



21 West 2<sup>nd</sup>  
Hutchinson, KS 67501

Dear scholarship applicant,

Our goal is to assist families achieve educational and work related goals which will lead to improved employment and self sufficiency.

Application steps:

- Meet the income guidelines
- Complete top part of page 1 along with pages 3 and 4 of the attached application
- Have your licensed or registered child care provider complete page 2
- Return application to Child Care Links

Along with the application please supply:

- Copy of recent pay stubs covering one month for every working person in the household
- Copy of current schedule of classes including starting and ending dates and times
- SRS child care assistance denial letter if applicant is not attending school
- If divorce, case number located on your divorce decree or a print out from the Kansas Payment Center showing the amount of child support you receive, or a brief explanation why you do not receive child support.

We will only evaluate completed application with documentation as stated above. Due to limited funding we cannot guarantee that everyone that qualifies will be assisted. Your income will determine the maximum hourly rate we can pay. We pay using a scale from \$1.50 to \$.45 per hour for each child.

<i>Number in Family</i>	<i>Monthly Maximum income</i>
2	\$2549
3	\$3205
4	\$3860
5	\$4513
6	\$5168
7	\$5823
8	\$6476



# Child Care Scholarship Contract/Application 2012

21 West 2<sup>nd</sup>  
Hutchinson, KS 67501  
620-669-0291  
FAX 620-669-0291  
childcarelinks@sbcglobal.net

## Parent/Guardian

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

### Criteria for Parents:

1. Must be ineligible for SRS child care assistance.
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 live in one of the currently funded counties.
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** 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 after a 5-day notice if Child Care Links determines the scholarship 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 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

Fecha

Parent's signature: \_\_\_\_\_

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

## Child Care Links

### Administration of Child Care Scholarship Program:

1. Program openings will be determined by funds available.
2. Program may be terminated due to lack of funds after a two week notice to participants.
3. Child care scholarship recipients will be determined by need bi-annually. Program openings thereafter will be filled from a waiting list after eligibility is 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, by mail, fax or email.
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/Agency Manager, \_\_\_\_\_

(signature)

(date)

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**Criteria for Provider:**

1. Must provide care in a currently funded 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 8<sup>th</sup> the month.**
3. Child Care Links must be notified when a child is no longer in your care or is accepted for SRS child care assistance.
4. Provider's admission policies shall be non-discriminatory in regard to race, color, religion, national origin, ancestry or sex in compliance with Kansas Statute #44-1009, Handicapped status, Section 504.
5. Contract must be completed and signed by provider, parent, and Child Care Links before considered valid.
6. Provider may give a child care scholarship application to a parent, but Child Care Links will determine eligibility.
7. Provider may not charge more for children in the child care scholarship program than children not in the program.
8. Child Care Links shall be charged only for child care during parents' agreed upon working or school hours, plus reasonable travel time.
9. A maximum of 5 absent days per month will be paid if you have an absence policy that requires payment from parents. Please enclose a copy of your policy.

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

I, \_\_\_\_\_, a licensed or registered child care provider in

\_\_\_\_\_ 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, 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   |

## Parent's Household Income Verification

Name of applicant/ su nombre \_\_\_\_\_

Phone number / telefono \_\_\_\_\_

Address, City, Zip Code /direccion y codigo postal \_\_\_\_\_

E-mail address \_\_\_\_\_

Names - <b>List everyone in Household</b>	Hispanic or Latino	Race	Date of Birth fecha de nacimiento	Social Security #	Gross Mthly Income
Self/ usted misma	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____ <i>birthdate</i>	_____ <i>Social Security #</i>	_____ <i>su sueldo</i>
Spouse/Partner/Marido	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____ <i>birthdate</i>	_____ <i>Social Security #</i>	_____
Child/Other/nombre de nino	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____ <i>birthdate</i>	_____ <i>Social Security #</i>	_____
Child/Other/nombre de nino	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____ <i>birthdate</i>	_____ <i>Social Security #</i>	_____
Child/Other/nombre de nino	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____ <i>birthdate</i>	_____ <i>Social Security #</i>	_____
Child/Other/nombre de nino	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____ <i>birthdate</i>	_____ <i>Social Security #</i>	_____
Child/Other/nombre de nino	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____ <i>birthdate</i>	_____ <i>Social Security #</i>	_____
Child/Other/nombre de nino	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____ <i>birthdate</i>	_____ <i>Social Security #</i>	_____
Child Support:			_____	_____	_____
Others Sources of Income:			_____	_____	_____
Total Income:			_____	_____	_____

### Other Information

Working family members, please attach a copy of SRS denial letter to this sheet.

*I authorize Child Care Links to release my name and pertinent case information as it relates to my application for child care assistance to local child care funding organizations. I understand all information that will be shared will be used for the sole purpose of determining and/or providing child care assistance for my family.*

Signature: \_\_\_\_\_

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

## Parent Survey Questions

### Self

Are you working?  Yes  No

Place of employment \_\_\_\_\_

If working, what is your work related goal? \_\_\_\_\_

When do you anticipate your income from work totally financing your child care cost? \_\_\_\_\_  
\_\_\_\_\_.

What is the highest educational level you have attained? \_\_\_\_\_  
\_\_\_\_\_.

Are you attending school?  Yes  No

Name of school: \_\_\_\_\_

What are your educational goals? \_\_\_\_\_  
\_\_\_\_\_.

When is your anticipated graduation date? \_\_\_\_\_

How does this child care scholarship make a difference for your family? \_\_\_\_\_  
\_\_\_\_\_.

### Spouse

Are you working?  Yes  No

Place of employment \_\_\_\_\_

If working, what is your work related goal? \_\_\_\_\_

What is the highest educational level you have attained? \_\_\_\_\_  
\_\_\_\_\_.

Are you attending school?  Yes  No

Name of school: \_\_\_\_\_

What are your educational goals? \_\_\_\_\_  
\_\_\_\_\_.

When is your anticipated graduation date? \_\_\_\_\_