

Smart Start Child Care Scholarship Checklist

To qualify for Smart Start Scholarship Program you must meet the following eligibility guidelines:

- Child(ren) age 0-5 not enrolled in Kindergarten.
- Child(ren) whose parent(s) live in Forsyth County.
- Child(ren) whose parent(s) work minimum of 25 hours per week average.
- Child(ren) whose parent(s) are in school to receive a GED, Vocational School (including cosmetology) or attend college full-time (12 credit hours minimum, including online classes) to receive an associate's or bachelor's degree.
- Or a combination of working part-time, attending school part time meeting the 25 hours' qualification criteria.

Please return the following information for your Child Care Scholarship application to be complete:

- Completed Application
- Copy of Child's Birth Certificate
- If full/part time student; current school schedule
- Updated check stubs showing one month of current consecutive income for mother and father (if both are in the home), if one parent is in the home then only their stubs are required. 1 if paid monthly, 2 if paid by-weekly, 4 if paid weekly.
- If recently employed employment verification letter on employer's letterhead indicating start date, hours scheduled to work per week, and rate of pay
- Information about any other income you may receive such as Child Support, SSI, Disability, etc.

Starting July 10, 2017, Return completed application to:

**Smart Start of Forsyth County
Scholarship Application
7820 North Point Blvd, Ste. 200
Winston-Salem, NC 27106
(336) 714-4362 phone / (336) 725-5438 fax
Email: stacim@smartstart-fc.org**

Smart Start Child Care Scholarship/Emergency Assistance Application 2017– 2018

Smart Start of Forsyth County provides funding for the Child Care Scholarship and Emergency Assistance Program

(PLEASE **PRINT** CLEARLY—EVERY QUESTION MUST BE ANSWERED)

Which type of assistance are you applying for (Check ONE or BOTH)?

- Regular On-Going Assistance
 Emergency Child Care Assistance (4-8 weeks)

Emergency Assistance Application

If you are applying for Emergency Assistance, please attach a detailed written description of your emergency situation, providing any available supporting documentation (i.e. letter from your employer, doctor, court, etc.) to support your request. Also provide an explanation of how you will continue to pay for child care or what your plans are once the Emergency Assistance period ends.

Parent/Applicant Full Name:

Date of Birth

Social Security #

Home Street Address

City

State

Zip

Home Phone:

Cell Phone

Work Phone

E-Mail Address

Emergency Contact

Relation

Phone

Marital Status of Parent/Applicant (please check one):

- Single Married Separated Divorced
 Widowed

Highest Level of Education Completed (please check one):

- In High School Dropped Out of High School High School Diploma or GED
 In College College Graduate Master's Degree

What Language is Spoken Most Often in the Home?

Are one or more applicants currently in school? If so, where:

- Yes No _____

How many address have you and your child had in the past year?

- 1 2-3 4-5 6-7 8 or more

Has your household faced any of the following challenges in the past year? (please check all that apply)

- Homelessness Domestic Violence Work Hours Reduced or Laid Off from Work
 Substance Abuse Incarceration Reported Child Abuse and/or neglect
 Physical Challenge or Chronic Illness Mental Health Services
 None of the above apply to my family I do not feel comfortable answering

Child(ren) for Whom You Are Requesting Assistance: (Birth to 5 years)

First Name MI Last Name	DOB	Race/ Ethnicity	Male/ Female	Attach a copy of each child's birth certificate	Is child a U.S. citizen ?
1.		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____			
2.		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____			
3.		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____			
4.		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____			

Have any of the children (listed above) received any of the following services within the past year? If so, please list child's name:

- IFSP (Individualized Family Service Plan) _____
 CDSA (Children's Developmental Services Agency) _____ IEP (Individualized Education Plan) _____
 Physical Challenge of some kind for your child _____ Does not apply to my child(ren)

Name of Child Care Facility Selected	Star-rating (must be 4 or 5 stars)
1. <input type="checkbox"/> I have not chosen at this time	
2.	

1. Is the subsidy child (or children) currently enrolled in this facility? Yes No
2. Are you currently receiving DSS day care vouchers for any children ages 0-5 years? Yes No
3. Have you ever received any Smart Start assistance? Yes No
4. Does the child you are applying for live in your home? Yes No

Income Worksheet: Provide check stubs or written documentation for all sources of income for all adults living in the household, who have custody or guardianship of the child	Primary Applicant	Other Adult or Guardian in Household
		<input type="checkbox"/> Not Applicable
First and Last Name		
Name of Employer/School:		
Pay periods: Please list how many times you get paid each month and include checks stubs for one month	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi weekly <input type="checkbox"/> Monthly
Child Support (Check ONE): <input type="checkbox"/> Court Ordered <input type="checkbox"/> Direct/Voluntary	<input type="checkbox"/> Not Applicable Amount: _____	<input type="checkbox"/> Not Applicable Amount: _____
Social Security Income	<input type="checkbox"/> Not Applicable Amount: _____	<input type="checkbox"/> Not Applicable Amount: _____
SSI Disability Income	<input type="checkbox"/> Not Applicable Amount: _____	<input type="checkbox"/> Not Applicable Amount: _____
SSA Disability Income	<input type="checkbox"/> Not Applicable Amount: _____	<input type="checkbox"/> Not Applicable Amount: _____
WWFA (Work First)	<input type="checkbox"/> Not Applicable Amount: _____	<input type="checkbox"/> Not Applicable Amount: _____
Unemployment Benefits	<input type="checkbox"/> Not Applicable Amount: _____	<input type="checkbox"/> Not Applicable Amount: _____
2 nd Job	<input type="checkbox"/> Not Applicable Amount: _____	<input type="checkbox"/> Not Applicable Amount: _____
Other (PLEASE LIST BELOW):	<input type="checkbox"/> Not Applicable Amount: _____	<input type="checkbox"/> Not Applicable Amount: _____

Others living in household: Name <input type="checkbox"/> Not Applicable	Relationship To Child	Age	Income Source/Amount	Frequency of Payment
				<input type="checkbox"/> Wkly <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
				<input type="checkbox"/> Wkly <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
				<input type="checkbox"/> Wkly <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

I verify that all the information contained in this application and the supporting documentation is true and correct. Submitting inaccurate information to meet criteria to qualify for Smart Start Scholarship/Emergency constitutes fraud and will result in immediate exclusion from Smart Start Scholarship programs for a minimum of 12 months.

Applicant's Signature

Date

Disclaimer! Smart Start of Forsyth County seeks to encourage quality care for all children. The requirements to participate in the Scholarship program were created for that reason. Parents must make the final selection as to enrollment of their child. Therefore, Smart Start of Forsyth County cannot accept liability for any dissatisfaction related to child care services. We strongly encourage parents to visit and observe child care providers before making a final selection.

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