



**BOYS & GIRLS CLUB
OF BURLINGTON**

2019 - 2020 School Year

After School Registration

IAA (K-3rd) & Oak Street (4th-8th)

(Each child MUST have their own individual form completed.)

Child's Name: (FIRST)_____ (MI)_____ (LAST)_____

Child's Home Address: _____

Grade (as of September 2019):_____ School Attending:_____ Date of Birth:____/____/____

Parent/Guardian: _____ Relationship to Child:_____

Address: (if different than child):_____

Cell Phone: _____ Home Phone:_____ Work Phone:_____

Email Address:_____ Primary resident of child: ___Yes ___No

Parent/Guardian: _____ Relationship to Child:_____

Address: (if different than child):_____

Cell Phone: _____ Home Phone:_____ Work Phone:_____

Email Address:_____ Primary resident of child: ___Yes ___No

Emergency Contact(other than parent/guardian):_____ Relationship:_____

Cell Phone: _____ Home Phone:_____ Permission to pick up:___Yes ___No

Emergency Contact(other than parent/guardian):_____ Relationship:_____

Cell Phone: _____ Home Phone:_____ Permission to pick up:___Yes ___No

Allergies/Dietary Requirements: _____

Child's Physician:_____ Physician's Phone Number:_____

Child's Dentist:_____ Dentist's Phone Number:_____

Current Medications:_____ Preferred Hospital:_____

Insurance Company:_____ Insurance Policy Number:_____

Please indicate the days your child will be attending. If child will not attend on a day listed below, please notify the Club as soon as possible.

My child will attend (please check all that apply): Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____

My child has permission to walk home at 6:00pm (5:30pm for IAA): Yes____ No ____

My child has permission to watch a movie rated up to: G____ PG____ PG-13____ R____

Other than the above listed parents/guardians and/or emergency contacts, the following people have permission to pick my child on any given day:

Name of Authorized Pick-Up Person(s):

Daytime/Cell Phone Number

1. _____

2. _____

3. _____

NOT AUTHORIZED TO PICK-UP: 1. _____ 2. _____

DEMOGRAPHIC & CONFIDENTIAL INFORMATION: *This information is required*, without it we cannot secure the funding and support to run the Club programs enjoyed by our members. This information is never reported with your name. This information is strictly confidential and does not in any way affect eligibility for Club programming.

Member's Gender: _____ **Number of people living in Household:** _____ **SSN #:** _____

Ethnicity
(choose the **ONE** that applies best):

☐ American Indian/Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic, Latino, Spanish Origin
☐ Native Hawaiian/Pacific Island
☐ White
☐ Mixed Ethnicity
☐ Other
☐ Unknown

Household Income:

☐ \$0-\$4,999
☐ \$5,000-\$9,999
☐ \$10,000-\$14,999
☐ \$15,000-\$19,999
☐ \$20,000-\$24,999
☐ \$25,000-\$29,999
☐ \$30,000-\$34,999
☐ \$35,000-\$39,999
☐ \$40,000-\$44,999
☐ \$45,000-UP

Is a Parent/Guardian incarcerated?

☐ Yes ☐ No

Member's household receives the following Services:

☐ Food Stamps
☐ Free/Reduced Lunch
☐ General Assistance
☐ Unemployment

Is a parent/guardian an active member of the military? ☐ Yes ☐ No

I understand my child will not be able to leave the Club for any reason without written permission or phone call from a parent/guardian. I understand that in order for my child to become registered in the licensed program, I need to complete an application for DCF eligibility with proof of income. I give permission for my child to go on trips away from the Club, whether by foot, Van, or other contracted transportation. I give the Boys and Girls Club of Burlington permission to Survey my child for use in reports and general knowledge. I give the Boys and Girls Club of Burlington permission to speak with school staff regarding my child's behavior and education. I give permission for the Boys and Girls Club to access and report my child's immunization records. I give my consent for consent for photographs, in which my child may appear to be used in any way the Boys and Girls Club of Burlington may care to use them. In case of emergency, the Boys and Girls Club Staff has my permission to give first aid or take the participant to a hospital for treatment and call a doctor for medical or surgical care for my child. Should an emergency arise, I understand that a conscientious effort will be made to locate me or an emergency contact before any action is taken, but I agree to accept any expenses associated with such emergency if it is not possible to locate me in advance of treatment. I hereby, for myself, my child, my heirs, executors and administrators waiver and release any and all rights and claims for damages I or my child may have against the Boys and Girls Club of Burlington for any and all injuries suffered by my child at any activity sponsored by these listed organizations. I have been informed that the Boys & Girls Club of Burlington has a freedom of access policy and complaint procedures concerning the welfare of children outlined in the parent handbook. I give my child permission to use the internet and electronic devices for academics and age appropriate games.

