



Child Care Subsidy Contract/Application

21 West 2nd
Hutchinson, KS 67501
620-669-0291
FAX 620-669-0204

Parent/Guardian

I, _____ request child care expense assistance at the named child care facility.
(please print name) su nombre

Criteria for Parents:

1. Must have a current application for child care assistance on file with SRS and comply with all SRS rules and regulations.
2. Must meet income eligible guidelines and provide at least one month's pay stubs and/or school schedule.
3. Must agree to specific licensed or registered provider's eligibility (center or home requirements for admission, payments, hours in care, etc).
4. Recipients must reside in Reno County.
5. Child Care Links will pay only for the hours agreed upon that the parent is working or attending classes, plus reasonable travel time (this does **not** include internet classes or study time).
6. Contract will be terminated when parent is no longer income eligible or receives SRS child care assistance.
7. Contract may be terminated from program after a 5-day notice if Child Care Links determines the subsidy program is not being fully utilized (excessive absences). **Five absent days per month are allowed.**
8. Students must maintain a grade point average of 2.5. School starting date _____ / School ending _____

Please fill in the hours care is needed per day.

Los nombres de su niños _____ Las horas que necesitan guarderia de cada dia _____

Child's Name (first/last)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total hours per week. _____

Scheduling Comments _____

I, the parent or guardian, agree to pay the balance of the charges computed according to the provider's policies. I agree to notify Child Care Links of any change in school, employment, wages, or other income. I certify that I am a resident of Reno County, Kansas and that the information given in this application is true and correct to the best of my knowledge, and I am aware that any falsification could result in the denial of child care assistance.

Firma de Padre

Parent's signature: _____

Fecha

Date: _____

Child Care Links

Administration of Child Care Subsidy Program:

1. Program openings will be determined by funds available.
2. Program maybe terminated due to lack of funds after a two week notice to participants.
3. Child care subsidy recipients will be determined by need bi-annually. Program openings thereafter will be filled from a waiting list after eligibility if determined.
4. Parents shall submit complete application to Child Care Links for eligibility. Provider, parent, and Child Care Links must sign contract before contract is valid
5. Applications are accepted in the Child Care Links office between 8 a.m. and 4 p.m., by mail, or Child Care Links drop-box.
6. Child Care Links will pay the provider an hourly rate, written below. Any remaining child care expenses are the parent's responsibility.
7. Child Care Links will pay for up to five absent days per month only if provider's absent policy is submitted with application.

According to this contract Child Care Links agrees to pay \$ _____ per hour, per child, for approx. _____ hours per week, for _____

Child Care Links holds the option to terminate this contract for the reasons stated above.

This contract begins _____ . This contract will expire on _____ .

Executive Director, _____
(signature)

(date)

Provider Usted tiene que llevar esta hoja para la firme la guarderia.

Name _____ Address: _____

City _____ Zip: _____ Phone #: _____

Social Security # _____ License or Registered _____ Date: _____
or Tax ID # _____ (circle one)

Criteria for Provider:

1. Must reside in Reno County and be licensed or registered for child care.
2. Time sheets must be submitted to Child Care Links office by the **5th** of each month. The pay period is from the 1st through the last day of the month. Child Care Links will make payment by the 8th of each month. **Payment may be denied for time sheets received after the 8th the month.**
3. Child Care Links must be notified when a child drops out of center, home, or is accepted for SRS child care assistance.
4. Admission policies shall be non-discriminatory in regard to race, color, religion, national origin, ancestry or sex in compliance with Kansas Statue #44-1009, Handicapped status, Section 504.
5. Contract must be completed and signed by provider, parent, and Child Care Links before funding can begin.
6. Provider may give a subsidy application to a parent, but Child Care Links will determine eligibility.
7. Provider may not charge more for children in the subsidy program than children not in the program.
8. Child Care Links shall be charged only for child care during parents' agreed upon working and school hours, plus reasonable travel time
9. Do you have an absence policy? Yes ___ No ___ (If yes, please enclose a copy of your policy)

I certify I will bill Child Care Links the 1st of each month and that I will bill only for the time parents work or attend school, plus reasonable travel time.

I, _____, a licensed/registered child care provider in Reno County agree to care for _____.

This contract is not valid until signed by Child Care Links Director.

Smart Start Scholarship Quality Indicators:

Please check which answer is true the majority of time in your child care setting.

1. Space & Furnishings for Care and Learning

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are the furnishings you use for child care safe and in good repair? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is there soft furniture available for children's use? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you display children's art work? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you provide safe physical outdoor play for all ages at least 3 times per week? |

2. Language

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you engage in some social talking, e more than just giving direction. (ex. "come here", "take this", "no".) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have at least 8 books for each age group you care for? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you offer materials for helping children practice talking daily? (ex. Puppets, play telephones, etc.) |

3. Learning Activities

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you offer basic hand eye materials to children? (ex. grasping toys, clothespins, nesting cups, blocks, puzzles, Peg boards and pegs.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you offer art materials at least 2 times per week for children older than 12 months? (materials could include: crayons, paint, clay, play dough, chalk) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you offer musical experiences to children at least once a week? (ex. dancing with music, singing with children) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is the T.V. used more than 2 hours daily? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you offer some dramatic play materials such as dress up clothes, dolls, etc. |