



Raising Riley Childcare Scholarship Application

09/23/19



What is a Raising Riley scholarship?

Through the Kansas Children's Cabinet and Trust Fund's Early Childhood Block Grant, the Raising Riley program (RR) has an opportunity to improve the affordability of child care. The scholarship program allows parents/guardians that live in Manhattan/Riley County the opportunity to receive financial assistance for child care if the preschool/daycare provider accepts RR funds. Raising Riley and the Riley County Health Department do not discriminate based on race, color, national origin, gender, age, disability, political beliefs, sexual orientation, religion and marital or family status. All information contained in this application is strictly confidential.

How to find child care:

- ✓ If you currently have licensed child care, ask your provider if they are willing to participate in Raising Riley
- ✓ If you are looking for child care, visit www.raisingriley.com and check out the scholarship tab for links.

Submit completed application and required documents to:

Raising Riley
Family and Child Resource Center
2101 Claflin Rd.
Manhattan, KS 66502
OR
raisingriley@rileycountyks.gov

Accepted by: _____

Date: _____

Notes: _____



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To be considered for a scholarship you must meet at least one of these risk-factors:

Family Qualifies for free/reduced lunch = 185%		Eligible Income Sources
Size of Family Unit	Gross Yearly Income Maximum	The following are sources of income that must be counted when determining eligibility for child care services:
2	\$31,284	
3	\$39,461	1. Gross earned wages
4	\$47,638	2. Documentation of financial assistance from other countries
5	\$55,815	3. Adjusted gross income from taxable self-employment income
6	\$63,992	4. Social Security Benefits
7	\$72,169	5. Workers' compensation
8	\$80,346	6. Disability compensation
9+	+\$8,377 each	7. Unemployment insurance benefits (UIB)
Teen Parent Child & Family's first language is not English Caregiver has less than a high school education Child is in Foster Care or Custodial Grandparent/Kinship Child at-risk for developmental delays Child has an established IFSP or IEP		8. Alimony/maintenance
		9. Child support, direct or indirect
		10. Armed Forces pay (will include base pay, BAH, allotments, and hazardous duty pay)
		The following are sources of income which are NOT counted when determining eligibility for child care services:
		1. Supplemental Security Income (SSI)
		2. Educational program loans, grants and scholarships

- All parents/guardians must be **ONE** of the following:
 - Employed a minimum of 30 hours per week
 - Full-time student (full time high school student, full-time undergrad=12 hours, masters student=6 hours)
 - **Scholarships to students seeking first time undergraduate/masters degrees. Funding is not available for doctoral students.**
 - **Undergraduate hours accrued are limited to 140 maximum.**
 - Part-time student & part-time employment (A combination of employment and school can be considered if the hours equal full-time status.)
- If your child will be entering kindergarten in the fall and a parent/guardian is not employed, scholarship assistance may be available for your child if enrolled in center-based care.
- You must live in Manhattan or Riley County.
- Your child must be birth through five years old (not yet eligible for kindergarten).
- Your child must be ENROLLED in full-time care (35+ hrs/wk) with a licensed provider in Manhattan or Riley County. (See above for part-day preschool exception).
- If your child receives other financial assistance for child care, for example, any payments from DCF assistance, military child care assistance, discounts by providers, etc. those **must** be reported.
- Your application must be complete and all supporting documentation must be returned with it.

Temporary Scholarship Award: A temporary scholarship *may* be awarded for child care during the job search process. This award will be for a one month period. At the conclusion of the one month period application will be reviewed with the family.

Emergency Scholarship Award: A temporary scholarship *may* be awarded for child care during a family crisis. Each situation will be addressed individually.

Wait List: In the event of a wait list, applications will be reviewed and prioritized based on the Raising Riley Risk Factor Assessment.



