

Westchester Works Child Care Scholarship Program 2022

The Westchester Works scholarship is being provided by the Westchester County Department of Social Services (DSS) and administered by the Child Care Council of Westchester, Inc. It is available to working Westchester County, NY families to help cover the costs of child care for their children.

You have 30 days from your application submission date to provide all required documents and start your child in care with an approved provider.

The scholarship is a monthly award, based on your child's age, the type of provider, and the number of days in care. See below for Scholarship Award Breakdown.

The scholarship does not pay for the full cost of care; you are responsible to pay your provider the difference between the scholarship award amount and what your provider charges. If the provider charges less than the scholarship award, we will only pay up to the amount the provider charges.

The scholarship will begin the first day of the month the application is received through December 31, 2022, as long as you and your provider are approved and remain eligible.

This scholarship officially goes live on April 1, 2022. Any applications received before April 1st will be accepted but not reviewed or processed until April 1st.

Scholarship Award Breakdown

Funds will be distributed based on the child's attendance in the following manner:

- Full monthly award will be received if child attends at least 16 days of the month.
- Partial monthly award will be received if child attends less than 16 days of the month.
- Please note for school-age children the rates change during the school year and summer months (July/August).
- Scholarship ends December 31, 2022.

Centers, School Age Programs, & Camps	Infants under 2 years old		Toddler 2 years old		Preschoolers 3 & 5 years old		School-Age 6 years and over	
	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award
Monthly – all year	\$995	\$500	\$925	\$465	\$850	\$425		
Monthly – school year							\$765	\$385
Monthly – summer (July & August)							\$865	\$435

Family Child Care & Group Family Child Care	Infants under 2 years old		Toddler 2 years old		Preschoolers 3 & 5 years old		School-Age 6 years and over	
	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award
Monthly – all year	\$820	\$410	\$805	\$405	\$780	\$390		
Monthly – school year							\$655	\$330
Monthly – summer (July & August)							\$755	\$380

Informal Providers/ Family, Friend, or Neighbor (FNN) Care is in provider's home or child's home	Infants under 2 years old		Toddler 2 years old		Preschoolers 3 & 5 years old		School-Age 6 years and over	
	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award
Monthly – all year	\$535	\$270	\$525	\$265	\$505	\$255		
Monthly – school year							\$390	\$195
Monthly – summer (July & August)							\$490	\$245

Eligibility Requirements

1. Apply now but no more than 60 days prior to care starting.
2. Applicants (all parents in household) must live in Westchester County, be employed at least 10 hours per week, and making at least minimum wage.
3. Children must be under 13 years old or under 18 years old with a documented special need
4. Child care provider must be located in Westchester County
5. This scholarship is open to applicants who do not receive and are not eligible for any other financial assistance for child care through any public or state program.
6. Your total gross household annual income must be within the income eligible guidelines listed below. Your household income includes all income, such as wages/salary, child support, SSI, etc.

Family Size	Income Range		
2	\$50,353	to	\$63,416
3	\$58,727	to	\$78,337
4	\$62,438	to	\$93,259
5	\$73,058	to	\$108,180
6	\$83,678	to	\$123,101

7. Child care must be in an OCFS regulated program, Dept. of Health Camp with valid permit, or a scholarship-approved exempt/informal provider. It is the applicant's responsibility to confirm if the caregiver, program, or camp if they will accept this scholarship.
 - a. An informal provider is a provider is who not required to be registered or licensed by OCFS. The care can be in the child's home or the provider's home but payment will go to the provider. To be a scholarship-approved informal provider the provider must:
 1. Have a satisfactory Sex Offender Registry check
 2. Take and complete a free online 5 hour Health & Safety class. A certificate of completion must be submitted within 30 days. This is a free on-line class.
 3. Submit a W9 to receive a 1099 at year-end for tax purposes.

4. Agree to and have a pre-approval safety visit for all care in the provider's home; if it is not satisfactory, this individual may not be a provider under this scholarship program.
5. After scholarship and provider are approved, agree to at least one unannounced verification of care visit. If care is not verified, scholarship will end.

Required Documents:

1. Proof of income:
 - a. One month of paystubs. If there is a \$50 difference between paystubs for the month, submit three months of pay stubs.
 - b. If paid in cash, verification of income form or letter from employer stating gross income and schedule (email scholarships@cccwny.org to request a verification of income form).
 - c. If self-employed, self-employment worksheet and when applicable, quarterly tax business statements. (email scholarships@cccwny.org to request a self-employment worksheet form).
2. Proof of home address
 - a. Copy of electric bill, cable bill, or lease.
 - b. If none of the above, contact scholarships@cccwny.org for other options.
3. Proof of child's citizenship
 - a. Birth certificate, US passport, etc.
4. Proof of provider's eligibility, when using a camp or an informal provider (Can be submitted after application is submitted and/or approved.)
 - a. Camps need to submit their permit
 - b. Informal Providers must submit an Informal Provider Documentation & Verification form

Westchester Works Child Care Scholarship Program

Applicant Information

PRINT LEGIBLY!	Both parents and/or spouse must be listed on the application if they live in the household.
First Name (parent #1)	
Last Name (parent #1)	
First Name (parent #2 or spouse)	
Last Name (parent #2 or spouse)	
Street Address	
City, ST ZIP Code	
Cell Phone	
Home/Work Phone	
E-Mail Address	
Mailing Address, if different	

Marital Status

Are you?