I have read, understand, and agree to the policies and procedures outlined in the Afterschool Parent Handbook. I have explained the rules, policies, and expectations outlined in the After School Handbook to my child

Parent/Guardian Signature: _____ **Date:** _____

The POSITIVE Place for Kids!

Be sure all forms are completely filled in:

- ☐ After School Registration ☐ Child Care Resource Form ☐ Medication Release Form (optional)
☐ School Contact Consent Form



BOYS & GIRLS CLUB OF BURLINGTON

CONSENT FORM FOR THE RELEASE OF A STUDENT'S EDUCATION RECORDS

School's Name: _____

School Address: _____

School Phone Number: _____

Student's Name: _____ (the "After School Program")

This Consent Form **must be filled out and submitted** to the District before the District can comply with the parent or eligible student's request to release information, other than Directory Information, regarding a student, to Boys & Girls Club, the "After School Program."

I. Specifications of the education records to be disclosed: Any and all education records of the Student maintained by the District that the After School Program believes will assist it in meeting the educational needs of the Student and improving the Student's educational achievement. Such records may include or be relevant to, but are not limited to:

- | | | |
|-----------------------------|------------------------|--------------------------------|
| • First and last name | • Free/reduced lunch | • Scores on standardized tests |
| • Date of birth | • Parent/guardian name | • Progress Monitoring |
| • Student ID number | • Grades | • Assessment Data |
| • Race/ethnicity | • Email address(es) | • Student behavior data |
| • Gender | • School attending | • Student Attendance |
| • IEP | • Phone numbers | • Address |
| • Bilingual/Limited English | • Grade Level | |
| • Proficiency | • Special education | |

II. The purpose(s) of disclosure is/are: To improve instruction and other out-of-school time services that promote the Student's success in school, to meet the needs of the Student more effectively, to equitably support students from all demographic segments of the population, to identify gaps in service, and determine whether these programs are supporting student achievement in alignment with educational needs as well as creating a culture of positive behavior and strong youth engagement.

III. Describe the party or class of parties to whom the disclosure may be made: The After School Program's staff who work with the student and or staff who record data relating to the student's participation and progress in the After School Program.

My signature below demonstrates my consent to the release of the above named Student's education records to the After School Program, all as more fully described above. This Consent is valid from September 1 through August 31 of the current school year.

Parent or Guardian or Eligible Student

Date

Copies of the Disclosed Education Record(s) are available upon request to parent(s) or eligible student(s). If you have any questions regarding this request, please call _____ (name and job title) at _____ (School)

Boys & Girls Club of Burlington Medicine Release Form

Name of Child: _____
First *Last*

Name of medication: _____ Dosage: _____

How to administer: _____ Storage instructions: _____

Times(s) of day medication is to be given: _____

Date prescribed: _____ Date last dose due: _____

Possible side effects: _____

Physician's Name: _____ Phone number: _____

I hereby give permission for the Boys & Girls Club of Burlington to give the above medication to my child
_____ (name of child) as instructed above.

I, _____, hereby authorize the Boys & Girls Club of Burlington to call the health care provider prescribing the medication described above to follow up with any questions concerning the administration of the medication, any side effects, or other concerns related to the administration of my child's medication.

I, _____, hereby authorize the Boys & Girls Club of Burlington to disclose information about my child's medication, side effects, or other concerns related to the administration of my child's medication. The purpose of this disclosure related to my child care provider's administration of medications to my child in my absence.

