

Child Care WAGES® Project **Application**



Please complete this 5-page application and sign on page 4. Indicate correct options with a check. ✓

1. Applicant Information

Date of application		County of residence		Social Security number	
First name		Middle name		Last name	
Mailing address		City		State	Zip
Home phone () ()		Cell phone () ()		Email address	
Date of birth / /			Gender: <input type="radio"/> Male <input type="radio"/> Female		
Ethnicity (optional): <input type="radio"/> Black/African American <input type="radio"/> Asian American/Pacific Islander <input type="radio"/> American Indian <input type="radio"/> White/European American <input type="radio"/> Hispanic American/Latino/Latina <input type="radio"/> Biracial <input type="radio"/> Other					

2. Educational Background

High school information (required): <input type="radio"/> High school diploma <input type="radio"/> GED <input type="radio"/> Adult high school diploma <input type="radio"/> Currently enrolled <input type="radio"/> None	Year of graduation
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Degrees earned (check all that apply)	Major	Colleges attended	Year graduated
<input type="radio"/> No degree earned			
<input type="radio"/> AA/AAS			
<input type="radio"/> BA/BS			
<input type="radio"/> MA/MS			
<input type="radio"/> EdD/PhD			

College certificate/diploma/credentials earned (check all that apply)	Area of study	Colleges attended	Years attended
<input type="radio"/> None earned			
<input type="radio"/> Early childhood, school age or family child care credential			
<input type="radio"/> CDA			
<input type="radio"/> Certificate			
<input type="radio"/> Diploma			

Have you earned any college credits that are not listed above? Yes No If yes, please list:

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3. Employment Information

Please complete the following information as it applies to your current employment.

Child care program name		DCDEE facility license number:	
County		Employment start date: / /	
Program mailing address			
City		State	Zip
Program phone ()		Program fax ()	
Months per year your program is in operation: <input type="radio"/> 12 months <input type="radio"/> 10 months <input type="radio"/> Other			
Months per year you work in your program: <input type="radio"/> 12 months <input type="radio"/> 10 months <input type="radio"/> Other			
Position title	<input type="radio"/> Family Child Care Provider <input type="radio"/> Assistant Director <input type="radio"/> Director <input type="radio"/> Assistant Teacher/Aide <input type="radio"/> Floater <input type="radio"/> Owner/Director <input type="radio"/> Teacher/Lead Teacher <input type="radio"/> Other (please give full position title)		
Total hours worked per week:		How many hours per week are spent directly with children birth to five?	
Ages of children with whom you work directly: <input type="radio"/> Infants <input type="radio"/> Ones <input type="radio"/> Twos <input type="radio"/> Threes <input type="radio"/> Fours <input type="radio"/> Fives <input type="radio"/> Schoolage			
If you work in a classroom or child care home, please indicate funding sources your classroom/home receives: <input type="radio"/> NC Pre-K <input type="radio"/> Head Start <input type="radio"/> Part B: Preschool Disabilities Program <input type="radio"/> Part C: Infant/Toddler/CDSA <input type="radio"/> Title I <input type="radio"/> None of the above <input type="radio"/> Don't know			

4. Salary Information and Pay Frequency

What is your current salary before deductions? \$	Please indicate your pay frequency: <input type="radio"/> hourly <input type="radio"/> semi-monthly (two times a month) <input type="radio"/> weekly <input type="radio"/> monthly (10 months) <input type="radio"/> biweekly (every two weeks) <input type="radio"/> monthly (12 months)
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** Note: This is a 5-page application. Please review and complete the full application and sign the Statement of Affirmation on page 4.*

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An Application Checklist on page 5 may help ensure your application is completed in full.

5. Ownership Status

All applicants: please mark the box of the ownership category which best reflects your current situation and follow the instructions listed for the category you choose. Income from ownership and wages will be considered to determine eligibility.

<input type="radio"/> Single Family Child Care Home	I own my child care home and work as teacher/operator. I do not own any other child care facility or home. <i>Verify your income by completing the Family Child Care Provider Income Worksheet.</i> Date you became owner: / /
<input type="radio"/> Single Small Child Care Center <i>(Licensed for fewer than 13 children per shift)</i>	I own my child care center and work as director/teacher or I am listed as an office holder of the incorporated business and work as director/teacher. I do not own or hold an office in any other child care facility. <i>Verify your income by completing the Family Child Care Provider Income Worksheet.</i> Date you became owner: / /
<input type="radio"/> Single Child Care Center	I own my child care center and work as director/teacher or I am listed as an office holder of the incorporated business and work as director/teacher. I do not own or hold an office in any other child care facility. <i>Please supply your most recent 1040 Tax Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Forms from both parties must be submitted). Additional business tax documentation may be requested if necessary.</i> Date you became owner: / /
<input type="radio"/> Multiple Site Ownership	I own more than one child care center or home. Below I have listed the child care sites with which I am affiliated. <i>Please supply your most recent 1040 Tax Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Forms from both parties must be submitted). Additional business tax documentation may be requested if necessary.</i> Please list site names here: Date you became owner: / /
<input type="radio"/> No Ownership <i>(*Employer completes Section 5a below.)</i>	I am employed by my child care program. I do not own any child care facility. <i>If you are not an owner, please supply documentation of your pay rate such as a pay stub or employer wage statement to verify income.</i>

5a. Initial Employment Verification

Applicants indicating "No Ownership" above: Please have the owner, director or person authorized to provide employment verification complete the following questions. A signature confirming the information's validity is required.

