



<http://www.hope4kidsfoundtion.org>

HOPE 4 KIDS Child Care Grant Program Application Packet

This application packet includes the following items:

Application Forms


The following application forms are needed in order to apply for Hope 4 Kids Child Care Grant.

The checklist that is on the Application will go into further detail regarding each form.

- Hope 4 Kids Child Care Grant Application (*includes the application checklist*)
- Adult Household Member Information (2 copies)
- Child Household Member Information (3 copies)
- Child Care Service Plan
- Work Verification
 - o Sign the Release portion of the form, the rest is to be completed by your employer
- School / Training Verification (if student)
 - o Sign the Release portion of the form, the rest is to be completed by a school official
- Self Employment Income Verification (if self employed)
- Child Support Compliance Verification or Good Cause for Refusal to Cooperate with Child Support Compliance
- Grant Reporting Requirements

Additional Information and Forms

- Hope 4 Kids Child Care Grant Program Reminders (keep for your records)
- Change Report Form
 - o To be used for changes that occur during eligibility, **Do Not** include when the application is initially submitted.



**PLEASE SUBMIT ALL
GRANT APPLICATION
MATERIALS TO:**



THIS SHEET DOES NOT NEED TO BE INCLUDED WHEN YOU TURN IN YOUR APPLICATION



CHILD CARE GRANT PROGRAM APPLICATION FAQ'S

If you need help filling out this application or have questions, please call 1-877-920-HOPE (4673) or visit hope4kidsfoundation.org

**HOPE 4 KIDS FOUNDATION:
Helping Middle Income Families
Afford Child Care Costs.**

How do I apply?

Fill out the application packet, sign it and turn it in with all required documentation to your local Hope 4 Kids Foundation Office.

- *Application checklist is available on page 2 of this application.*

To qualify, what must my family and I do?

The Grant Program is available to families who meet the following eligibility requirements

Be Income Eligible

- Your family cannot be receiving or qualify for government child care assistance.
- Gross Household Income range 31K-75k per year.

Meet employment and training requirements

- A two parent household needs to work 208 hours each month (For example: the work hours may be divided between the two parents. One parent may meet the work requirement while the other parent attends school full time.)
- A single parent household needs to work 140 hours each month
- A single parent, who is attending school full time, needs to work 40 hours each month.

Cooperate with Child Support Enforcement

- Families with a parent absent from the household must comply with the Child Support Enforcement Division or must receive child support under a court order.

How long will it take?

It may take up to 30 days to process your application. If household is eligible, benefits may begin the date you submitted your signed application as long as required documentation is received within 30 days. Benefits cannot be backdated. Avoid possible delays or lapses in service by submitting all the required documentation with your application.

Is an interview required?

Yes. An interview is required before it can be determined if you are eligible for assistance. Your interview may be in person or by telephone. Your application may be denied if you do not complete an interview.

Will I have to pay anything?

Yes, you will pay a part of the day care costs. That amount depends on your income and family size. This is called a co-pay. Your provider may also charge rates that are more than the grant program pays. Each month you will have to pay your provider the co-pay amount and the difference, if any, between what the provider charges and what the foundation pays. Also a partnership fee of \$12.00 per yr.

Application and Supporting Documentation Checklist and Instructions

 Check to be sure you have submitted the following documents.

