



**College of Eastern Idaho
Center for New Directions
Application for Child Care Assistance**
(Child Care Access Means Parents In Schools Federal Grant funds)
(Idaho Falls Community Development Block Grant funds)

Applicant Information:

Date: _____ Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Can we leave a message at this number? Yes No

Email: _____ Can we email you? Yes No

Person or Office that referred you: _____

School Information:

Program of Study: _____ # of credits currently enrolled in: _____

Name of Advisor: _____ Expected Graduation Date: _____

What is your school schedule?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Provider Information:

Name of licensed provider/center: _____ State License #: _____

Name of owner/director: _____ Phone: _____ Email: _____

Number of children in state licensed care: _____ Total monthly amount paid for child care: \$ _____

Please read and answer each statement below:

Yes: ____ No: ____ I am currently receiving a Pell grant or I am attending courses thru College and Career Readiness.

Yes: ____ No: ____ I am a single parent of one or more children. My children do not have the support of both parents.

Yes: ____ No: ____ I am a displaced homemaker, having lost the support of my spouse and now attending school with plans to return to the workforce.

Yes: ____ No: ____ I receive ICCP but I am unable to pay my full co-pay amount. (provide a copy of eligibility letter verifying co-pay amount)

Provide the below information for each child enrolled in state licensed child care:

Child's Name	Age	Name of Center	Date Enrolled

Acknowledgements: Please initial each statement.

_____ I am the parent or legal guardian of a child/children receiving care at a licensed child care facility.

_____ I understand I am required to report all changes in my child care (cost, schedule, need, etc.) to the Center for New Directions within 10 days of the change.

_____ I agree, that if I am approved for these funds, I will have my child care provider complete a W-9 within one week of selection into the program. A W-9 must be received before funds can be issued.

_____ I understand that funds will be paid directly to the licensed child care provider.

X

Student signature

X

Date

Financial Information

Please list any other sources of Financial Aid (WIA/WIOA, Vocational Rehabilitation, Veterans Benefits, other scholarships, etc.)

I am a parent with custody of my children: Yes No

If yes, please indicate the number of children in each age category:

0-5 years _____ 6-18 years _____ 19 + years _____

Please complete the following budget.

Monthly Living Expenses while attending school	Amount	Monthly Resources while attending school:	Amount
Housing	\$	Your salary	\$
Utilities	\$	Spouse's salary	\$
Food	\$	Aid from Family	\$
Dental/Medical	\$	VA, VR, SS Benefits	\$
Car (payment, insurance, maintenance)	\$	Unemployment Compensation	\$
Consumer Debt Payments	\$	Child Support	\$
Childcare	\$	Food Stamps	\$
Child Support	\$	TAFI/TANF	\$
Other Expenses (specify	\$	Other resources (include other financial aid if known, ex: Pell Grant, WIA/WIOA)	\$
Total Monthly Expenses	\$	Total Monthly Resources	\$