to include both parents' income (if both live in the household). If submitting special documentation and one parent has no income, please include a signed statement to this effect. These documents will be used to determine eligibility based on the January 1, 2013 Income Guidelines shown on Fee Schedule. **If you do not wish to apply for an additional subsidy, please complete Section A and initial at the bottom of this page. You will be billed the highest tuition as shown on the Fee Schedule.**

If you are submitting your IRS 1040 or any other documentation with a social security number on it, please feel free to black out that number.

### **Section A**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*If enrolling more than one child, please use a separate form for each child. Thank you.*

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you check your email on a regular basis? ☐ Yes ☐ No

Education: ☐ GED ☐ High School Diploma ☐ Some College ☐ AA/AS Degree  
☐ BA/BS Degree ☐ Graduate Degree ☐ Currently a Student

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you check your email on a regular basis? ☐ Yes ☐ No

Education: ☐ GED ☐ High School Diploma ☐ Some College ☐ AA/AS Degree  
☐ BA/BS Degree ☐ Graduate Degree ☐ Currently a Student

**I do not wish to disclose household income. I understand that I will be billed at the full cost according to the July 2013 Fee Schedule. \_\_\_\_\_ (Please Initial)**

### **Section B**

Number of people living in your household:

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Monthly Childcare Expenses for all children in Household: \_\_\_\_\_

How long has your child lived at the address above?  
☐ 12 months or above  
☐ Child has lived at multiple addresses during the preceding 12 months  
☐ Child does not have a stable residence or home

Race:  
☐ American Indian or Alaskan Native  
☐ Asian or Pacific Islander  
☐ Black, not of Hispanic origin  
☐ Hispanic  
☐ White, Not of Hispanic origin  
☐ Other: \_\_\_\_\_

What is your family's primary language? \_\_\_\_\_

Does your child have or do you suspect your child has a developmental delay, disability or health condition?  
 If yes, describe: \_\_\_\_\_

Does child have: ☐ Individualized Family Service Plan (IFSP) ☐ Individualized Education Plan (IEP)

Have you recently experienced a family emergency or have an individual need we should take into consideration? (i.e. sudden loss of job, sudden/severe illness) ☐ No ☐ Yes (Please attach not to this application explaining situation.

**Household/Income Information (Note: List everyone who lives in your home, including roomers, boarders, friends, relatives and yourself. You must list all sources of income for each adult in the household. If you need more room, please attach a separate sheet of paper listing additional information.**

Name	Type of Income	Employer	Hourly Wage	Total hours Worked weekly	Total hours Worked monthly	Gross Monthly Income
TOTAL MONTHLY GROSS INCOME (include all adults in household)						\$
TOTAL ANNUAL GROSS INCOME (include all adults in household)						\$

#### INCOME INFORMATION

**The following are sources of income which must be counted when determining eligibility for child care services:**

Gross earned wages of salary, Adjusted gross income from taxable self-employment, Social Security Benefits (Workers' compensation, Unemployment insurance benefits (UIB), Alimony, Child support, On-the-Job Training (OJT) payments, Armed Forces pay (only the amount taxable, such as base pay – not housing allowance), Recurring cash contributions

**The following are sources of income which are not counted when determining eligibility for child care services:**

Supplemental Security Income (SSI), Foster care and adoption assistance payments, Money borrowed, Tax refunds, Non-recurring gifts or contributions, Loans, grants (including Pell or Carl Perkins grants), scholarships, and money received through job training programs, Military Housing Allowance

By signing below, I acknowledge that the information provided on this form will be released to the different agencies that provide the subsidies. I also understand that I have a right to receive copies of released information if so requested. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form and proof of income to:

Kansas State University  
 Center for Child Development  
 1 Jardine Drive  
 Manhattan, Kansas 66506

For office Use Only:

Date Income Verification Form Received at CCD Office: \_\_\_\_\_ Level: \_\_\_\_\_  
 Date Income Verification Form Sent to Accounting: \_\_\_\_\_ Subsidies: \_\_\_\_\_  
 Date Proof of Income Received in Accounting: \_\_\_\_\_ Added to Student Spreadsheets  
 Start Date: \_\_\_\_\_ Classroom: \_\_\_\_\_  
 App Fee: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Supply Fee: \_\_\_\_\_

## INCOME INFORMATION

**The following are sources of income which must be counted when determining eligibility for child care services:**

1. Gross earned wages of salary (earnings received for work performed as an employee, including wages, salary, commissions, tips, piece-rate payments, and cash bonuses earned, before any deductions are made for taxes)
2. Adjusted gross income from taxable self-employment
3. Social Security Benefits (includes social security pensions, survivors' benefits for both children and adults, and permanent disability insurance payments)
4. Workers' compensation
5. Unemployment insurance benefits (UIB)
6. Alimony (includes court-ordered payments as well as voluntary payments and may include regular payment of bills such as rent and utilities)
7. Child support, direct or indirect (includes payments made to the parent or to the court based on terms of an agreement and may include payments such as rent, utilities, insurance, etc.)
8. On-the-Job Training (OJT) payments
9. Armed Forces pay (only the amount taxable, such as base pay – not housing allowance)
10. Recurring cash contributions paid directly to the parent/responsible adult

**The following are sources of income which are not counted when determining eligibility for child care services:**

1. Supplemental Security Income (SSI)
2. Foster care and adoption assistance payments
3. Money borrowed
4. Tax refunds
5. Gifts or contributions (These are non-recurring gifts or contributions, e.g. gifts for birthdays, holidays, occasional monetary contributions, purchase of diapers, clothing, etc.)
6. Loans, grants (including Pell or Carl Perkins grants), scholarships, and money received through job training programs

### 2013 Income Eligibility Guidelines for LEVEL A

Childcare Scholarships are based on 200% of poverty

Size of Family Unit	200 Percent Of Poverty	Monthly Amount
2	\$31,020	\$2,585
3	\$39,060	\$3,255
4	\$47,100	\$3,925
5	\$55,140	\$4,595
6	\$63,180	\$5,265
7	\$71,220	\$5,935
8	\$79,260	\$6,605