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Scholarship Recipient Information

Child's Information *(Scholarship Recipient)*

Child's Name (Last, First, MI)		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child Care Provider/Center Name	Does your child have an: <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Individualized Family Service Plan (IFSP) <i>(please attach documentation)</i>		
Was child born premature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of week premature:			

Child Demographics

Child Ethnicity <input type="checkbox"/> Hispanic/Latino/Spanish Origin <input type="checkbox"/> Non-Hispanic/Non-Latino/Not Spanish Origin		Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other
Child Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Private or Other <input type="checkbox"/> Tri-Care (Military Insurance)	Does this child speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Child Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	

Other Qualifying Information

Are you experiencing a family emergency or have an individual need to be taken into consideration? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

Have you received Raising Riley child care assistance in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please provide the child's name and approximate dates of scholarship _____
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Parent/Guardian Information (Primary Contact)

Primary Caregiver's Name (Last, First, MI)		Date of Birth		Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Address		City		County	
Zip Code		Home Phone		Cell Phone	
E-mail Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Primary Caregiver's Ethnicity <input type="checkbox"/> Hispanic/Latino/Spanish Origin <input type="checkbox"/> Non-Hispanic/Non-Latino/Not Spanish Origin	
Primary Caregiver's Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other					
Does Parent/Guardian Speak a Language Other than English at Home? <input type="checkbox"/> Yes <input type="checkbox"/> No			How did you hear about Raising Riley? <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Web Search <input type="checkbox"/> Friend <input type="checkbox"/> Advertising <input type="checkbox"/> Community Event <input type="checkbox"/> Referral from Community Program <input type="checkbox"/> Child Care Provider <input type="checkbox"/> Other _____		
Parent/Guardian Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____					

Primary Caregiver's Highest Education Completed (select one) <input type="checkbox"/> Currently enrolled in high school <input type="checkbox"/> High school age, not enrolled <input type="checkbox"/> Less than HS diploma <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> Some college/training <input type="checkbox"/> Technical Training Certificate/Associate Degree <input type="checkbox"/> Bachelor degree or higher	Relationship Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Single, Parenting w/live-in partner <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced Parent/ Guardian Health Insurance <input type="checkbox"/> Medicaid/State Medical Insurance Program <input type="checkbox"/> No Insurance <input type="checkbox"/> Private or Other <input type="checkbox"/> Tri-Care (Military Insurance)
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Other Household Information

Persons in household: # of Adults (include self) in household _____ # Children-Under 18 (include recipient) in household _____		Housing Arrangement: <input type="checkbox"/> Stable Housing <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Homeless/living in a shelter	
All Income Sources: <input type="checkbox"/> Wages <input type="checkbox"/> Maintenance <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Other			
Primary Caregiver Employment	Phone	Hourly wage: \$ _____ Hours worked/week: _____	
Secondary Caregiver Employment	Phone	Hourly wage: \$ _____ Hours worked/week: _____	
Most recent 3 months of income verification (pay stubs, etc.) for ALL employment income			



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Household Information

NOTE: List **all** residents living at your address. This includes roommates, family members, etc.

If an adult has multiple employments, list incomes on separate lines.

If you need more room, please attach a separate sheet of paper listing the additional information.

	Name	Date of Birth	Relationship
1			
2			
3			
4			
5			
6			

Does your family RECEIVE any of the following:	Yes	No	Amount Received Monthly
Child Support			\$
DCF Child Care Subsidy			\$
Discount or other reduction in tuition from child care provider			\$
Any other assistance with child care? If yes, explain:			\$
TOTAL MONTHLY CHILD CARE ASSISTANCE			\$

REQUIRED: Please attach the following information (where applicable):

- ☐ Most recent 3 months of income verification (pay stubs, etc.) for ALL employment income
- ☐ Documentation of marital status (legal separation agreement, divorce decree, etc.)
- ☐ International Students: Copy of lawful presence documentation and financial support letters from home government
- ☐ Kansas issued photo ID or driver's license
- ☐ Address Verification- Must match your Kansas driver's license or Kansas issued photo ID
Ex: Utility bill - gas, electricity, phone, vehicle registration or tax, other government or financial institution issued document
- ☐ Student Self-Service Academic Certification form (can be printed from your KSIS account) or Enrollment Verification if attending school other than KSU.
(Check one)
 - ☐ Part-time student
 - ☐ Full-time student



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Responsibilities of Parent/Guardian

Please read and initial each bullet and sign at the bottom of the page.

