This application is for Families who are seeking to participate in the Delaware County Child Care COVID Support. The full details of this program can be found at [ccpnpa.org/covid-support](file:///C%3A%5CUsers%5Cccpnp%5CDocuments%5CCOVID%20NEW%5CBlank%20Application%20Templates%5Cccpnpa.org%5Ccovid-support) and should be read in their entirety before submitting this application. The boxes on the left are the questions, do not write or edit anything in those boxes. The boxes on the right are where you write your responses.

**BEGIN APPLICATION**

**PART 1: Parent/Guardian Information**

**1.A.** The parent/guardian responsible for completing this application.

|  |  |
| --- | --- |
|  | **Write responses in this column:** |
| First Name |  |
| Last Name |  |
| Email |  |
| Phone |  |

**1.B.** The income amount you write in the box below must be equal to the income from the documentation you submit. Any discrepancies will delay verification of your application.

|  |  |
| --- | --- |
|  | **Write responses in this column:** |
| Total yearly income before taxes (add all your family’s yearly sources of income) |  |

**1.C.** Families must live in Delaware County, PA to be eligible.

|  | **Write responses in this column:** |
| --- | --- |
| Street |  |
| APT # |  |
| City |  |
| State |  |
| ZIP |  |
| If you are experiencing homelessness, live in a shelter, or transitional housing, please write “YES” in the box to the right. If not: leave box blank. |  |
| If you are experiencing homelessness: Please describe the way we can get information about your application and funding to you in the box to the right. *(Include relevant addresses, emails, phone numbers, names of contacts, and who they are in relation to you.)*  |  |
| In the box to the right, list all other persons age 18 or over who are in the household (not including the person completing this application). For each person listed, include:* First and last name
* Email
* Phone
 |  |

**PART 2: Family/Children Information**There must be a number in each section.

|  |  |
| --- | --- |
|  | **Write responses in this column:** |
| Total # of adults age 18 or older in the household. |  |
| Total # of children in the household who need funding |  |
| Total # of children in the household who do NOT need funding |  |
| Please list the following information for each child who needs funding, include:* Child first and last name
* Child date of birth
* Child race (White, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Multiracial)
* Child ethnicity (Hispanic or Not Hispanic)
* Child’s relationship to the parent/guardian on this application
* List each individual day of the week child is attending ECE Program. (Maximum 5 days per week.)
 |  |

**PART 3: ECE Program Information**

Please note: Child(ren) must already have a Fee Agreement with an approved DHS licensed ECE Program in Delaware County before applying. A list of approved ECE Programs can be found at [ccpnpa.org/approved-ece-programs](https://www.ccpnpa.org/approved-ece-programs), or you can inquire with your desired ECE Program if they are participating.

|  | **Write responses in this column:** |
| --- | --- |
| ECE Program Name |  |
| Name of Director/Owner |  |
| Street |  |
| Suite # |  |
| City |  |
| State |  |
| ZIP |  |
| If there is any other information about the ECE Program or your child(ren)'s schedule that is not reflected on this application, please write as much detail in the box to the right. Examples include if children on this application attend different ECE Programs, or if there is something about their schedule that is irregular which is not reflected on this application. |  |

**PART 4: Additional Questions**

|  |  |
| --- | --- |
|  | **Write responses in this column:** |
| In the box to the right, check the reasons for needing child care. Check all that apply. At least one must be checked. | [ ] Parent/guardian seeking employment[ ] Parent/guardian change in employment status (reduced salary, reduced hours)[ ] Parent/guardian enrolling in school[ ] Parent/guardian attending school[ ] Child(ren) are wait listed for CCW (CCIS)[ ] Illness or death of a primary care giver[ ] Foster Care / Adoption[ ] Grandparent is the primary caregiver of grandchild(ren)[ ] Other (explain below) |
| If “Other”, explain in the box to the right. |  |
| Will this funding allow you to (At least one must be checked)… | [ ] Funding allows parent/guardian to return to work[ ] Funding allows parent/guardian to continue to work |

**PART 5: Attestation**

An attestation is a sworn statement of fact. By signing this attestation, you are saying that the information you entered in this form is true. The attestation is the legal way to swear that your statements are fact. The person submitting this application should sign and date this application. Your signature validates the information you entered into the form.

