

Children & Family Resource Center

Early Childhood Supplement Program Application

Please complete this four-page application and sign on page 3.

Eligibility:

- Be employed as a teacher, teacher's assistant, or director, and have been employed for the last six months in the same center or FCCH.
- Work with children ages 0-5 years
- Work at least 10 hours per week in a licensed child care center or FCCH.
- Earn less than \$23 per hour
- Have completed at least 3 semester hours of eligible coursework

Application Checklist



<input type="checkbox"/> Complete application	<ul style="list-style-type: none"> <input type="checkbox"/> All questions must be answered. <input type="checkbox"/> Pages 1 - 3 must be completed by the applicant. <input type="checkbox"/> Page 4 must be completed by the director, owner or person authorized to provide employment verifications.
<input type="checkbox"/> Official transcripts 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 CFRC staff. Workshops and training hours are not acceptable documentation.	Pick the option that best applies to your application: <ul style="list-style-type: none"> <input type="checkbox"/> Official transcripts are already on file with CFRC, and no additional education has been completed. <input type="checkbox"/> Official transcripts are enclosed. <input type="checkbox"/> Official transcripts are being sent directly from college(s). List colleges sending transcripts here. <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Payment Invoice
<input type="checkbox"/> Income verification See Section 3, "Ownership Status," for details.	Pick the option that best applies to your application: <ul style="list-style-type: none"> <input type="checkbox"/> Schedule C from your most recent tax return (if family child care provider) <input type="checkbox"/> Current pay stub (if employee): pay stub should accurately reflect normal schedule. <input type="checkbox"/> Most recent tax documentation (if center owner): please submit 1040 and all supporting documents.
<input type="checkbox"/> Read the Participant Agreement and sign the Statement of Affirmation	See page 3 of this application.
<input type="checkbox"/> Return the application and CFRC information	Send your completed application and required documentation to: Children & Family Resource Center, Early Childhood Supplement Program, 851 Case St., Hendersonville NC, 28792 Need help? Contact a CFRC Staff Member at 828-698-0674.

1. Applicant Information

Date of application		County of residence		Social Security number	
Name as shown on your income tax return (first, middle and last)					Previous name (if applicable)
Mailing address			City	State	Zip
Home phone ()		Cell phone ()		Email address	
Date of birth / /			Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary		

1. Applicant Information - *Continued*

Indicate correct options with a check. ✓

Ethnicity (optional) Do you consider yourself Latinx?

Yes (this includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish) No

Do you consider yourself...?

- White Black or African American American Indian or Alaska Native
 Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino or other Asian)
 Native Hawaiian or Pacific Islander (includes Samoan, Chamorro, or other Pacific Islander)
 Other, two or more races
 Other

2. Educational Background

Degrees earned (check all that apply)	Major	Colleges attended	Year graduated
<input type="radio"/> Coursework completed but no degree earned			N/A
<input type="radio"/> AA/AAS			
<input type="radio"/> BA/BS			
<input type="radio"/> MA/MS			

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

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3. 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	<p>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 submitting the Schedule C from your most recent tax return.</i></p> <p style="text-align: right;">Date you became owner / /</p>
<input type="radio"/> Single Child Care Center	<p>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.</p> <p><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></p> <p style="text-align: right;">Date you became owner / /</p>
<input type="radio"/> Multiple Site Ownership	<p>I own or am listed as an office holder with more than one child care center or home. I have listed them below.</p> <p><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></p> <p>Please list site names here: Date you became owner / /</p> <p>.....</p> <p>.....</p>
<input type="radio"/> No Ownership	<p>I am employed by my child care program. I do not own any child care facility.</p> <p><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></p>

4. Participant Agreement

Children & Family Resource Center 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 CFRC Early Childhood Supplement 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 for the entire commitment period and notify CFRC of any change in licensure.
- 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 CFRC staff to release information about participation, including education, to director and/or owner.
- E) Acknowledge that the funding for this project is provided by CFRC and the Dogwood Health Trust. Payments will depend upon available funding and the recipient's employer is not responsible for providing the supplement should funds no longer be available.
- F) Report and pay any personal income taxes due on annual supplements as required by current tax law.
- G) Acknowledge that CFRC reserves the right to adjust commitment periods and policies based on administration and/or fiscal need.
- H) Acknowledge that reimbursement to CFRC will be required by the recipient should a salary supplement be issued incorrectly for any reason.
- I) 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.

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5. 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.

I understand that I am requesting to be considered for CFRC's Early Childhood Supplement Program and acknowledge that I must continue to meet the eligibility requirements of that program in order to receive ongoing supplements. I acknowledge that I may only participate in one salary supplement initiative for my early childhood position. I understand that if I am participating in WAGE\$ or AWARD\$, I am no longer eligible to participate in CFRC's Early Childhood Supplement Program, and I will no longer receive CFRC supplements.

To be considered for a CFRC Early Childhood supplement, I understand that my contact and participation information may be released to the Division of Child Development and Early Education, Smart Start partnerships or other partners. Information may also be shared with the T.E.A.C.H. Early Childhood® Scholarship Program 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 CFRC to the third parties described. I hereby release CFRC from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions.

Applicant's Signature Date

Printed name County where you work

Send your completed application and required documentation to:



Children & Family Resource Center
851 Case St.
Hendersonville, NC 28793
Phone 828-698-0674
www.childrenandfamily.org

6. Employment Information and Verification

This section must be completed by the director, owner or person authorized to provide employment verifications. A signature confirming the information's validity is required.

Applicant name		County	
DCDEE license #		Child care program name	
Program mailing address			
Program phone ()		Program email address	
Position of Employment	<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)	
<i>*If the applicant fulfills duties of more than one position, please specify this.</i>			
Does the applicant work in an NC Pre-K classroom?		Does the applicant work in a Head Start classroom?	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Ages of children in care of this applicant (if applicable)			
<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"/> School-age			
Total hours worked per week (at least 10 regular hours)		How many hours per week are spent directly with children birth to five?	
If the applicant fulfills duties of more than one position, please state how many hours are worked in each.		Applicant start date / /	
Months per year your program is in operation. <input type="radio"/> 12 months <input type="radio"/> 10 months <input type="radio"/> Other			
How often is the applicant paid? <input type="radio"/> weekly <input type="radio"/> biweekly (every two weeks) <input type="radio"/> semi-monthly (two times a month) <input type="radio"/> monthly (10 months) <input type="radio"/> monthly (12 months)			
How many months per year is the applicant paid? <input type="radio"/> 9 months <input type="radio"/> 10 months <input type="radio"/> 12 months <input type="radio"/> Other			
How many months per year does the applicant work? <input type="radio"/> 9 months <input type="radio"/> 10 months <input type="radio"/> 12 months <input type="radio"/> Other			
Current annual gross salary		Current hourly rate	
<i>For Internal Use Only:</i>			

In addition to the employment verification above, please verify that you have read and understand the expectations below. Your signature on this application indicates your agreement to:

Provide CFRC with information on teachers and directors employed who have applied for a salary supplement. This information shall include: date employment began, employee's position in center, status of employee (full or part-time, permanent or temporary), age level of children in employee's care, the employee's current salary or hourly pay rate and the number of hours worked each week.

Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a salary supplement. CFRC will not be used as the reason to withhold an otherwise scheduled raise.

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 director, owner, or person authorized to provide employment verification:

Printed name Position Date