**KIDS FIRST.LA**

**CHILD CARE TUITION ASSISTANCE APPLICATION**

You have expressed an interest in receiving help paying for your childcare. Applications are kept confidential and the information collected will be used to determine eligibility to receive subsidized childcare with KIDS FIRST. Tuition assistance is limited and provided on a first-come, first-served basis. Tuition assistance is available whose total family income is $49,999 or less. The KIDS FIRST Tuition Assistance administrator may contact the parent(s) to request clarification on the tuition assistance application. You may be required to provide additional proof of family size, income, and residency. The administrator will inform the parent(s) by letter of the tuition amount and effective date. Applications are valid for the school year in which you have applied only. Updated information will need to be provided on a bi-annual basis.

If you are interested in receiving tuition assistance for the KIDS FIRST child care program, you must complete this form and attach the following documents:

1. **Proof of residence (Utility Bill – Gas, DWP, Phone, etc.)**
2. **Pay statements for the two most recent pay periods for each parent or guardian;**
3. **A copy of your most recent federal and state income tax returns;**

If your application is incomplete, the administrator will not process it and will return it to you. You must provide all of the information requested to receive tuition assistance.

Mother’s Name: Phone:

(Please print clearly)

Address: Employer’s Name: Phone:

Address:

Email Address:

Father’s Name: Phone:

(Please print clearly)

Address:

Employer’s Name: Phone: Address:

Email Address:

Total Adults in Family: Total Children in Family: Total Family size:

*Family size includes parent, spouse, children for whom subsidy is requested, other dependent children, or adults claimed on applicant’s or co-applicant’s IRS 1040. In cases of kinship, family size includes the child for whom subsidy is requested and all dependents claimed on the grandparent’s, aunt’s or relative’s IRS 1040*

Child's Name: Grade:

(Please print clearly)

Indicate the time period of Childcare Requested: Before School Care After School Care Before & After School Care

Child's Name: Grade:

(Please print clearly)

Indicate the time period of Childcare Requested: Before School Care After School Care Before & After School Care

|  |
| --- |
| **APPLICANT SPOUSE****What are your sources of Income?** Check all of the boxes that apply. |
| Employment Income | $  | Employment Income | $  |
| Self-employment income (submit CF2568) |   | Self-employment income (submit CF2568) |   |
| Employment Insurance benefits |   | Employment Insurance benefits |   |
| Income Assistance or Band Assistance |   | Income Assistance or Band Assistance |   |
| Worksafe BC |   | Worksafe BC |   |
| Federal benefits(CPP, Survivors benefits, CPP disability)Training or living allowance |    | Federal benefits(CPP, Survivors benefits, CPP disability)Training or living allowance |    |
| Grants/bursaries/scholarships |   | Grants/bursaries/scholarships |   |
| Other investment, interest |   | Other investment, interest |   |
| Spousal and/or child support |   | Spousal and/or child support |   |
| Tips |   | Tips |   |
| Income from Dependent Adults |   | Income from Dependent Adults |   |
| Rental Income (room/board/suite) |   | Rental Income (room/board/suite) |   |
| Other income |   | Other income |   |

**Total Adjusted Gross Family Income: $**

(As reported on most recent IRS tax return; Line 33 of Form 1040 or Line 19 of 1040A)

I/We state that everything I/we have stated in this application is true and correct to the best of my/our knowledge. I/We understand that failure to truthfully set forth this information could result in loss of tuition assistance from KIDS FIRST. I/We further agree to inform the ADMINISTRATOR within 10 days if any of the above information changes. I/We understand that failure to inform the ADMINISTRATOR of any changes in status may jeopardize my/our chances of receiving tuition assistance through KIDS FIRST Child Care Tuition Assistance Program.

Parent/Guardian Name: Parent/Guardian Name:

(Please print clearly) (Please print clearly)

Signature Signature

Date Date

|  |
| --- |
| **OFFICE USE:****Denied Accepted Wait Listed Pending Subsidy Amount: $ Effective Dates: Additional Information:** |
|  |
|  |
|  |
|  |
|  |