Married	Single or Separated	Other
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Household Information

LIST EVERY CHILD WHO LIVES WITH YOU.

Relationship to you	First Name	Last Name	Date of Birth	Sex M or F	Needs Child Care Scholarship? Yes or No

Your Income Information

Your Name:	
Employer:	
Occupation:	
How much are you paid (gross income before taxes)?	\$
How often are you paid?	<input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Bi-weekly , Every other week <input checked="" type="checkbox"/> Bi-monthly , Twice a Month
How many hours do you work a week ?	
Do you have any other jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes please provide the same information as above

Check if you do not have a spouse
 Check if the 2nd parent does not live in the same household as the child

Income Information – Spouse or Parent #2; if living in same household as child

Spouse/Parent #2 Name:	
Employer:	
Occupation:	
How much are they paid (gross income before taxes)?	\$
How often are they paid?	<input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Bi-weekly , Every other week <input checked="" type="checkbox"/> Bi-monthly , Twice a Month
How many hours do they work a week ?	
Do they have any other jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes please provide the same information as above

Other Income Information

Income	Yes/No	If yes, how much & how often (weekly/monthly)?
Do you current receive child support?	___ No ___ Yes	\$
Do you or your children current receive SSI?	___ No ___ Yes	\$
Do you have any other income?	___ No ___ Yes	\$

Child Care Program/Provider

___ I do not have child care, Please contact me to help me find child care

LIST EVERY CHILD WHO NEEDS THE SCHOLARSHIP.

Child's First Name	Program/Provider Name	Program Address (where the care is provided)	Provider's Email	License/Registration # if using an OCFS regulated provider

Tell us why you should receive this scholarship

Optional: Please tell us a little bit about your family and why it would be helpful to receive this scholarship.

Self-Attestation and Signature

I certify that the information provided in this application is true and correct to the best of my knowledge, and that I have not withheld information. I understand that falsification of the information shall result in termination of the scholarship.

I understand that I have 30 days from the application submission date to provide all required documents and have my child in care. If I do not meet these requirements, I will have to re-apply for the scholarship.

I understand that by submitting this application form, I agree to inform the Child Care Council (CCC) immediately of any change in my needs, income, living arrangement, or address to the best of my knowledge or belief.

I agree to inform CCC immediately of any change in child care arrangements, including where child care is provided, who is providing care, and provider's fees.

I understand that, regardless of my eligibility, this scholarship is only available until December 31, 2022.

I understand that by submitting this application, I agree to cooperate fully with any request to verify or confirm the information I have given or any other request in connection to this child care scholarship. I will provide additional information if it is requested. This may include but is not be limited to submission of documentation such as additional paystubs of parents and/or guardians living in the household, other documents substantiating household income, as well as residency, and children's birth certificates. I will provide such information upon request.

I understand that this scholarship is only available to Westchester County residents and Westchester County providers.

I understand that if I choose a family, friend or individual to care for my child, they have to be approved as a scholarship approved informal provider.

I understand that the provider must submit attendance and if it is not provided within 30 days of the month end, the scholarship will not be paid for that month and you will be responsible for that monthly payment.

I understand that if my provider does not fulfill their requirements, within the appropriate timelines, I may lose my scholarship and will have to reapply. The provider may be required to return the scholarship already paid.

Westchester Works Child Care Scholarship Program 2022- Update Income Levels 6/1/22



Name (printed) of Parent #1	
Signature of Parent #1	
Date of Parent #1	
Name (printed) of Parent #2	
Signature of Parent #2	
Date of Parent #2	

Checklist of attached required documents:



Check off the items you are submitting that are required to complete your application.

<p><input type="checkbox"/> I have answered all questions and completed all sections pages 6 thru 11</p>	<p><input type="checkbox"/> I have submitted Proof of Current Address</p> <ul style="list-style-type: none"> — Acceptable proof includes an electric and/or cable bill, which list full address and my name. (driver's license and passports are not accepted)
<p><input type="checkbox"/> I have read and signed the agreement on page 11</p>	
<p><input type="checkbox"/> I have submitted a Proof of Income for myself and if applicable, for my spouse and/or parent #2. One to three months of income that could include:</p> <ul style="list-style-type: none"> — 4 consecutive, recent paystubs if paid weekly — 2 consecutive, recent paystubs if paid bi-weekly — Letter from employer — Verification of income form — Self-employment worksheet and taxes 	<p><input type="checkbox"/> I have submitted Proof of Child's Citizenship</p> <ul style="list-style-type: none"> — Birth Certificates for all children applying for scholarship — If child was not born in this country proof that the child is legally in this country is required

Application can be emailed to scholarships@cccwny.org or

Faxed to (914)886-0281 or

**Mailed to Child Care Council of Westchester, Inc. 313 Central Park Avenue,
Scarsdale, NY 10583 Attention: Scholarships**

Questions: scholarships@cccwny.org or 914-761-3456 ext. 121