



## **CONFIDENTIAL CHILDCARE FINANCIAL AID APPLICATION**

### **COMMUNITY ROOMS AT ELM PARK EARLY LEARNING CENTER**

#### ***Description of Financial Aid Plan.***

Siuslaw Childcare Friends ("SCF") provides financial aid to the parents of low-income households accepted for enrollment in the Community Rooms of the Elm Park Early Learning Center who are not eligible for Head Start or Early Head Start and are not eligible for Employment Related Day Care ("ERDC") or are on the ERDC waitlist. Head Start and Early Head Start are free federal programs available to families with incomes below the federal poverty line adjusted for household size. ERDC is a state program for families needing childcare for employment

Funding for SCF's Financial Aid Plan is limited, and applications can be accepted only to the extent of the available funds.

To be eligible to apply for a childcare financial aid award, (1) a household must have a child under age 6 who has applied for enrollment in the Community Rooms ECE program operated by Stepping Stones Center for Early Learning, LLC ("Stepping Stones"), (2) ERDC has denied the household, and (3) the household's total income must be at or under 60% of the Lane County area median income based on household size ("AMI") as published annually by Oregon Housing and Community Services ("OHCS").

The amount of financial aid available to a household depends on its total income. Households at 60% of AMI by household size will be eligible for financial assistance that is a smaller percentage of Stepping Stones' care charges than households with incomes at or under 40% of AMI of the same household size. Households with incomes below 30% of AMI may be eligible for Head Start or Early Head Start, which are free to eligible households, and if so, do not qualify for financial aid under this program.

Applications will be considered in the order received, provided they are complete, EXCEPT THAT residents at Elm Park Apartments have a preference for financial aid due to state funding received for co-locating childcare with affordable housing. Funds not used for residents of Elm Park Apartments will be available to others.

#### ***Application Form Instructions***

The following form must be used for financial aid applications.

All applicable blanks must be completed. If a blank does not apply to your circumstances, enter "NA."

You must provide the completed application and the attachments described at the end.

An application that has blanks not completed or that fails to include the required attachments will be considered incomplete, and SCF will send you a notice of incomplete application that specifies what you must do to complete your application. Your application will be deemed complete when SCF receives the additional information specified in the notice.

Email the completed application and required attachments to [klaynemorrill@gmail.com](mailto:klaynemorrill@gmail.com).



## APPLICATION FOR CHILDCARE FINANCIAL AID

### 1. Adults in Household:

#### a. Parent:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Address of Current Employer: \_\_\_\_\_  
Telephone Number of Current Employer: \_\_\_\_\_  
Annual Income prior calendar year: \_\_\_\_\_  
Annual Income expected current calendar year: \_\_\_\_\_

#### b. Parent:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Address of Current Employer: \_\_\_\_\_  
Telephone Number of Current Employer: \_\_\_\_\_  
Annual Income prior calendar year: \_\_\_\_\_  
Annual Income expected current calendar year: \_\_\_\_\_

#### c. Other Household Adult:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Address of Current Employer: \_\_\_\_\_  
Telephone Number of Current Employer: \_\_\_\_\_  
Annual Income prior calendar year: \_\_\_\_\_  
Annual Income expected current calendar year: \_\_\_\_\_

### 2. Children in Household:

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

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

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

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

### 3. Elm Park Apartments resident information:

- a. Are you a resident of Elm Park Apartments? \_\_\_\_\_
- b. Date you moved in. \_\_\_\_\_ Unit Number \_\_\_\_\_

### 4. All applicants must attach evidence of ineligibility for ERDC or placement on the waitlist.



5. If you are not a resident of Elm Park Apartments, you must attach the following for **EACH** of the adults in the household:

- a. Pay stubs for the last month of the prior calendar year.
- b. Pay stubs for the calendar month before the date of the application.
- c. Copy of most recently filed federal income tax return.

I hereby certify that the information provided in this application and its attachments is true, correct, and complete. If I learn that any information submitted is false, incorrect, incomplete, or misleading, I will promptly give written notice to Siuslaw Childcare Friends with the true, correct, and complete information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_