I understand that by signing this authorization, I am authorizing the Boys & Girls Club of Burlington to disclose my child's health information as describes above. I also understand that this health information could be re-disclosed by my child care provider as necessary in caring for my child, and if so, may not be subjected to federal or state laws protecting its confidentiality.

These authorization expires when my child no longer needs the medication. I have the right to revoke this authorization at any time doing so in writing, except to the extent that the child's health care provider has already relied upon it.

Parent/Guardian Signature

Date

Medication must be in its original container and labeled correctly by the pharmacy/physician if a perception.

Application for Child Care Financial Assistance

If English is not your primary language and you need help understanding this information, tell your local office.

إذا لم تكن اللغة الإنجليزية لغتك الأولى وتحتاج إلى الحصول على المساعدة قم بإبلاغ المكتب الفرعي القريب منك.

Ako engleski jezik nije Vaš primarni jezik i ako Vam je potrebna pomoć da razumijete ovu informaciju, obavijestite svoj lokalni ured.

အကယ်၍ အင်္ဂလိပ်စကားသည် သင့်မိခင်ဘာသာစကား မဟုတ်သဖြင့် ဤသတင်းအချက်အလက်ကို နားလည်ရန်အတွက် အကူအညီလိုအပ်က သင့်ဘာသာစကားကို အကြောင်းကြားပါ။

Si vous n'êtes pas anglais de langue maternelle et que vous avez besoin d'aide pour comprendre ces informations, dites-le à votre bureau local.

Mugihe icongereza atari ururimi rw'awe rw'amavukiro ukaba ushaka impfashanyo y'ugusobanukirwa iy'inkenzuzo, egera ibiro vyaho uba.

यदि अङ्ग्रेजी तपाईंको मुख्य भाषा होइन र तपाईंलाई यो बुझ्न सहयोग चाहिएमा, तपाईंको स्थानीय कार्यालयमा भन्नुहोस्।

Haddii luuqada Ingiriisiga aysan ahayn luuqadaada asaasiga ah aadna u baahan tahay caawimaad ah fahanka macluumaadka, u sheeg xafiiska deegaankaaga.

Si su idioma materno no es el inglés y necesita ayuda para comprender esta información, infórmelo a su oficina local.

Ikiwa Kiingereza sio lugha yako ya msingi na unahitaji msaada wa kufahamu maelezo haya, waeleze ofisi yako ya mtaa.

Nếu tiếng Anh không phải là ngôn ngữ chính của quý vị và quý vị cần trợ giúp để hiểu thông tin này, hãy cho văn phòng tại địa phương quý vị biết.

Section One: Applicant Information

Complete all fields. Incomplete applications will be returned.

Last Name _____ First _____ Middle _____ Suffix (Jr, Sr, II) _____

Other Names, such as Maiden Name or Alias _____

Home/Physical Address (required) _____

Town/City _____ State _____ Zip Code _____

Mailing Address (if different from address above) _____

Town/City _____ State _____ Zip Code _____

Email Address _____ Vermont Resident: ☐ Yes ☐ No

Social Security Number* _____ Date of Birth (mm/dd/yyyy) _____

U.S. Citizen: ☐ Yes ☐ No If no, please indicate status: ☐ Refugee ☐ Immigrant ☐ Asylee ☐ Permanent Resident

☐ Other (please explain) _____

Marital Status: ☐ Married ☐ Civil Union ☐ Legally Separated ☐ Separated ☐ Divorced ☐ Single ☐ Single w/ Domestic Partner ☐ Widowed

Gender: ☐ Female ☐ Male Single-Parent Household: ☐ Yes ☐ No Primary Language: _____

Race (check all that apply): ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

* You are not required to list your social security number on this application. Please note if you choose not to disclose your social security number, it may delay your application processing.

Is your family homeless: ☐ Yes ☐ No

Does the applicant have one million dollars or more in assets? ☐ Yes ☐ No

Do you contribute money into a qualified child education savings account, such as the Vermont Higher Education Investment Plan? ☐ Yes ☐ No

Is a parent currently active duty in the U.S. Military, a member of a National Guard Unit or a Military Reserve Unit: ☐ Yes ☐ No

If Yes, ☐ Active Military ☐ National Guard/Military Reserve

All phone numbers (check preferred): ☐ Home _____ ☐ Work _____ ☐ Cell _____

Section Two: Need for Care

☐ Employment

☐ Self-Employment

☐ Seeking Employment

☐ Training/Education

☐ Special Health Need - Parent

☐ Reach Up Case Worker: _____

See page 7 for required documentation.