	I declare that this application is true and correct.
	I understand that if I receive a Child Care Scholarship to which I am not entitled as a result of providing false information, I must repay the cost of that assistance.
	I understand that my child must be in full-time care (35+ hrs/wk) with a licensed childcare provider.
	Both parents/guardians must be individually employed at least 30 hours a week. Students must be enrolled fulltime in high school classes or 12 plus hours for undergrad status/9 plus hour Master's program. A combination of employment and school can be considered if the hours equal full-time status. Cumulative college credit hours for bachelor's degree may not exceed 140 hours.
	I understand that my eligibility status or scholarship amount may change to reflect any additional childcare subsidies.
	I understand that information may be shared between RR and child care provider to verify eligibility.
	I understand that it is my responsibility to provide proof of income, student status and other requested information needed to determine eligibility for this program and that failure to do so can result in my application/scholarship being denied.
	I understand that proof of income, student status, and other requested information needed may be requested semi-annually and as often as the Raising Riley program deems necessary.
	I understand that I must notify RR two (2) weeks prior to exiting scholarship program for any reason. Failure to do so could jeopardize future awards.
	I grant permission to the Raising Riley Program to exchange information with other agencies offering child care assistance. (Ex: ACCYN, DCF, Child Care Provider, USD 383, Infant/Toddler Services, Riley County Maternal and Child Health)
	I understand that award amounts are subject to change based upon availability of funds.
	It is the parent/guardian's responsibility to notify RR in writing within 5 days when a change in circumstances takes place, such as marital status, job changes, student status changes, income changes, additional child care subsidies received (ACCYN, DCF, SBA, etc.), new household members, new child care providers, etc. <u>Failure to do so may result in loss of funding.</u>
	I understand that if I receive a Child Care Scholarship, I agree to: <ul style="list-style-type: none"><input type="checkbox"/> Meet with a RR Early Childhood representative for orientation and child assessment. Scholarship will begin when orientation is completed.<input type="checkbox"/> Mandatory assessments completed by a Raising Riley representative as scheduled at the FCRC building. Text messages will be sent as appointment reminders. (Raising Riley reserves the right to complete required assessments in the child care setting when deemed necessary by the RR coordinator.)<input type="checkbox"/> Provide RR a two week notice when my child will be leaving the scholarship program for any reason. Exit developmental screenings must be completed by RR program in order for final month's scholarship reimbursement to be dispersed. If not completed due to parent/guardian non-notification, scholarship will be suspended for last month's attendance and parent/guardian is responsible for payment in full to provider.
	I understand that Raising Riley reserves the right to refuse services based on non-compliance with this participation agreement.

To Whom It May Concern:

I hereby authorize any person, agency, or institution to supply information concerning myself or my family as requested by Riley County Health Department - Raising Riley and to allow inspection and reproduction of records in their possession by any duly authorized representative of Raising Riley and the Riley County Health Department.

I herewith release any person, agency or institution from any and all liability to myself or to my family for supplying such information.

This authorization is given only in connection with its use by Raising Riley and the Riley County Health Department in its administration of Raising Riley programs and for no other purpose.

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:



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Child Care Enrollment and Fee Verification Form

This form is to be completed by the **director of the child care center or the child care provider** and **returned with the completed application.**

Provider Information

Name of Daycare/Center/Facility:		License Number: Note: Providers must have permanent license and be in good standing with KDHE.	Do you accept DCF funds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Room Assignment:			
Lead Teacher's Full Name:			
Name of Director/Provider/Contact:			
Mailing Address		City	Zip Code
Work Phone	E-mail Address		Do you check e-mail regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No

Enrollment Information (via Provider)

Child's Name (Last, First, MI)		Start Date of Care	Full-Time Care? 35+ hrs. <input type="checkbox"/> Yes <input type="checkbox"/> No
Tuition Charged: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	Tuition (before any discounts or subsidies) \$ _____	DCF payments, sibling/employee discounts \$ _____	

Child Care Center or Family Child Care Provider Responsibilities (please initial each):

- This completed page **must** accompany each scholarship application
- Be a licensed child care provider or center
- RR has access to "real-time" licensing survey findings. If a Notice of Intent to Suspend is noted in the findings the provider will be suspended from partnership with RR until the issue is resolved.
- Located in Manhattan/Riley County
- Provider must complete and submit **Child Care Scholarship Request for Payment** form monthly for payment.
 - o A Welcome to Raising Riley visit will be made by RR Facilitator once scholarship is awarded. The facilitator will outline how to submit for your monthly reimbursement. Reimbursement will be paid directly to provider.
- Allow a Raising Riley facilitator to visit home /center classroom for an observation twice a year.
- Notify Raising Riley of any change in family or employment status, additional tuition assistance, hours child is in care, or intent to exit this child.

I certify that the information listed above is accurate to the best of my knowledge and that this child is enrolled in care.

Signature of Parent/Guardian to Scholarship Applicant	Date
Signature of Center Director or Licensed Family Child Care Provider	Date