

Thayer County Communities for Kids
Early Learning Scholarship
Family Application

Date: _____

Parent(s)/Guardian(s) Name(s): _____

Address _____ City _____ State _____ Zip Code: _____

Phone: _____ Email: _____

of adults in your household _____ # of children in your household _____

Age of Child(ren) in Household _____ # of children with special needs _____

Will your child/children be cared for during nontraditional hours (evening/overnight/weekend)? _____

*If you indicated one child (or more) has special needs, please describe: _____

Copy of child care subsidy determination letter must be included with application

If denied State Subsidy, please provide the reason: Over income Graduate school Other (please explain below)

Monthly gross income (before taxes) from employment: Adult #1 \$ _____ Adult #2 \$ _____

How often are you paid? Adult #1 _____ Adult #2 _____

Please attach last three paycheck stubs of each adult living in the household. These must be provided to process this application.

Please indicate additional source(s) of income by filling in the amount received per month:

State Assistance \$ _____ ADC Unemployment Other (please specify) _____

Child Support \$ _____ Alimony \$ _____ Food Stamps \$ _____ Housing Assistance \$ _____

Other (Private) \$ _____

Have you received Aid to Dependent Children (ADC) assistance within the last six months? Yes No

What is the amount of tuition scholarship needed? _____

What months are you applying for assistance in? Please provide month & year. EX: June 2024 and July 2024 (Cannot be in the future)

Please explain the circumstances for outstanding tuition.

Additional information you would like to share to help us determine your tuition assistance: _____

The information I have provided above is accurate to the best of my knowledge. Any discrepancies will affect the tuition assistance I may or may not receive. I also understand that it is my obligation to inform the program of any and all income changes. I understand that by submitting this application that I agree to allow information contained within this document to be shared for purposes of data collection, evaluation, and measuring outcomes. I understand that the information contained will be confidential, secured, protected, and not sold to any third party for any purpose.

Signature: _____

Date: _____

Early Learning Scholarship Child Care Provider Agreement

The goal of the Early Learning Scholarship is to increase access to high quality care for young children in low and moderate earning families in Nebraska. Funding is being made available to providers engaged in delivery of quality early learning environments and experiences for young children. Participating childcare providers are providing ongoing learning, continuous quality improvement, and supporting their early childhood professional workforce through improvements in wages and benefits.

The Early Learning Scholarship is intended to support working families in meeting the high cost of quality care for children six weeks through age 6 (pre-school only) in full day/full year settings, or attending wrap-around care blended with a public preschool program.

Eligibility for Child Care Center and Family Child Care Homes:

Childcare providers interested in participating in the Early Learning Scholarship opportunity must meet the following qualifications:

- Have a current Nebraska DHHS child care license or operating as an approved Nebraska DHHS Licensed Exempt Program
- Offer full-time, year-round services
- Be willing and eligible to accept child care subsidy
- Programs must have a process in place to ensure that potentially eligible families have applied or have been denied state subsidized dollars before a scholarship is awarded
- Agree to provide and maintain systems for detailed records of tuition assistance provided to eligible families, including attendance records
- Agree to provide required data for a collective evaluation
- Agree to keep completed family applications for scholarship program current and on file
- Agree to submit reimbursement forms to Thayer County C4K Committee
- Regular communication with the Thayer County C4K Committee

Provider Name/Business Name: _____

Director/Primary Contact: _____

Address: _____ City _____ State _____ Zip _____

Email Address: _____

Phone Number: _____

Provider Information

Mark One:	Mark One:
<input type="checkbox"/> Licensed Child Care Center	<input type="checkbox"/> Nonprofit <input type="checkbox"/> For profit
<input type="checkbox"/> Licensed Family Home I	<input type="checkbox"/> Nonprofit <input type="checkbox"/> For profit
<input type="checkbox"/> Licensed Family Home II	<input type="checkbox"/> Nonprofit <input type="checkbox"/> For profit

Step Up to Quality Rating (mark one):

N/A
 Step 1
 Step 2
 Step 3
 Step 4
 Step 5

Does your program offer non-traditional hours (evening/overnight/weekend)?

Yes
 No

Number of children enrolled by age group:				
	Infant	Toddler	Preschool	School Age
Full-time				
Part-time				

Years of service:
Total program enrollment:
Number of currently enrolled low-income children served (under 200% Federal Poverty Level) (not including subsidy):
Number of currently enrolled children receiving state child care subsidy:
Number of children currently receiving privately funded tuition assistance:
Number anticipated to receive Tuition Assistance/Early Learning Scholarship:

How will you provide information and outreach to attract low to moderate income working families?

What are your plans to continue to increase quality in your program?

Provider agrees to provide, as requested, aggregated data and information regarding:

- Numbers of low-income children served full-time (break out by ages served)
 - Retention of children in the program
 - Exit information on reason for leaving program
 - Annual parent satisfaction survey
- Race and ethnicity of children served
- Funding allocated per eligible child
- Kindergarten readiness/individual children’s development and growth.
- Level of quality as measured by Step Up to Quality
- Teacher pay and benefits
- Teacher education and training levels
- Teacher retention
 - Exit information
 - Satisfaction survey annually

Provider Commitment:

I/We agree to promote the Early Learning Scholarship to our stakeholders and agree that any funding from the Early Learning Scholarship will only be used for low-income children served by our program. I/We agree to continue improving the quality of our program. I understand that by submitting this agreement that I agree to allow information contained within this document to be shared for purposes of data collection, evaluation, and measuring outcomes. I understand that the information contained will be confidential, secured, protected, and not sold to any third party for any purpose.

Director/Owner

Date

Items to turn in:

- Copy of Child Care Subsidy Determination Letter
- Last three paycheck stubs of each adult living in the household
- Completed and signed Family Application
- Completed and signed provider agreement

For Office Use Only:

Reviewed and approved by: _____

Approval Signature: _____ Date: _____

Notes: _____

Check #: _____ Check Date: _____ Check Amount: _____

How did the applicant receive funds: _____