Reason services are needed. (check all that apply)

☐ Special Health Need - Child

☐ Family Support - Requires Additional Application

(i.e., extreme stress your family is experiencing in areas such as shelter, safety, emotional stability, substance abuse, and children's behaviors)



Section Three: Other Household Members**List second parent/guardian and all children living in the household. (use additional page if needed)**

Last Name	First Name	Middle Name	Suffix (Jr, Sr, II)
Date of Birth (mm/dd/yyyy)	Social Security Number *	Primary Language	Relationship to Applicant
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs child under age 19 requiring child care? (Special Needs Documentation is Required) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Last Name	First Name	Middle Name	Suffix (Jr, Sr, II)
Date of Birth (mm/dd/yyyy)	Social Security Number *	Primary Language	Relationship to Applicant
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs child under age 19 requiring child care? (Special Needs Documentation is Required) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Last Name	First Name	Middle Name	Suffix (Jr, Sr, II)
Date of Birth (mm/dd/yyyy)	Social Security Number *	Primary Language	Relationship to Applicant
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs child under age 19 requiring child care? (Special Needs Documentation is Required) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Last Name	First Name	Middle Name	Suffix (Jr, Sr, II)
Date of Birth (mm/dd/yyyy)	Social Security Number *	Primary Language	Relationship to Applicant
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs child under age 19 requiring child care? (Special Needs Documentation is Required) <input type="checkbox"/> Yes <input type="checkbox"/> No			

* You are not required to list your social security number on this application.

Please note if you choose not to disclose your social security number, it may delay your application processing.

Section Four: Applicant's Need for Care

Complete this section about yourself.

☐ Employed at _____ Flexible schedule? ☐ Yes ☐ No Scheduled work hours per week _____

Employer's Address _____ Telephone Number _____

City _____ State _____ Zip Code _____

Do you have a Bachelor's Degree? ☐ Yes ☐ No Does your employer contribute money towards child care? ☐ Yes ☐ No

Indicate your work hours, circle AM or PM:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start _____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm
End _____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm

☐ In school or training at _____ Flexible schedule? ☐ Yes ☐ No Scheduled hours per week _____

Indicate your school/training hours, circle AM or PM:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start _____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm
End _____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm

Section Five: Second-Parent's Need for CareComplete this section for a second parent in the household.
If there is none, go to Section 6.☐ Employed at _____ Flexible schedule? ☐ Yes ☐ No Scheduled work hours per week _____

Employer's Address _____ Telephone Number _____

City _____ State _____ Zip Code _____

Do you have a Bachelor's Degree? ☐ Yes ☐ No Does your employer contribute money towards child care? ☐ Yes ☐ No

Indicate your work hours, circle AM or PM:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start _____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm
End _____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm

☐ In school or training at _____ Flexible schedule? ☐ Yes ☐ No Scheduled hours per week _____

Indicate your school/training hours, circle AM or PM:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start _____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm
End _____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm

Section Six: Requested Child Care ProviderYour provider must be registered, licensed, or certified by
the Child Development Division to receive payment.

Child's Name _____

Child Care Provider's Name _____

Child Care Provider's Location _____

City _____

Telephone Number _____

Child Care Provider Relationship
to Child _____

Child Care Start Date _____

Indicate hours needed, circle AM or PM:

Sunday	_____ am / pm to _____ am / pm
Monday	_____ am / pm to _____ am / pm
Tuesday	_____ am / pm to _____ am / pm
Wednesday	_____ am / pm to _____ am / pm
Thursday	_____ am / pm to _____ am / pm
Friday	_____ am / pm to _____ am / pm
Saturday	_____ am / pm to _____ am / pm

Section Six: Requested Child Care Provider Continued

Child's Name _____
 Child Care Provider's Name _____
 Child Care Provider's Location _____
 City _____
 Telephone Number _____
 Child Care Provider Relationship
 to Child _____
 Child Care Start Date _____

