



## Cape Fear Community College 2023-24 Child Care Provider Funding Application Process and Eligibility Requirements

1. Submit the 2023-24 FAFSA to determine your need for assistance.
2. Enroll in half time (8) credits in an approved program of study. These credits must be required in your program of study (major).
3. Students must be NC residents and must be maintaining satisfactory academic progress as determined by the Financial Aid Office. ***Classes cannot be all online. Must have a seated class.***
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 2022 filed Federal Income Tax Return to indicate the number in your household.
6. Submit a Child Care Provider Statement. This must be a **licensed** facility or individual providing daycare, personal nanny services, afterschool programming, summer or break programming, group or private tutoring services, or other services provided to dependent children 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 the Director of Financial Aid will result in termination of your funding. Funds will then be reallocated to assist other applicants.

**2023-24 CHILD CARE PROVIDER FUNDING APPLICATION**  
**(To be completed by Student)**

Name \_\_\_\_\_ SS \_\_\_\_\_

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 \_\_\_\_\_

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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    No

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

\_\_\_\_\_ Department of Social Services    \$ \_\_\_\_\_

\_\_\_\_\_ Employer    \$ \_\_\_\_\_

\_\_\_\_\_ TANF    \$ \_\_\_\_\_

\_\_\_\_\_ County    \$ \_\_\_\_\_

\_\_\_\_\_ Other    \$ \_\_\_\_\_

**I attest to the accuracy of the above information.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**For Financial Aid Office Use Only**

Is student currently enrolled?    Yes    No

Number of semester hours seated: \_\_\_\_\_

Financial Aid Application (FAFSA) on file?    Yes    No

Do you currently receive financial aid?    Yes    No

## 2023-24 CHILD CARE PROVIDER STATEMENT

**(To be completed by childcare provider)**

Name of Agency: \_\_\_\_\_ Director: \_\_\_\_\_

Address: \_\_\_\_\_ Registration/License Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Parent's 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? *Y/N*

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Full time or Part time

<u>Daily Rate</u>	<u>Weekly Rate</u>	<u>Monthly Rate</u>
<u>Daily Rate</u>	<u>Weekly Rate</u>	<u>Monthly Rate</u>
<u>Daily Rate</u>	<u>Weekly Rate</u>	<u>Monthly Rate</u>

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Full time or Part time

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Full time or Part time

**Application is valid for period beginning August 18 2023 and ending May 10, 2024.**

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 Signature

\_\_\_\_\_  
Date

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