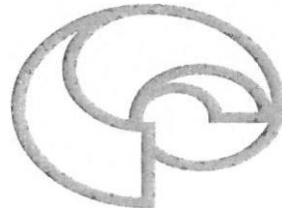


CAPE-FEAR COMMUNITY COLLEGE



Cape Fear Community College

2018-19 Child Care Provider Funding Application Process and Eligibility Requirements

1. Submit the 2018-19 FAFSA to determine your need for assistance.
2. Enroll in 12 (full-time) credits in an approved program of study. These credits must be required in your program of study (major). Having all online classes is not acceptable for this program. Meaning 90% of your classes must be in a classroom.
3. Students must be NC residents and must be maintaining satisfactory academic progress as determined by the Financial Aid Office.
4. Length of eligibility is limited to the published length of your academic program (two years for a degree program; one year for a diploma program). Students enrolled in certificate programs are not eligible.
5. Submit a Child Care Provider Funding Application and a copy of the first page of the 2016 filed Federal Income Tax Return to indicate the number in your household.
6. Submit a Child Care Provider Statement. Your child must attend a licensed day care facility for you to be eligible for the reimbursement program.
7. Reimbursement is limited to your actual expenses, up to a maximum of \$125 weekly.
8. Monthly reimbursement checks will be mailed directly to the child care provider.
9. **Paid child care receipts MUST appear on child care provider letterhead or they will not be processed.**
10. Funds are paid only for fall and spring semesters (no summer assistance available).
11. Availability of funds is dependent on the annual allocation received from the NC Community College System Office.
12. Funds are awarded on a first-come, first-serve basis.
13. Failure to submit receipts for three consecutive weeks without preapproval from Childcare Coordinator will result in termination of your funding. Funds will then be reallocated to assist other applicants.

**2018-19 CHILD CARE PROVIDER FUNDING APPLICATION
(To be completed by Student)**

Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Marital Status (circle one): Married Separated Divorced Single Widower

Total Number of Persons in Household _____ Total Number of Children in Daycare _____

Child's Name _____ Age _____ Date of Birth _____

Child's Name _____ Age _____ Date of Birth _____

Child's Name _____ Age _____ Date of Birth _____

Child's Name _____ Age _____ Date of Birth _____

Attach most recently completed Federal Income Tax Return to indicate financial support of child(ren)

Do you/will you receive child care assistance from another agency? Yes

If yes, indicate source of funding and amount received per week:

_____ Department of Social Services \$ _____
 _____ Employer \$ _____
 _____ TANF \$ _____
 _____ County \$ _____
 _____ Other \$ _____

Name and Address of Agency providing funding: _____

*****Please provide verification of funding received from the agency*****

I attest to the accuracy of the above information.

Signature

Date

For Office Use Only

Are you currently enrolled? Yes No Number of semester hours: _____

Have you submitted a Financial Aid Application (FAFSA)? Yes No

Do you currently receive financial aid? Yes No

Cape Fear Community College

2018-2019 CHILD CARE PROVIDER STATEMENT
(To be completed by childcare provider)

Name of Agency: _____ Director _____

Address: _____ Registration/License Number _____

City: _____ State: _____ Zip: _____

Phone _____ Fax Number _____
 Parents Name _____ Student ID Number _____

Indicate the agency's classification: Individual/Proprietor Corporation Non-Profit. ___ _
 How many daily hours constitute part time care full time care Weekly charges prorated YIN

Child's Name Date of birth Age Full time Part time	<u>Daily Rate</u>	<u>Weekly Rate</u>	<u>Monthly Rate</u>
Child's Name Date of birth Age Full time Part time	<u>Daily Rate</u>	<u>Weekly Rate</u>	<u>Monthly Rate</u>
Child's Name Date of birth Age Full time Part time	<u>Daily Rate</u>	<u>Weekly Rate</u>	<u>Monthly Rate</u>

Application is valid for period beginning August 27, 2018 and ending May 9, 2019.

I agree that this facility has proposed to provide care for the above named child(ren) with the understanding that CFCC will make payments directly to the child care provider on a monthly basis AFTER services are rendered. Furthermore, I understand that this document is for informational purposes and is not an official contract. An official contract will be based on the information provided on this document and may be forthcoming.

 Child Care provider or Director Signature _____ Date

 Student/Parent Signature _____ Date

**This form must be accompanied by a W-9 form completed by the childcare provider or reimbursement cannot be processed.