Indicate hours needed, circle AM or PM:

Sunday _____ am / pm to _____ am / pm
 Monday _____ am / pm to _____ am / pm
 Tuesday _____ am / pm to _____ am / pm
 Wednesday _____ am / pm to _____ am / pm
 Thursday _____ am / pm to _____ am / pm
 Friday _____ am / pm to _____ am / pm
 Saturday _____ am / pm to _____ am / pm

Child's Name _____
 Child Care Provider's Name _____
 Child Care Provider's Location _____
 City _____
 Telephone Number _____
 Child Care Provider Relationship
 to Child _____
 Child Care Start Date _____

Indicate hours needed, circle AM or PM:

Sunday _____ am / pm to _____ am / pm
 Monday _____ am / pm to _____ am / pm
 Tuesday _____ am / pm to _____ am / pm
 Wednesday _____ am / pm to _____ am / pm
 Thursday _____ am / pm to _____ am / pm
 Friday _____ am / pm to _____ am / pm
 Saturday _____ am / pm to _____ am / pm

Section Seven: Child Support Information

Complete the information below. If you are currently married or have ever been married, you must provide proof of legal separation, divorce, and child support.

Please complete the boxes below for each child in your household for which you receive child support. *Please submit a 6 - 12 month child support disbursement or payment record.*

Names of children in household	Name and address of absent parent	Were you married to the person paying child support?	Amount received
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per

If you are not receiving court ordered child support please provide an explanation why below. Please indicate how much he/she contributes monthly. If the contribution is in the form of goods (diapers, wipes, clothing), mortgage payments, rent payments, etc. Please indicate a monthly value in dollars.

Value In Dollars: \$ _____

Does anyone in your household pay regular court ordered child support? ☐ Yes ☐ No If yes, please provide verification.

Name of Person Paying _____ Amount _____

Frequency _____

Section Eight: Household Income

Indicate household income by recipient and type of income.

For each type of income you claim you must supply written evidence. Examples of documentation include two current consecutive pay stubs, a copy of last year's income tax return for self-employment, a statement from your employer confirming wages for new employment, or a copy of your court order for child support.

Family Member**Family Member****Type of Income (select all that apply):**

Amount Frequency

- | | | |
|--|-------|-------|
| <input type="checkbox"/> AmeriCorps Stipend | _____ | _____ |
| <input type="checkbox"/> Child Support Received | _____ | _____ |
| <input type="checkbox"/> Dividend Income | _____ | _____ |
| <input type="checkbox"/> 3SquaresVT (formerly food stamps) | _____ | _____ |
| <input type="checkbox"/> Housing Assistance | _____ | _____ |
| <input type="checkbox"/> Interest Income | _____ | _____ |
| <input type="checkbox"/> Medicaid | _____ | _____ |
| <input type="checkbox"/> Military Pay-Active Duty | _____ | _____ |
| <input type="checkbox"/> Military Pay-Reserve | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |
| <input type="checkbox"/> PSE Stipend | _____ | _____ |
| <input type="checkbox"/> Reach Up | _____ | _____ |
| <input type="checkbox"/> Reach Up Child Only | _____ | _____ |
| <input type="checkbox"/> Rental Income | _____ | _____ |
| <input type="checkbox"/> Self-employment Income | _____ | _____ |
| <input type="checkbox"/> Social Security Benefit | _____ | _____ |
| <input type="checkbox"/> Spousal Maintenance Received | _____ | _____ |
| <input type="checkbox"/> Supplemental Security Income | _____ | _____ |
| <input type="checkbox"/> Tips, etc. | _____ | _____ |
| <input type="checkbox"/> Trust Fund | _____ | _____ |
| <input type="checkbox"/> Unemployment Compensation | _____ | _____ |
| <input type="checkbox"/> Veterans Benefits | _____ | _____ |
| <input type="checkbox"/> Vista Stipend | _____ | _____ |
| <input type="checkbox"/> Wages | _____ | _____ |
| <input type="checkbox"/> Worker's Compensation | _____ | _____ |

