

Estes Valley Investment in Childhood Success

CHILD CARE SCHOLARSHIP FUND

(Please complete using black or blue ink.)

Child's Name: _____

Birth Date: _____

Child's Name: _____

Birth Date: _____

Child's Name: _____

Birth Date: _____

Family structure: Single Parent

Two Parents

Guardian (relative)

Other (describe) _____

Parent/Guardian Name 1: _____

Home Phone: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Age: _____

Employer or Educational Program: _____

Parent/Guardian Name 2: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Email: _____

Age: _____

Employer or Educational Program: _____

Names and relationship of all those in the household (please include all adults and children and the ages of other children):

Language(s) spoken in the household: _____

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Reason Child Requires Care:

- Parent(s) working
- Parents(s) in school
- Child has a special need
- Other (describe)

Days/Hours Care Needed:

Child: _____ Days/Hours: _____

Child: _____ Days/Hours: _____

Provider you have chosen for care:

Name: _____

Address: _____

Phone #: _____

Assistance programs for which you qualify/are receiving funding (please check all that apply and attach copies of cards or verification):

	Qualify	Receiving	
Food stamps	<input type="checkbox"/>	<input type="checkbox"/>	
Free Lunch	<input type="checkbox"/>	<input type="checkbox"/>	
Reduced Lunch	<input type="checkbox"/>	<input type="checkbox"/>	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	
CCAP	<input type="checkbox"/>	<input type="checkbox"/>	
CHP+	<input type="checkbox"/>	<input type="checkbox"/>	
TANF	<input type="checkbox"/>	<input type="checkbox"/>	
Salud sliding scale	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	
Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	describe _____
Other	<input type="checkbox"/>	<input type="checkbox"/>	describe _____

Length of time you anticipate needing assistance: _____

Steps you are taking to help you lessen your need for assistance:

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Parent 1/Employer Name: _____ Phone #: _____

Hourly Wage: _____

Average Hours/Month: _____

Average Gross Monthly Wages: _____

How often are you paid: Monthly
 Weekly
 Twice a Month

Parent 2/Employer Name: _____ Phone #: _____

Hourly Wage: _____

Average Hours/Month: _____

Average Gross Monthly Wages: _____

How often are you paid: Monthly
 Weekly
 Twice a Month

Other Sources of Household Income:

- Grants/Scholarships \$ _____ per month
- Child Support \$ _____ per month
- TANF \$ _____ per month
- Social Security \$ _____ per month
- Unemployment \$ _____ per month
- Family Support \$ _____ per month
- Other (describe) \$ _____ per month

Total Monthly Household Income: \$ _____ per month

Please attach copies of recent payroll stubs, verifying income.

Special financial circumstances you would like considered:

Education: High School diploma or GED? Yes No

Other education: _____

Currently enrolled in an educational program? Yes No

If yes, describe _____

ATTACH COPY OF MOST RECENT PAYSTUB(S) FOR ALL ADULTS IN HOME

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I certify by my signature below that the above information is true and complete. I understand that I have an obligation to report any changes within one month of the change (change in income, family size, employment status, etc.) to the Estes Valley Investment in Childhood Success Coordinator. I also understand that assistance will be terminated if I fail to pay the parent portion determined by EVICS. I give EVICS permission to verify information listed on this application.

Applicant's Signature

Date

Authorization to Supply Information

I hereby authorize EVICS to supply information obtained from me to any child care provider I may choose to use, any employer for whom I work, or any school I may be attending.

Authorization to release Information

I authorize any child care provider I may choose to use, any employer for whom I work, any school I may be attending or any program for which I qualify for funding to supply information to EVICS concerning my application for subsidized child care through the EVICS child care scholarship fund. I release the person(s), agencies or institutions from any and all liability for supplying such information.

Applicant's Signature

Date

Consent to Release of Information for Evaluation Purposes

I understand that EVICS will be entering my family information into a database for the purposes of overall program evaluation and program improvement. This database will never share my information with anyone. My name or identifying information will never appear in any reports. If I decline to share my information I will not be denied any services offered by EVICS Family Resource Center.

I have read and agree to the above

Signature: _____

Date: _____

Please return completed, signed application to: EVICS, PO Box 3373 Estes Park, CO 80517
or drop off at the EVICS Office, 1182 Graves Ave., Unit A.

Please call 970-586-3055 or email office@evics.org to schedule a screening interview.

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Family Resource
Center Association

Common Demographics
and Screening Survey

[your logo here]

First & Last Name _____ Today's Date _____

Date of Birth _____ County of Residence _____

Gender

- Male
 Female
 Transgender

Total Number of family members (including yourself) _____

Monthly Family Income _____

(Definition: Before tax income of all family members. Income does not include capital gains or noncash benefits such as public housing, Medicaid, and food stamps, but does include all cash benefits. If monthly income varies (ex. seasonal employment), divide annual income by 12 to obtain monthly income)

Race/Ethnicity (Check all that apply)

- American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 White
 Native Hawaiian or Other Pacific Islander
 Declined to answer

Have you been to our Center before?

- Yes No

1. Are you or is another adult in your household employed full time?
 Yes No
 2. Do you have stable housing?
 Yes No
 3. Are you generally able to get where you need to go using a personal vehicle or public transportation?
 Yes No
 4. Are you able to access enough food to feed yourself and your family?
 Yes No
 5. Have you finished high school or obtained your GED?
 Yes No
 6. Does everyone in your family have health insurance?
 Yes No
- If you are caring for a child:**

 7. Do you have quality child care, if needed?
 Yes No N/A
 8. Are all of your school-aged children enrolled in the current school year?
 Yes No N/A