

****DO NOT USE CORRECTION FLUID****

The Nation's Network of Child Care Resource & Referral
Committed to the development and learning of all children.



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AMERICORPS Child Care Benefits Eligibility Application
1.800.570.4543

(NOT for use by VISTA Members)

Please Check One:

_____ Initial Application

_____ Re-determination (Change of information, eligibility criteria, status, etc.)

_____ Returning 2nd Yr. 3rd Yr. (AmeriCorps Leaders Only w/ Supporting Documentation)

Please Check One:

Regular Full Time (1700 Hours of) Service

Duration of Service (# Months) _____

Other (Abbreviated) Full Time Service – **Copy of CNCS Approval Must Be Attached.**

Total # Hours of Service _____

Duration of Service (# Months) _____

Average Hours Per Week _____

Please Check:

AmeriCorps*National Civilian Community Corps (NCCC)? Yes

No

Promise Fellows Program? Yes

No

Ed. Award Only Program? Yes

No

Section A. Member and Household Information

1. Member Name

_____ / ____ / ____
 Last First M.I. Social Security # Date of Birth
 Work Telephone #: _____ Home Telephone #: _____

2. Mailing Address:

_____ / _____ / _____
 Number & Street City State Zip Code

3. Please list all persons residing in your household. Include all children and adults and their relationship to you (i.e., spouse, aunt, mother, father, child, etc.). For children under 13 years of age for whom you are legally responsible, indicate if AmeriCorps CARE benefits will (or may) be used for childcare. Copy of a birth certificate is required for each child using the benefits.

Name of Household Member	SSN #	Date of birth	Relationship to AmeriCorps Member	Gender (M/F)	If under 13 yrs. Does child need care? (Y/N)
AMERICORPS MEMBER	N/A	N/A	Self	N/A	N/A

5. Are you currently receiving publicly subsidized childcare for any children listed in Section 3? **** Yes No**
 If yes, please specify type of subsidy: _____

IMPORTANT: FEDERAL REGULATIONS PROHIBIT THE USE OF AMERICORPS CARE BENEFITS FOR CHILDCARE WHILE RECEIVING CHILDCARE SUBSIDY FROM ANOTHER SOURCE.

6. Based on the information provided in Section 3, indicate your family size (including yourself) below:
Family Size _____ # of Adults _____ # of Children _____

Section B. FAMILY INCOME: Enter information for each income source on lines #1-7. Indicate gross monthly or yearly income. Eligibility is based on family's monthly gross income and size. Family must be determined eligible in order to receive child care benefits. Be sure to include gross AmeriCorps living allowance on line #1.

Proof of income must be attached to the application (most recent 4 consecutive weeks)	a. Applicant	b. Spouse	c. Other household or family member	d. Other household or family member
	Income for Current Month _____ Year _____	Income for Current Month _____ Year _____	Income for Current Month _____ Year _____	Income for Current Month _____ Year _____
1. Wages & Salary (gross) includes AmeriCorps allowance				
2. Pensions, Retirement, Social Security Benefits				
3. Unemployment, Worker's Compensation				
4. Public Assistance (i.e. AFDC, TANF)				
5. Child Support, Alimony				
6. Other:				
7. TOTAL INCOME				

TO BE COMPLETED BY PROGRAM STAFF ONLY

	<u>Grantee Information</u>	<u>Host Site Information</u>
1. Name of AmeriCorps Grantee and Host Site		
2. Complete Address (Street, City, State, Zip Code)		
3. Telephone Number	() _____ - _____	() _____ - _____
4. Fax Number	() _____ - _____	() _____ - _____
5. Grantee ID#	#	
6. Host Site Contact's Name		

7. Host Site's Program Start Date: ____/____/____ Host Site's Program End Date: ____/____/____

8. Member's Service Start Date: ____/____/____ Member's Service End Date: ____/____/____

9. Will the Member be required to work weekends and/or evenings? Yes (Please attach an authorization letter); No

CERTIFICATIONS

A. MEMBER CERTIFICATION: (Please read carefully, sign and date in designated areas)

I certify that all of the above information is true and correct. I certify that I need child care to be paid for in order to complete my term of service. I understand that this information is being given in connection with federal funds, that agency officials may verify any information, at any time they deem necessary. I understand that deliberate misrepresentation will result in denial of my application or termination of my child care benefits and/or my AmeriCorps service. I also understand that any misrepresentation or falsification of information that is in any way related to the child care benefit, may result in reclaiming from me, any money paid for child care on my behalf and may be punishable under criminal law. In addition, I certify that I am the parent or legal guardian of the child(ren) listed in Section A.3 and that I will be required to submit proof of such, in order to receive child care benefits.

I have read the above paragraph and understand its content.

Member Signature

_____/_____/_____
Date

B. PROGRAM DIRECTOR CERTIFICATION: (Please read carefully, sign, and date in designated areas)

I certify that the Member listed above and on page 1 of this application is eligible to receive child care benefits because s/he meets the following criteria:

- To the best of my knowledge, the Member is the parent or legal guardian of the child(ren) listed in Section A.3
- The Member will need child care to be paid for in order to serve in AmeriCorps.

Program Director's Name (Please Print)

Program Director's Signature

_____/_____/_____
Date

Please make copies of all paperwork for your files, mail originals only, and allow 3-4 weeks for processing of accurate and complete paperwork.

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REMINDER SHEET

****TO BE COMPLETED BY MEMBER****

Please read carefully and Initial beside each Item*

____ ⇒ I understand that my state determines income eligibility requirements that will be verified during the application process.

____ ⇒ **I understand that if I am determined income ineligible, I am responsible for any child care costs accrued.**

____ ⇒ I understand that AmeriCorps CARE can only pay **up to** my state's local market rate for childcare fees.

____ ⇒ I am a full-time AmeriCorps member.

____ ⇒ I understand that I must select a **legal** caregiver, that my state determines who is considered a legal caregiver, and that AmeriCorps CARE cannot reimburse my caregiver unless all state requirements are met.

____ ⇒ I understand that I must give AmeriCorps CARE a minimum of two (2) weeks notice when changing caregivers by submitting a **change of caregiver form** and a new **caregiver Information and registration form**.

____ ⇒ I understand that I must notify my program director Immediately If plan to resign from AmeriCorps. Final payments to my caregiver cannot be made until I complete a **termination of child care benefits form** with my program director **and** submit final coupons (must be correct and complete).

____ ⇒ I understand that I am **not eligible** for childcare through AmeriCorps CARE If I am receiving a childcare subsidy from another source, nor will AmeriCorps CARE cover any co-pay on existing childcare subsidies.

____ ⇒ I understand that AmeriCorps CARE will not reimburse more than one caregiver for the same period of time, for the same child and will only reimburse a maximum of two caregivers at a time.

____ ⇒ **I understand that my caregiver must meet the minimum age requirement set by my state (18 yrs. Old In most states).**

____ ⇒ I understand that If I use a back-up caregiver, AmeriCorps CARE must reimburse my primary caregiver **before** reimbursing my back-up caregiver.

____ ⇒ I understand that AmeriCorps CARE will not reimburse me for childcare and that all reimbursements are made directly to the caregiver.

I have read all of the above and understand Its content. I also understand that non-compliance with any of the above and/or falsification of Information on any AmeriCorps CARE documents will result in termination of my childcare benefits and that In such a case I my be required to re-pay any monies paid on my behalf.

Member's Name (please print)

Member's Signature

____/____/____
Date