| **Attestation is as follows:** |
| --- |
| By submitting this form, I attest to and will comply with the following:1. I attest that I live in Delaware County, PA.
2. I attest that I have a Fee Agreement with a DHS licensed ECE Program located in Delaware County, PA that has been approved to receive these funds.
3. I attest that the children on this application are between the ages 0 to 13 years old at the time of applying.
4. I attest that the children on this application are not receiving a subsidy through CCW/CCIS or CAO.
5. I attest that the all supporting documents uploaded with this application contain true and complete information to the best of my knowledge, and no information or documents that could be relevant to this application have been withheld.
6. I attest that my gross annual income is based on all available information to me, and that is falls within the guidelines per family size below:
	* Family size of 2 = $74,220 maximum gross yearly income
	* Family size of 3 = $83,520 maximum gross yearly income
	* Family size of 4 = $92,760 maximum gross yearly income
	* Family size of 5 = $100,200 maximum gross yearly income
	* Family size of 6 = $107,640 maximum gross yearly income
	* Family size of 7 = $115,080 maximum gross yearly income
7. I agree that if I would like to request any changes to the funding agreement for approved children, I must complete a Request for Change Form. I understand that no changes that are made to approved child(ren)’s care that are done before any approved funding changes go into effect will be funded. I understand that I will be responsible for any additional costs incurred for changes made to care before their approved Effective Date.
8. I agree that if any information about my family size, income, children’s enrollment in an ECE Program, or anything else that may affect eligibility for this program changes, that I will notify CCPN as soon as possible.
9. I understand that by accepting this funding, any information I submitted may be verified as part of program integrity and fiscal accountability measures.

By signing and submitting the attestation form, I attest that the information I provide about my application, to the best of my knowledge, is accurate and true. I understand that I may be referred to the Office of State Inspector General (OSIG) for criminal prosecution if I am suspected of engaging in fraud, or both. The referral to OSIG may result in a criminal fine. CCPN shall not be liable or bound in any manner by express or implied promises, statements, representations, or information that contradict this attestation. I understand information on this page may be relied upon to make payments from Federal funds, and any false information, statements, or documents or the concealment of material facts may be prosecuted under applicable Federal and State laws. |
|  | **Write responses in this column:** |
| Signature |  |
| Date |  |

**PART 6: Enclose Supporting Documents**

With this application, also enclose a copy of all of the following documents. A description and examples of acceptable documents are below.

* PART 6.A. Proof of Address
	+ Please provide a copy of one of the following: lease, utility bill, deed, rental agreement, state photo ID, driver's license, or voter's registration card. Documentation must be recent and must not be expired. The text on the document must be clearly visible. The address must match the address information submitted on this application. If you checked the box that you are experiencing homelessness, skip this question.
* PART 6.B. Proof of Fee Agreement
	+ Before applying, families must have a Fee Agreement with one of the [approved ECE Programs](https://www.ccpnpa.org/approved-ece-programs) that are participating in this program. The Fee Agreement must have the names of the child(ren). A Fee Agreement is NOT a receipt of payment for child care services. You can view an example of a Fee Agreement on [ccpnpa.org/covid-support](https://www.ccpnpa.org/covid-support). If you do not have a Fee Agreement with an ECE Program that has been approved, inquire with your preferred program if they are participating in this support. Make sure the days of week of care are on the Fee Agreement.
* PART 6.C. Proof of Income
	+ The income from the documentation you submit must be equal to the amount you wrote in **PART 1.B.** Any discrepancies will delay verification of your application. Each documentation must have the name of an adult listed on this application. Must include proofs for ALL sources of income for every member of the household who receives a form of income. Examples include: Pay stubs of wages, unemployment, child support, alimony, etc. Only recent documents will be accepted.

**PART 7: Submit Application**

You may submit this application in one of the following ways. Once received by CCPN, it will be processed, and you will be contacted via email, phone, or physical mail with a letter of approval, inability to fund, or to request further information. Follow the instructions for one of the methods below to submit this application:

1. **EMAIL**: You may email a scan of this application and all supporting documents to ccpnpa.org@gmail.com . You will be contacted by email with the status of your application.
2. **PHYSICAL MAIL**: You may mail this application and copies of all supporting documents to “Child Care Professionals Network, PO Box 5355, Springfield, PA 19064”. You will be contacted by email with the status of your application, and a copy of the email will be physically mailed to you, or you will be contacted by phone if additional information needs to be requested.
3. **IN-PERSON**: You may drop off this application and copies of all supporting documents in-person by appointment at “Child Care Professionals Network, 1274 Providence Rd, Secane, PA 19018”. The office is open by appointment only. To schedule your appointment, you may do so online at [ccpnpa.org/ecprc](http://www.ccpnpa.org/ecprc) or by calling CCPN. You will be contacted by email or mail with the status of your application, or by phone if additional information needs to be requested.
4. **WEB**: You may choose to discard this physical application and submit your application using the online form at [ccpnpa.org/covid-support](http://www.ccpnpa.org/covid-support).

**PART 8: Miscellaneous**

In the box below, you may write anything that you think may be relevant to your application that may not have been addressed elsewhere on this application.

|  |
| --- |
|  |

**END APPLICATION**