Employee/applicant name		Child care program name	
Position of employment <i>(if the applicant fulfills duties of more than one position, please specify this)</i>			
Ages of children in the care of this employee <i>(if applicable)</i> <input type="radio"/> Infants <input type="radio"/> Ones <input type="radio"/> Twos <input type="radio"/> Threes <input type="radio"/> Fours <input type="radio"/> Fives <input type="radio"/> Schoolage			
Hours worked per week:	If the applicant fulfills duties of more than one position, please state how many hours are worked in each.		
Current hourly rate	Employee's start date / /		
Program email address			
DCDEE facility license number:	Star Rating <i>circle one</i>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Date became 3-star or higher / /

I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge:

Signature of authorized personnel:

Printed name: Position: Date:

6. Participant Agreement

Child Care Services Association agrees to:

- A. Provide wage supplements to eligible early educators as a special initiative to reward teacher education and continuity of care, thereby providing children ages birth to five more stable relationships with better educated teachers.
- B. Provide IRS-1099 forms at the end of the year to recipients as mandated by current tax law.

The Child Care WAGE\$® Recipient agrees to:

- A. Acknowledge that receiving the full annual supplement is contingent upon completion of two six-month periods. An installment will be issued after each period, based on the education level and the work schedule of the recipient over the six-month period completed. No portion of the award will be issued if the participant leaves her/his program prior to completing the entire six-month commitment period. Time out for leave or summer breaks cannot be counted toward the completion of a commitment period. New applicants need to be employed at the time of the employment confirmation. Employment is verified after a commitment period is complete and when funding is available. *The time of confirmations may be delayed due to funding issues, but the applicant must still be employed when money is available in order to be eligible.*
- B. Continue employment in a licensed program that meets the county-specific eligibility requirement for star rating (if applicable) for the entire commitment period and notify the Child Care WAGE\$® Project of any change in licensure. Smart Start partnerships have the **option** of funding only those participants working in sites with at least 3 stars. If the license status falls below a 3 star during a six-month commitment period, participation and supplement amount may be impacted.
- C. Allow her/his employer to release employment information including date of employment, position in center, age level of children in care, current salary or hourly rate and the number of hours worked each week.
- D. Allow WAGE\$ staff to release information about participation, including education, to director and/or owner.
- E. Acknowledge that individual application and participation information may be shared with funders (Smart Start and the Division of Child Development and Early Education) or their designees and that name and place of employment may be shared with local resource and referral offices or community colleges if needed.
- F. Acknowledge that the supplements for this project are provided through the local Smart Start partnership with additional funds for administration from the Division of Child Development and Early Education. Payments will depend upon available funding and the recipient's employer is not responsible for providing the supplement should funds no longer be available.
- G. Report and pay any personal income taxes due on annual supplements as required by current tax law.
- H. Acknowledge that Child Care Services Association reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- I. Acknowledge that reimbursement to the Child Care WAGE\$® Project will be required by the recipient should a salary supplement be issued incorrectly for any reason.
- J. Acknowledge that falsifying application information or documentation may result in the inability to be a participant on this program and the recipient consents to employer and program funder notification if participation is terminated due to failure to comply with documentation requirements.



7. Statement of Affirmation


I,(applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I have read and understand the Participant Agreement.

To be considered for a WAGE\$ supplement, I understand that my name, address, email, education level, supplement amount, employer name and employer address may be released to funders of the program or their designees. Information may also be shared with the T.E.A.C.H. Early Childhood® Scholarship Project and/or Early Educator Certification as needed to support my participation in any of the programs listed. I authorize and consent to the release and sharing of such information by Child Care Services Association to the third parties described. I hereby release Child Care Services Association from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions.

Signature: Date:

Printed name: County where you work:

Send your completed application and required documentation to:

 **Child Care WAGE\$® Project**
Child Care Services Association
P.O. Box 901
Chapel Hill, NC 27514

Phone 919-967-3272
Fax 919-967-2945
www.childcareservices.org/ps/wage.html



Application Checklist



<input type="radio"/> Complete application	All questions must be answered.
<input type="radio"/> Official transcripts <i>Supplements are based on the education documents submitted with your application. Be sure to include <u>official transcripts</u> for ALL college coursework completed at a regionally accredited college or university. Copies of degrees and unofficial transcripts are not accepted. Internet transcripts cannot be accepted unless obtained by the WAGES staff. Workshops and training hours are not acceptable documentation.</i>	<input type="radio"/> Official transcripts are already on file with WAGES and no additional education has been completed. <input type="radio"/> Official transcripts are on file with Early Educator Certification. <input type="radio"/> Transcripts are enclosed. <input type="radio"/> Transcripts are being sent directly from college(s). <i>List colleges sending transcripts here:</i> *You will be processed based on the education submitted. If you do not indicate the colleges sending transcripts, you may be awarded at the wrong level. Remember you must ask the college to send us your transcripts.
<input type="radio"/> Income verification <i>See Section 5, "Ownership Status", for details.</i>	<input type="radio"/> Income worksheet (if home provider) <input type="radio"/> Current pay stub (if employee): pay stub should accurately reflect normal schedule. <input type="radio"/> Most recent tax documentation (if center owner): please submit 1040 and all supporting documents.
<input type="radio"/> Sign the Statement of Affirmation	Statement of Affirmation can be found on page 4 of this application.
<input type="radio"/> Self-addressed stamped postcard	If you would like notification that your application has been received, otherwise this is not required.



Send your completed application and required documentation to:



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