



# Child Care Network

We Help Families Work  
www.childcarenetwork.org

## FAMILY SUPPORT PROGRAM INFORMATION AND REQUIREMENTS

Thank you for your interest in Child Care Network's (CCN) Family Support Programs. These programs are designed to assist your family with a portion of your child care costs in a licensed setting. Enclosed are the application materials for the Family Support Program (FSP). Please read all of the information carefully and save for future reference. If you do not fully understand a policy or the application procedures, please call with your questions.

The requirements of each FSP may be different based on the individual funder and the county that you live in. All programs however, have the following requirements in common:

- Your child(ren) must be enrolled in a licensed child care setting.
- Your gross household income (before taxes) must not exceed Housing and Urban Development (HUD) guidelines for your area, which are available on request.
- You must be employed and/or enrolled in school or a job training program (includes local community colleges, technical programs, high school completion, etc.). Undergraduate students with a proven history of low-income attending four-year academic institutions may be eligible. **Graduate students are not eligible.**
- You must contact your local Department of Human Services (DHS) to determine your eligibility for their Child Daycare Program. County contact numbers are on page 2.

**Applications are accepted at any time and processed for program eligibility in each of the following quarters: March, June, September and December. You will be notified by post card, email or text of your application status.**

### Application Instructions and Required Document Check List

- Completed and Signed Application.
- Three (3) proofs of residency. Can be any **3** of the following:
  - A copy of your driver's license or voter registration card
  - Current utility bills in your name
  - A copy of your lease or a letter from your landlord
  - Employer verification of your address
  - A current, postmarked piece of mail sent to your address
- One month of income documentation/pay stubs for all wage earning adults. If you are paid monthly, submit the two most recent pay-stubs. If you do not have paystubs, we will also accept a letter from your employer on company letterhead, stating date of hire, work schedule and wages.
- Current Child Support payment printout from Friend of the Court.
- Proof of ALL other income sources: Unemployment, FIP, Social Security/Disability for you or your children.
- Copy of your current school/college schedule.
- Copy of your Assignment Letter if participating in Work First/JET Program.
- Signed Authorization to Release Information.
- DHS Child Daycare authorization letter.
- A Narrative letter. Your family's story deserves to be heard by the funders & private donors of the FSP. Hearing about the challenges faced by many families today and the importance of a safe quality child care program helps them understand the impact of our programs.

We are asking you to write a short narrative explaining how a child care scholarship will impact you and your family. Will it enable you to complete job training or school? Will it allow you to maintain a current job or place your child in a better quality child care setting? The narrative can be two to three paragraphs but no more than two pages, please. Of course, also including funny and touching stories of your children always helps us get the point across.

*Thank you – we know you're busy & appreciate the time and effort you spend on your narrative.*



# Child Care Network

## Family Support Program Application

We Help Families Work [www.childcarenetwork.org](http://www.childcarenetwork.org)

### APPLICANT INFORMATION

Answer With 'N/A' when Not Applicable

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(first name) (middle name) (last name)

Address: \_\_\_\_\_  
(# and street) (city & state) (zip)

Preferred communication: EMAIL Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Texts - Carrier information: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_ Marital Status: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_  
(for statistical purposes)

Last 4 digits of your Social Security #: \_\_\_\_\_ Are you pregnant? Yes / No Due date: \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_ Are you a Veteran? Yes / No

Applicant Employer \_\_\_\_\_ How long: \_\_\_\_\_

Work Days Scheduled & Times: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor's Phone: (\_\_\_\_) \_\_\_\_\_

School/College: \_\_\_\_\_ School Advisor's Phone (\_\_\_\_) \_\_\_\_\_

Second Adult Member Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Adult Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Days Scheduled & Times: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor's Phone: (\_\_\_\_) \_\_\_\_\_

