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| CCCW First Responders and Essential Workers Child Care Scholarship Application |
| **With funding from the Westchester Community Foundation’s COVID-19 Response Fund and RXR, the Child Care Council of Westchester, Inc. has established a new scholarship fund for first responders and essential workers who live in Westchester County. The fund is designed to pay for child care quickly and temporarily while parents apply for the Child Care Subsidy administered by Westchester Department of Social Services. Some parents deemed ineligible for the Subsidy Program may be considered on a case-by-case basis, as in the instance of an essential worker who is employed for less than 20 hours weekly. The scholarship will be renewable on a week-to-week basis, continuing based upon the availability of funds and parents’ Subsidy Program eligibility determination. Funds are available for care starting April 15, 2020.** Eligibility Requirements1. **Your gross household income must be under 85% of State Median Income (SMI):**

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| **Family Size** | **Gross Income Below** |
| **2** | **$55,453** |
| **3** | **$68,501** |
| **4** | **$81,549** |
| **5** | **$94,597** |
| **6** | **$107,645** |

1. **One parent must be a first responder or an essential worker.**
2. **Your child(ren) must be enrolled in an OCFS licensed or registered child care program in Westchester County.**
3. **You must submit a complete application for the Child Care Subsidy within the first 30 days of applying for this scholarship.**

The Department of Social Services (DSS) Public Child Care Subsidy Program has temporarily increased its income eligibility levels to 85% SMI as above. As the Subsidy Program application process is lengthy, this scholarship is intended to cover your child care for the first 30 days or until the Subsidy Program has approved your application. If your application is denied, the scholarship may continue but it will be on a case-by-case basis and only if funds are available. To apply for the Child Care Subsidy, please contact the Council’s Subsidy Specialist, Melanie Santana at 914-761-3456 extension 144 or melanies@cccwny.org to make an appointment. Steps to Apply: 1. **Complete all pages and answer all questions that are applicable to you and your family.**
2. **Provide Proof of Residency including Name and Address** (Example: A copy of a recent electric bill or cable bill)
3. **Submit via email or fax to: Arlenel@cccwny.org or 914-886-0281**

**Any questions? Please contact: Arlene Leuzzi at 914-761-3456 ext. 121 /** **arlenel@cccwny.org** **or** **Nicole Masucci at 914-761-3456 ext. 139 /** **nicolem@cccwny.org** |

## Applicant

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| --- | --- |
| 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 |  |

## Marital Status

### Are you? Married Single or Separated Other

## Household

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| LIST EVERY CHILD WHO LIVES WITH YOU.  |
| **Relationship to You** | **First Name** | **Last Name** | **Date of Birth** | **Sex****M or F** | **Needs Child Care (Yes/No) or Date Care Started?** |
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## Your Income

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| --- | --- |
| Your Name: |  |
| Employer: |  |
| Occupation: |  |
| Are you currently working at home?  |  |
| How much are you paid (gross income before taxes)?  | $ |
| How often are you paid?  | Weekly Every other week Twice a Month Monthly |
| How many hours do you work **a week**? |  |
| Do you have any other jobs? | Yes No; If yes please provide the same information as above |

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| **Check if you do not have a spouse** **Check if the 2nd parent does not live in the same household as the child** |
| Income – Spouse or Parent #2; if living in same household as child |
| Spouse/Parent #2 Name: |  |
| Employer: |  |
| Occupation: |  |
| Are you currently working at home?  |  |
| How much is he/she paid (gross income before taxes)?  | $ |
| How often is he/she paid? | Weekly Every other week Twice a Month Monthly |
| How many hours does he/she work **a week**? |  |
| Does he/she have any other jobs? | Yes No; If yes please provide the same information as above |

## Other Income

|  |  |  |
| --- | --- | --- |
| **Income** | **Yes/No** | **If yes, how much & how often (weekly/monthly)? Attach proof** |
| Do you currently receive child support? | No Yes | $ |
| Do you or your children currently receive SSI? | No Yes | $ |
| Do you have any other income? | No Yes | $ |

## Program/Provider

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s****First Name** | **Program or Provider Name**  | **Program Address****(where care is provided)** | **License or Registration #** | **How much are you paying per week for child care?** |
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## Occupation

* **I am an employee of a COVID-19 Essential Business and Operations, as referenced in the Governor’s Executive Order 121.**

Please check which category of Essential Business and Operations you work in:

* Emergency staff, first responders, or public safety officers
* Hospital staff and front-line healthcare providers
* Nursing and adult group home staff
* Child care program staff
* Food services staff
* Other employees working to keep our communities safe and healthy during COVID-19 (please describe):

Employer Name/Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Agreement and Signatures:

I agree to apply for Child Care Subsidy within the next 30 days.

I certify that all of the information I have provided is true and correct to the best of my knowledge.

I understand if my income, residency, work location, or child care provider changes, I must notify the Council immediately.

I understand that the Child Care Council of Westchester may request any additional information to verify or provide clarity.

I understand that falsification of information shall result in immediate termination of the scholarship.

I certify that I have or will provided truthful and accurate information to the child care program or provider that I have chosen to care for my child(ren).

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| --- | --- | --- |
|  | **Parent #1** | **Parent #2** |
| Name (printed)  |  |  |
| Signature  |  |  |
| Date of Signature |  |  |

## Helpful information to complete the application:

**If your child is not currently attending a registered or licensed child care program/provider, please contact the Child Care Council’s Resource and Referral Department for a list of child care providers that may meet your needs at 914-761-3456 extension 140.**