Type of Income (select all that apply):

Amount Frequency

- | | | |
|--|-------|-------|
| <input type="checkbox"/> AmeriCorps Stipend | _____ | _____ |
| <input type="checkbox"/> Child Support Received | _____ | _____ |
| <input type="checkbox"/> Dividend Income | _____ | _____ |
| <input type="checkbox"/> 3SquaresVT (formerly food stamps) | _____ | _____ |
| <input type="checkbox"/> Housing Assistance | _____ | _____ |
| <input type="checkbox"/> Interest Income | _____ | _____ |
| <input type="checkbox"/> Medicaid | _____ | _____ |
| <input type="checkbox"/> Military Pay-Active Duty | _____ | _____ |
| <input type="checkbox"/> Military Pay-Reserve | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |
| <input type="checkbox"/> PSE Stipend | _____ | _____ |
| <input type="checkbox"/> Reach Up | _____ | _____ |
| <input type="checkbox"/> Reach Up Child Only | _____ | _____ |
| <input type="checkbox"/> Rental Income | _____ | _____ |
| <input type="checkbox"/> Self-employment Income | _____ | _____ |
| <input type="checkbox"/> Social Security Benefit | _____ | _____ |
| <input type="checkbox"/> Spousal Maintenance Received | _____ | _____ |
| <input type="checkbox"/> Supplemental Security Income | _____ | _____ |
| <input type="checkbox"/> Tips, etc. | _____ | _____ |
| <input type="checkbox"/> Trust Fund | _____ | _____ |
| <input type="checkbox"/> Unemployment Compensation | _____ | _____ |
| <input type="checkbox"/> Veterans Benefits | _____ | _____ |
| <input type="checkbox"/> Vista Stipend | _____ | _____ |
| <input type="checkbox"/> Wages | _____ | _____ |
| <input type="checkbox"/> Worker's Compensation | _____ | _____ |

Section Nine: Consent to Exchange Information

Complete this section about yourself.

Last Name _____ First _____ Middle _____ Suffix (Jr, Sr, II) _____

I give my permission for the eligibility specialists to exchange information required to determine my/our eligibility for Child Care Financial Assistance with, please check the boxes below that apply:

(For any boxes not checked I understand I am responsible for documentation needed to determine my eligibility. Failure to provide documentation may delay my application.)

- ☐ Department for Children and Families, Office of Child Support
- ☐ Department for Children and Families, Economic Services Division
- ☐ Department of Labor, formerly the Department of Employment & Training
- ☐ Department for Children and Families, Family Services Division
- ☐ Vocational Rehabilitation
- ☐ Child Care Provider _____ (provider's name)
- ☐ Child's School _____ (school name)
- ☐ Employer _____ (employer's name)
- ☐ Family Support Team
- ☐ Essential Early Education (EEE)
- ☐ Visiting Nurses Association (VNA)
- ☐ Children's Integrated Services (CIS)
- ☐ Other _____

Relationship to child(ren) covered by this consent form:

- ☐ Mother ☐ Father ☐ Legal guardian ☐ Other _____

☐ I do not give consent to share my information with the agencies listed above.

Section Ten: Verification and Signature

You must sign and date your application in ink.

- I understand that the Child Development Division will notify me in writing about its decision on my application.
- I certify that the information given on this form is true and correct to the best of my knowledge.
- I understand that I must report any changes that may affect my eligibility within 10 business days (e.g., changes in my household size; marital status; unemployment, employment, or training status; address, and income).
- I understand that I could be subjected to prosecution for fraud if I do not report changes within 10 business days of the change, or provide incorrect or misleading information.
- If I am eligible, I understand that I must pay the difference between the child care financial assistance I receive and what my provider charges.
- I understand that I must pay for any child care costs I incur while I am not eligible for child care financial assistance.
- I understand failure to provide required documentation may result in denial of this application.

Signature of Applicant_____
Date

Instructions and Required Documentation

If your application is not completely filled out, it will be returned. Required forms may be obtained either by contacting your eligibility specialist or by downloading them from <http://dcf.vermont.gov/cdd>
If you are found eligible, your child care financial assistance will begin on the date your completed application is received.