APPLICATION FORMS (included in the packet)	SUPPORTING DOCUMENTATION
<ul style="list-style-type: none"> <input type="checkbox"/> APPLICATION <ul style="list-style-type: none"> - Completed and signed - If there are 2 adults in your family you must both sign the application. - Includes a Release of information that must be completed <input type="checkbox"/> ADULT HOUSEHOLD MEMBER INFORMATION <ul style="list-style-type: none"> - Be sure to detail your work and/or school schedule <input type="checkbox"/> CHILD HOUSEHOLD MEMBER INFORMATION <ul style="list-style-type: none"> - Be sure to detail your children's school schedule <input type="checkbox"/> WORK VERIFICATION RELEASE <ul style="list-style-type: none"> - To be completed by your employer - Complete the Applicant Release portion and send to your employer for completion <input type="checkbox"/> SCHOOL / TRAINING VERIFICATION RELEASE <ul style="list-style-type: none"> - To be completed by a school official - Complete the Applicant Release portion and send to your school for completion <input type="checkbox"/> CHILD CARE SERVICE PLAN <ul style="list-style-type: none"> - To be completed with your child care provider. - A separate form is required for each child care provider - Only hours that child care is needed for each child are to be documented, including the start and end time of care. <input type="checkbox"/> CHILD SUPPORT COMPLIANCE VERIFICATION or GOOD CAUSE FOR REFUSAL TO COOPERATE <input type="checkbox"/> FAMILY'S RIGHTS AND RESPONSIBILITIES <input type="checkbox"/> REPORTING REQUIREMENTS <input type="checkbox"/> SELF EMPLOYMENT VERIFICATION 	<ul style="list-style-type: none"> <input type="checkbox"/> PHOTO IDENTIFICATION (for all adults) <ul style="list-style-type: none"> - Government Issued Identification - Passport - MT Drivers License - School identification card <input type="checkbox"/> RESIDENCY VERIFICATION <ul style="list-style-type: none"> - Utility Bill - Rental / Lease Agreement - Mortgage Agreement - MT Drivers License <input type="checkbox"/> BIRTH CERTIFICATES <ul style="list-style-type: none"> - Copies of proof of age for each child who will be receiving child care assistance <input type="checkbox"/> CITIZENSHIP <ul style="list-style-type: none"> - Social Security Card <input type="checkbox"/> WORK SCHEDULE <ul style="list-style-type: none"> - 2 consecutive months of paystubs, within the prior 60 days. <input type="checkbox"/> SCHOOL SCHEDULE <ul style="list-style-type: none"> - For all individuals enrolled in and attending school <input type="checkbox"/> INCOME <ul style="list-style-type: none"> - Proof of all earned income received by you and any other adult in your family - Proof of unearned income received by you and any other adult in your family. Unearned income includes but is not limited to: dividends and interest, Social Security, Supplemental Security Income (SSI) and Child Support <input type="checkbox"/> SELF-EMPLOYED INDIVIDUALS <ul style="list-style-type: none"> - A copy of your business license - Your most recently completed and filed Federal tax return - Income and expenses records or other documentation of adjusted gross income and allowable costs of doing business

Please ask your local Child Care Resource and Referral about acceptable forms of proof, if you are unsure!



WE COUNT KIDS
BECAUSE KIDS COUNT

GRANT APPLICATION

HOPE 4 KIDS ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

1. Primary Reason that you are applying for Child Care Assistance?

What is your household makeup? <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Two Parent Household	Are you a TEEN Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the primary reason that you need child care assistance? <input type="checkbox"/> Work Hours <input type="checkbox"/> School Hours <input type="checkbox"/> Other:	
Have you ever requested or received Child Care Assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Where? (city/county/state) _____	
Have you ever been disqualified from receiving Child Care Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Where? (city/county/state) _____	
ARE YOU A DOLLAR PARTNER? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Who is the Responsible Party?

<p>This is the applicant who is requesting child care assistance and assumes responsibility for following the program rules and requirements, including penalties and repayment of any overpaid benefits.</p> <ul style="list-style-type: none"> • Include proof of identity, such as a copy of your driver's license, state identification card, passport, school identification card, or birth certificate • Include proof of your residence, such as one of the items listed above or a copy of a recent utility bill, rental lease, or mortgage agreement. 				
LAST NAME		FIRST NAME		MIDDLE NAME
OTHER NAMES YOU MIGHT BE KNOWN AS OR HAVE USED IN THE PAST			E-MAIL ADDRESS	
ADDRESS (physical)				
CITY	STATE	ZIP	COUNTY	TRIBAL RESERVATION
MAILING ADDRESS (if different)				
CITY	STATE	ZIP	COUNTY	TRIBAL RESERVATION
HOME PHONE	WORK PHONE		OTHER PHONE	
What is your preferred spoken language?	What is your preferred written language?		Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	



3a. FAMILY MEMBERS - Adult Household Members

List all **required** Adult Household Members (Age 18 and up) as related to the child(ren) for whom a scholarship is requested:

- Biological, adoptive parent or stepparent of an intact family, regardless of living arrangements. This would include incarcerated parents or parents working and living out of town.
- Parent by common law marriage;
- Parent joined by a common child;
- Adult acting in loco parentis;

List **optional** Adult Household Members (Age 18 and up), only if you want them included in eligibility determination

- Adult Sibling, age 18 and over [no Child Support Enforcement Division [CSED] requirement];
- Aunt or Uncle;
- Grandparent or Great Grandparent;
- Parent's Significant Other

An "Adult Household Member Information Form" must be completed for all adults listed below.