School/College: \_\_\_\_\_ School Advisor's Phone (\_\_\_\_) \_\_\_\_\_

### SOURCES OF HOUSEHOLD INCOME

**REPORT INCOME FOR EACH HOUSEHOLD MEMBER AND PROVIDE PROOF FOR EACH ITEM.**

*Failure to disclose all income sources will result in immediate termination of scholarship.*

Source of income	Yes or No	Amount of Income Gross (Before Taxes)	How often is check received? (weekly, biweekly, etc.)	Comments
Earnings/Wages of Applicant				
Earnings/Wages of Second Adult				
Benefits: DHS, FIP, SSI, unemployment, etc.				
*Child Support for EACH Child				
**Other Income Sources				

\*Child support: Contact your county Friend of the Court (FOC) to request a printout showing payments made and/or arrearages owed. *If you are paid directly (you don't use FOC) include a letter signed & dated by both parents stating the amount you are paid and how often.*

\*\*Other Income Sources: student loans, trust fund, regular family assistance, etc.

**LIST EVERY PERSON LIVING IN THE HOUSEHOLD**

<u>Child(ren) First &amp; Last Name:</u>	<u>Ethnic Origin:</u>	<u>Sex:</u>	<u>DOB:</u>	<u>School or N/A:</u>
#1: _____	_____	_____	_____	_____
#2: _____	_____	_____	_____	_____
#3: _____	_____	_____	_____	_____
#4: _____	_____	_____	_____	_____
#5: _____	_____	_____	_____	_____
#6: _____	_____	_____	_____	_____

Child Care Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Weekly fee: \_\_\_\_\_ Days child(ren) enrolled: \_\_\_\_\_  
Weekly fee: \_\_\_\_\_ Days child(ren) enrolled: \_\_\_\_\_  
Weekly fee: \_\_\_\_\_ Days child(ren) enrolled: \_\_\_\_\_

Do you have a back balance with your provider? Yes / No If Yes, how much? \$ \_\_\_\_\_

If you need to find child care, please visit: <https://www.greatstartconnect.com>

All other household members:

<u>Name:</u>	<u>Relationship:</u>	<u>DOB:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total # of Household Members:** \_\_\_\_\_

**Reason Child Care Scholarship is Needed** (check all that apply)

Working \_\_\_\_\_ In school/ training /college \_\_\_\_\_ Seeking employment \_\_\_\_\_

Social/Emotional/Health reasons: \_\_\_\_\_

Other: \_\_\_\_\_

Have you ever had a Child Care Network Scholarship/Family Support? Yes / No

If yes, when? \_\_\_\_\_

**Department of Human Services (DHS) Child Daycare Assistance**

Are you currently receiving DHS Child Daycare assistance? Yes / No

If Yes, number of approved hours: \_\_\_\_\_ Percentage: \_\_\_\_\_ Case Number: \_\_\_\_\_

Your DHS Worker's name: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

**Please include a copy of your current DHS Child Daycare Authorization. Thank you.**

**If you are not currently receiving DHS Child Daycare Assistance**, please call your county DHS office to determine whether the state can assist you with the cost of day care.

- |                  |                |
|------------------|----------------|
| Hillsdale County | (517) 439-2200 |
| Jackson County   | (517) 780-7400 |
| Lenawee County   | (517) 264-6300 |
| Monroe County    | (734) 243-7200 |
| Washtenaw County | (734) 481-2000 |

**Shut-Off Notices/Eviction/Homelessness Information**

Are you currently homeless? Yes / No If Yes, are you in a shelter? Yes / No Which shelter? \_\_\_\_\_

If Yes, but not in a shelter, where are you living? \_\_\_\_\_

What was your zip code at your previous address? \_\_\_\_\_

Do you currently have any shutoff notices? Yes / No If Yes, what agency? \_\_\_\_\_

Amount owed: \_\_\_\_\_

Are you currently working with any other agencies? Yes / No If Yes, which ones? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION BY APPLICANT**

