

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 is 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.

**Smart Start of Forsyth County
Scholarship Application
7820 North Point Blvd, Ste. 200
Winston-Salem, NC 27106
(336) 725.6011 phone / (336) 725.5438 fax**

Smart Start Child Care Scholarship/Emergency Assistance Application 2020– 2021

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 childcare or what your plans are once the Emergency Assistance period ends.			
Parent/Applicant Full Name:			
Date of Birth			
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): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Highest Level of Education Completed (please check one): <input type="checkbox"/> In High School <input type="checkbox"/> Dropped Out of High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> In College <input type="checkbox"/> College Graduate <input type="checkbox"/> Master's Degree	
What Language is Spoken Most Often in the Home?		Are one or more applicants currently in school? If so, where: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
How many addresses have you and your child had in the past year? <input type="checkbox"/> 1 <input type="checkbox"/> 2-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8 or more		Has your household faced any of the following challenges in the past year? (please check all that apply) <input type="checkbox"/> Homelessness <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Work Hours Reduced or Laid Off from Work <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Incarceration <input type="checkbox"/> Reported Child Abuse and/or neglect <input type="checkbox"/> Physical Challenge or Chronic Illness <input type="checkbox"/> Mental Health Services <input type="checkbox"/> None of the above apply to my family <input type="checkbox"/> 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)

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

All boxes must be checked. Please mark Not Applicable if it does not apply.	Primary Applicant	Other Adult or Guardian in Household
First and Last Name		<input type="checkbox"/> Not Applicable
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"/> Biweekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a month <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: _____
2nd 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. It is the parent's responsibility to make the final selection for enrollment of their child. Therefore, Smart Start of Forsyth County cannot accept liability for any dissatisfaction related to childcare services. We strongly encourage parents to visit and observe childcare providers before making a final selection.

Return completed application to:
Smart Start of Forsyth County, Inc. 7820 North Point Blvd, Suite 200, Winston-Salem, NC 27106
(336) 725-6011 phone / (336) 725-5438 fax; sherrij@smartstart-fc.org