Relationship to you	Name (First, Middle, Last)	Working	Hours per Month	Attending School	Hours per Month
SELF		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

3b. FAMILY MEMBERS - Child Household Members

Minor Household Members (Age 17 and under)

- Minor sibling(s), age 17 and under, including stepbrother, stepsister, half brother and half sister; **List children in the order from oldest to youngest**
- Child receiving Temporary Assistance for Needy Families [TANF] Cash benefits, or other subsidy, as a member of the household.

A "Child Household Member Information Form" must be completed for all Children listed below.

- Include proof of each child's relationship to you, such as birth certificate, adoption record, legal guardianship statement
- Include proof of each child's age, such as their birth certificate.
- Include proof of citizenship or immigration status for each child in need of child care assistance, such as birth certificate, an adoption record, or an INS Card.

Relationship to you	Name (First, Middle, Last)	Attending School	Receiving Child Support	Requesting Child Care
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



4. INCOME

List all income received by you and all members of your family.

- Include income received by family members temporarily absent from your home.
- Include proof of all income, such as a check stub, signed letter from Employer or income tax records.

Complete the "Self Employment Income Verification Form" if you or someone in your family is self-employed.

Complete this section for each type of earned or unearned income you or someone in your family receives.

- Include proof of all income, such as a check stub, an award letter, a financial aid form, or a written statement from the source of the income.

EARNED INCOME

Name - of individual earning income	Source of Income - including employer name	Gross Monthly Amount before deductions

UNEARNED INCOME

Source of Income	YES	NO	Name of Individual Receiving Income	Gross Monthly Amount before deductions
Child Support Payments				
Public Assistance				
Unemployment Insurance				
Insurance Benefits				
Veterans Benefits				
Social Security				
SSI				
Student Loans				
Interest / Dividends				
Tribal Payments				
Other: Please specify				
_____			_____	_____
_____			_____	_____
_____			_____	_____

5. DEDUCTIONS

Type of Expense (deduction)	Name of Individual Being Paid	Gross Monthly Amount
Child Support - Paid out, for children not living in the home		



6. HERE ARE YOUR RESPONSIBILITIES CONCERNING YOUR CHILD CARE PROVIDER

INITIALS	<i>(Please INITIAL each item as you read)</i>
1.	I will select a licensed center or church exempt center before receiving a grant. A grant is not paid if the child care provider is not listed in good standing with the state. Grants are not given for children attending group or family homes nor relative or family care. Additional information can be received from your case worker for clarification if the above is not understood.
2.	I understand that I am solely responsible for any agreement I have with my child care provider(s).
3.	I will pay a weekly/ monthly co-payment to the child care provider. If I fail to pay the copay, or fail to make satisfactory arrangements, I will lose eligibility for child care assistance.
4.	I understand that the child care provider may set their own rates. Providers may charge rates and/or fees in addition to the child care program co-payment obligation. I am responsible for any amount over and above the grant amount.
6.	If I change to a new child care provider, I am responsible for notifying my current provider.

7. HERE ARE YOUR RIGHTS

INITIALS	<i>(Please INITIAL each item as you read)</i>
1.	I have the right to choose my child care provider; however, H4K has to approve the provider.
2.	I have the right to have access to my child at any time he/she is in child care
3.	Within 10 calendar days of losing employment or falling below the minimum work requirement, I may request a grace period. However, if I don't report within 10 calendar days, no grace period will be allowed, and I will not be eligible for child care. I understand that I may contact my local H4K Office for more information.
4.	I will be notified of any reduction in my child care scholarship before the certification end-date if change occurs prior to the expiration date of the certification plan. A letter will be mailed 15 calendar days before any loss of benefits. No letter will be mailed if the certification plan simply expires.
6.	I understand that my child care provider may not discriminate.
7.	I have a right to be notified by my provider if a negative licensing action affects my eligibility.
8.	I have a right to receive a monthly EOB (Explanation of Benefits), which shows the care that has been paid for by H4K.