The parent/guardian certifies that all information in this application is true and complete to the best of the parent/guardian's knowledge and belief. Parent/guardian certifies that all verbal information and supporting documents furnished for the purposes of obtaining child care financial assistance through Child Care Network are true and complete to the best of the parent/guardian's knowledge and belief. Verification of the information contained in this application may be obtained from any source named herein. Any false statement or omission of information from this application will result in denial or revocation of the scholarship awarded. It is your responsibility to submit this signed application & supporting documentation outlined in the instructions.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Second Adult Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**RETURN YOUR COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:**

**RESIDENTS OF MONROE COUNTY**

**Child Care Network  
Attn: Lynn Gluvna  
77 N. Roessler, Monroe, MI 48162  
(734) 243-7451 Fax (734) 384-9467**

**RESIDENTS OF HILLSDALE, JACKSON, LENAWEE & WASHTENAW COUNTIES**

**Child Care Network  
Attn: Family Support Department  
2385 S. Huron Parkway, Suite 1N, Ann Arbor, MI 48104  
(800) 777-2861, ext. 19 (Shannon), 25 (Melissa) or 12 (Lori)  
Fax (734) 975-1868**

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Jackson County  
Lenawee County  
Monroe County  
Washtenaw County

## Authorization to Release Information

I, \_\_\_\_\_ authorize Child Care Network's Family Support Program staff member to disclose and receive information about me and my family for the purpose of coordinating support, determining eligibility, case management, assistance for child care and identified family needs, as well as statistical tracking and demographic reporting to funders.

This information includes, but not limited to:

- Demographic information including date of birth, ethnicity, race, and marital status.
- Assessment Information including non-health related information such as educational level, employment status, housing and homeless history, military service history, benefits, services and referrals.

By signing below, I authorize any demographic and non-health related information collected about me or my minor dependants to be shared with other agencies as specified by me. I understand that I am not obligated to release this information to receive services; however, releasing such information may minimize the amount of information that I would need to provide if I were to seek assistance at a different agency. This release will be effective for one year from the date of signing. *No information about my health, mental health, substance abuse or domestic violence history will be shared without a specific release.*

Child Care Provider: \_\_\_\_\_

DHS Worker & Case Number, if applicable: \_\_\_\_\_

JET/Work First Worker, if applicable: \_\_\_\_\_

Other Specific Agencies: \_\_\_\_\_

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

Witness Signature/Date \_\_\_\_\_

### Privacy Policy Statement

CCN Family Support Program (FSP) staff treats personal information securely and confidentially. Access to all the information stored in our data system and original case files are limited to FSP staff who need access to provide services. FSP staff receives training in privacy protection and must comply with user policies and applicable laws. We maintain physical, electronic, and procedural safeguards to protect personal information against unauthorized use and disclosure. Identifying data, such as your name, date of birth and address are removed so that you will remain anonymous on any reports released to local, state or federal agencies.

There are three different types of personal information we collect:

1. Client Profile Information. The information collected for your profile is limited to your name, address, year of birth and gender. Your profile and the profiles of any minor dependents receiving services with you are housed in the agency in locked files and in our FSP data system.
2. Demographic Information. Demographic information includes date of birth, ethnicity, race and marital status. Demographic information is entered into the system and is used for confidential reporting and research purposes. It is NOT shared with other agencies or funders unless you sign this Release of Information giving us permission to advocate on your behalf.
3. Assessment Information. Other types of information we may collect includes your educational level, employment status and income, current housing status, progress notes, benefits, services and referrals. This information is also NOT shared with other agencies unless you sign the Release of Information.

Why do we collect this information?

- To understand the characteristics and needs of the people we serve.
- For delivery and coordination of child care scholarships and services.
- For research and statistical reports without identifying you as a client.
- To create reports required by organizations who fund our agency.
- For necessary disclosures as required by law (e.g. report abuse or neglect, in response to a court order).

**To obtain a full copy of this Privacy Policy Statement please contact an FSP Specialist at (800) 777-2861.**