Eligibility is determined based on your family's need for child care, total gross household income, and family size. Each parent/legal guardian must have one of the following service needs (reason for child care):

- **Employment:** Please submit two consecutive pay stubs from the last 30 days for each job you have. If you have a new job and have not yet received paystubs, please request an employment verification form. If your employer does not withhold taxes for you and you will pay those taxes yourself at the end of the year, follow the instructions for self employment.
- **Self-Employment:** Complete a Self-Employment Business Plan form. If you have been self-employed for more than one year, enclose a complete copy of your most recent tax return. If you have been self-employed for less than one year, a profit and loss form will be required.
- **In School or Training:** Complete a Training Plan Form, along with your course schedule including days and hours attending. If study time is needed, it may be granted at the rate of one hour per hour of class time. Upon completion of your classes, you will need to provide documentation of successfully completed coursework.
If you have a Bachelor's Degree, you are ineligible for financial assistance under this service need.
- **Reach Up:** If you are eligible for Reach Up, ask your Reach Up case manager to submit an authorization for child care to your child care eligibility specialist.
- **Seeking Employment:** If you are looking for work and receiving TANF, contact your Reach Up case manager. If you are looking for employment and NOT on TANF, submit a Work Search Plan Form.
- **Special Health Need (Adult):** If you are medically incapacitated complete this application and submit a Special Health Need Adult form signed by an physician (MD), Nurse Practitioner (NP), Physician Assistant (PA) or state Licensed Psychologist.

Children's Integrated Services (CIS) Service Needs:

- ☐ **Protective Services:** Please discuss your need for child care with your Family Services social worker. Your social worker will let you know what information is required.
- ☐ **Family Support:** If your family is experiencing extreme short term stress in areas such as shelter, safety, emotional stability, substance abuse, and children's behaviors. Please contact the CIS Child Care Coordinator at your local agency.
- ☐ **Special Health Need (Child):** Request from the CIS Child Care Coordinator a Special Health Need Supplemental Documentation form.

Additional Required Documentation:

- ☐ **Adoption:** If you are a parent with an adoption assistance agreement through the State of Vermont, you must enclose a copy of your adoption subsidy agreement with your application. You will need to verify your service need for child care, but *your income may be waived if you have an adoption agreement with the State of Vermont.*
- ☐ **Household Income:** Include verification of all other household income such as SSI, Social Security, Veteran's Benefits, unemployment benefits, Worker's Compensation, interest income, stocks and bonds, and rental income. Include a copy of your check or a letter from the agency from which you receive compensation.
- ☐ **Child Support Verification:** For each child, include a court order, or a 6-12 month payment history from the Office of Child Support.

Community Child Care Support Agencies

If you have any questions regarding what information to send with this application or need help completing this application, please call your local community agency listed below.

Return your completed application along with all required supporting documentation to your local community agency.

The Family Center Of NW VT 130 Fisher Pond Road St. Albans, VT 05478 (802) 524-6554	Child Care Resource 300 Cornerstone Drive, Suite 128 Williston, VT 05495 (802) 863-3367
Kingdom Child Care Connection 1216 Railroad Street, Suite C St. Johnsbury, VT 05819 (802) 748-1992	Winston Prouty Center 209 Austine Drive Brattleboro, VT 05301 (802) 257-7852
NEKCA Parent Child Center 70 Main Street PO Box 346 Newport, VT 05855 (802) 334-7316	Child Care Support Services VT Achievement Center 88 Park Street Rutland, VT 05701 (802) 773-4365
Sunrise Family Resource Center 238 Union Street PO Box 829 Bennington, VT 05201 (802) 442-0052	Lamoille Family Center 480 Cadys Fall Road Morrisville, VT 05661 (802) 888-5229
The Family Place 319 US Route 5 South Norwich, VT 05055 (800) 639-0039	Springfield Area Parent Child Center 6 Main Street North Springfield, VT 05150 (802) 886-5242
Mary Johnson Child Care Services 81 Water Street Middlebury, VT 05753-0591 (802) 388-4304	Family Center Of Washington County 383 Sherwood Drive Montpelier, VT 05602 (802) 262-3292