8. PARENT RESPONSIBILITIES

INITIALS	(Please <u>INITIAL</u> each item as you read)
1.	I understand this child care grant will not exceed the amount of hours approved. Anything above those hours is my personal responsibility between me & the provider.
2.	I will report any change of child care provider before the change, as failure to report will result in a loss of benefits.
3.	I will report the following changes within 10 calendar days to my local Child Care Resource and Referral agency: <ul style="list-style-type: none"> a. Change of employment for any household member. b. Loss of employment to less than 208 hours per month for a two-parent family or 140 hours per month for a single parent family (40 while attending school full-time) c. Changes in residence or mailing address d. The loss or addition of a household member e. Changes in school attendance f. Opening or closing of any child support case through Alabama Child Support Enforcement Division or other state, any change in the amount of child support received through an approved court order, or any change to my good cause for not applying for child support.
4.	Failure to report changes within 10 calendar days may result in one or more of the following: <ul style="list-style-type: none"> a. Loss of child care scholarship b. Repayment of child care scholarship during period of ineligibility
5.	I am responsible for paying my own child care until my family is determined to be eligible for assistance. Hope 4 Kids Grant assistance cannot be paid before the date this application is submitted.
6.	If a waiting list is not in effect, presumptive eligibility may be approved based on the information supplied in the application packet. I understand that child care assistance will not continue beyond the 30-day period unless all documentation is submitted and eligibility is verified.
7.	I understand that my Hope 4 Kids Grant will be terminated if my family becomes ineligible or if program funds become unavailable.
8.	I understand that I am responsible for making and keeping copies of all documents that I submit to the Hope 4 Kids Foundation.
9.	I understand that should an error occur regarding my case, I may be fully responsible for any overpayment, regardless of who made the error, and that I may have to complete an agreement and pay back all or part of any monies I received as part of the Hope 4 Kids Grant program.

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any accompanying documents) will be cause for denial or termination of the Hope 4 Kids Foundation Programs & subsidiaries, regardless of when or how falsifications were discovered. I understand that I must periodically re-apply for assistance and that my eligibility will be re-determined at that time.

Applicant (or Authorized Representative) Signature

Date

Spouse/Other Adult Signature

Date

Workers Initials _____ Date _____



HOPE

We Count Kids
Because Kids Count

ADULT HOUSEHOLD MEMBER INFORMATION FORM

HOPE 4 KIDS ELIGIBILITY SPECIALIST STAFF ONLY

CASE / CASE EVENT NUMBER

HEAD OF HOUSEHOLD NAME

ELIGIBILITY BEGIN DATE

ELIGIBILITY END DATE

ELIGIBILITY
DETERMINATION DATE

R&R DATE STAMP

CASE EVENT WORKER NAME

GENERAL PERSON INFORMATION

GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnic Affinity? (optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
LAST NAME		FIRST NAME	MIDDLE NAME
BIRTH DATE	AGE	SOCIAL SECURITY NUMBER (optional)	State Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Alaskan Native		Tribal Affiliation? <input type="checkbox"/> No <input type="checkbox"/> Yes Tribe _____	
Applicant Name		Relationship to Applicant	
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single (Not Married)			

EMPLOYERS

- PLEASE list all employers for this person
- Attach two months of consecutive wage stubs for all employers, for the previous 60 days.
- An employer Verification Form needs to be completed for each employer listed below, you must sign the release portion on the form.
- If you are self employed you must complete the Self Employment Verification form.

EMPLOYER #1			
EMPLOYER NAME		EMPLOYER PHONE #	
EMPLOYER'S ADDRESS			HOURLY RATE
WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK	# OF HOURS PER MONTH
EMPLOYER #2			
EMPLOYER NAME		EMPLOYER PHONE #	
EMPLOYER'S ADDRESS			HOURLY RATE
WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK	# OF HOURS PER MONTH



Last Name	First Name	Middle Name	Applicant Name
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SCHOOL

Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed?	Degree or Certificate Earned?	
If Yes, - Please complete the below information. - Attach your school schedule - Additionally a School / Training Verification form will be needed from your school, you must sign the release portion on the form.			
School Name	Current Grade	First day of School?	Last Day of School?

MONTHLY SCHEDULE (When you need child care for!)

List the times that you are unable to care for your children due to work and/or school activities.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
m/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day

If schedule varies, please explain



We Count Kids
Because Kids Count

ADULT HOUSEHOLD MEMBER INFORMATION FORM

HOPE 4 KIDS ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

GENERAL PERSON INFORMATION

GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnic Affinity? (optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
LAST NAME		FIRST NAME	MIDDLE NAME
BIRTH DATE	AGE	SOCIAL SECURITY NUMBER (optional)	State Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Alaskan Native		Tribal Affiliation? <input type="checkbox"/> No <input type="checkbox"/> Yes Tribe _____	
Applicant Name		Relationship to Applicant	
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single (Not Married)			

EMPLOYERS

- PLEASE list all employers for this person
- Attach two months of consecutive wage stubs for all employers, for the previous 60 days.
- An employer Verification Form needs to be completed for each employer listed below, you must sign the release portion on the form.
- If you are self employed you must complete the Self Employment Verification form.

EMPLOYER #1			
EMPLOYER NAME		EMPLOYER PHONE #	
EMPLOYER'S ADDRESS			HOURLY RATE
WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK	# OF HOURS PER MONTH
EMPLOYER #2			
EMPLOYER NAME		EMPLOYER PHONE #	
EMPLOYER'S ADDRESS			HOURLY RATE
WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK	# OF HOURS PER MONTH



Last Name	First Name	Middle Name	Applicant Name
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SCHOOL

Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed?	Degree or Certificate Earned?	
If Yes, - Please complete the below information. - Attach your school schedule - Additionally a School / Training Verification form will be needed from your school, you must sign the release portion on the form.			
School Name	Current Grade	First day of School?	Last Day of School?

MONTHLY SCHEDULE (When you need child care for!)

List the times that you are unable to care for your children due to work and/or school activities.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
m/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day

If schedule varies, please explain



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Because Kids Count

CHILD HOUSEHOLD MEMBER INFORMATION FORM

HOPE 4 KIDS ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

GENERAL PERSON INFORMATION

GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnic Affinity? (optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
LAST NAME		FIRST NAME	
MIDDLE NAME			
BIRTH DATE	AGE	SOCIAL SECURITY NUMBER (optional)	State Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
US CITIZEN: If this is a child who needs care, is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
RACE:		Tribal Affiliation? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian/White		Tribe _____	
<input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Alaskan Native			
Applicant (Head of Household) Name		Relationship to Applicant	

SPECIAL NEEDS

Does this child have special needs or are you concerned about special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please talk more with your caseworker regarding additional services for children with special needs.

SCHOOL

Does this child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Grade Completed?				
If Yes, Please complete the below information						
School Name	Current Grade	First day of school?	Last day of school?			
DAYS AND TIMES STUDENT ATTENDS SCHOOL						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day



Last Name	First Name	Middle Name	Applicant Name
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CHILD SUPPORT

Does this child have a parent who does not live in the home? Yes No

Families with a parent absent from the household must comply with the Child Support Enforcement Division or must receive child support under a court order.

- Please mark below how you meet the requirements for Child Support Compliance!

<input type="checkbox"/> Cooperation with CSED	CSED Case #	Who is child support received from?	Amount per month?
<input type="checkbox"/> Court Approved Parenting Plan		Who is child support received from?	Amount per month?
<input type="checkbox"/> Claim Good Cause (<i>please see good cause form</i>)			

Please indicate what state or tribe do you co-operate with?

SHARED CUSTODY / VISITATION SCHEDULE

If your child spends time with his or her other parent, please describe the schedule or shared custody arrangements, by indicating the time and day that the child is with you under either a shared custody or visitation agreement.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
to	to	to	to	to	to	to
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day

If schedule varies please explain

CHILD CARE PROVIDERS

- PLEASE list all providers that you have for this child
- A Child Care Service Plan needs to be completed for each provider that your family has and must include each child's schedule, for when they are in care.

PROVIDER #1	
PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#
PROVIDER #2	
PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#
PROVIDER #3	
PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#



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CHILD HOUSEHOLD MEMBER INFORMATION FORM

HOPE 4 KIDS ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

GENERAL PERSON INFORMATION

GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnic Affinity? (optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
LAST NAME		FIRST NAME	
MIDDLE NAME			
BIRTH DATE	AGE	SOCIAL SECURITY NUMBER (optional)	State Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
US CITIZEN: If this is a child who needs care, is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Alaskan Native			Tribal Affiliation? <input type="checkbox"/> No <input type="checkbox"/> Yes Tribe _____
Applicant (Head of Household) Name		Relationship to Applicant	

SPECIAL NEEDS

Does this child have special needs or are you concerned about special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please talk more with your caseworker regarding additional services for children with special needs.

SCHOOL

Does this child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Grade Completed?				
If Yes, Please complete the below information						
School Name	Current Grade	First day of school?	Last day of school?			
DAYS AND TIMES STUDENT ATTENDS SCHOOL						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day



Last Name	First Name	Middle Name	Applicant Name
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CHILD SUPPORT

Does this child have a parent who does not live in the home? Yes No

Families with a parent absent from the household must comply with the Child Support Enforcement Division or must receive child support under a court order.

- Please mark below how you meet the requirements for Child Support Compliance!

<input type="checkbox"/> Cooperation with CSED	CSED Case #	Who is child support received from?	Amount per month?
<input type="checkbox"/> Court Approved Parenting Plan		Who is child support received from?	Amount per month?
<input type="checkbox"/> Claim Good Cause (<i>please see good cause form</i>)			

Please indicate what state or tribe do you co-operate with?

SHARED CUSTODY / VISITATION SCHEDULE

If your child spends time with his or her other parent, please describe the schedule or shared custody arrangements, by indicating the time and day that the child is with you under either a shared custody or visitation agreement.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
to	to	to	to	to	to	to
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day

If schedule varies please explain

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PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#
PROVIDER #2	
PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#
PROVIDER #3	
PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#



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CHILD HOUSEHOLD MEMBER INFORMATION FORM

HOPE 4 KIDS ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

GENERAL PERSON INFORMATION

GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnic Affinity? (optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
LAST NAME		FIRST NAME	
MIDDLE NAME			
BIRTH DATE	AGE	SOCIAL SECURITY NUMBER (optional)	State Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
US CITIZEN: If this is a child who needs care, is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
RACE:		Tribal Affiliation? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian/White		Tribe _____	
<input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Alaskan Native			
Applicant (Head of Household) Name		Relationship to Applicant	

SPECIAL NEEDS

Does this child have special needs or are you concerned about special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please talk more with your caseworker regarding additional services for children with special needs.

SCHOOL

Does this child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Grade Completed?				
If Yes, Please complete the below information						
School Name	Current Grade	First day of school?	Last day of school?			
DAYS AND TIMES STUDENT ATTENDS SCHOOL						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day



Last Name	First Name	Middle Name	Applicant Name
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CHILD SUPPORT

Does this child have a parent who does not live in the home? Yes No

Families with a parent absent from the household must comply with the Child Support Enforcement Division or must receive child support under a court order.

- Please mark below how you meet the requirements for Child Support Compliance!

<input type="checkbox"/> Cooperation with CSED	CSED Case #	Who is child support received from?	Amount per month?
<input type="checkbox"/> Court Approved Parenting Plan		Who is child support received from?	Amount per month?
<input type="checkbox"/> Claim Good Cause (<i>please see good cause form</i>)			

Please indicate what state or tribe do you co-operate with?

SHARED CUSTODY / VISITATION SCHEDULE

If your child spends time with his or her other parent, please describe the schedule or shared custody arrangements, by indicating the time and day that the child is with you under either a shared custody or visitation agreement.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
to	to	to	to	to	to	to
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day

If schedule varies please explain

CHILD CARE PROVIDERS

- PLEASE list all providers that you have for this child
- A Child Care Service Plan needs to be completed for each provider that your family has and must include each child's schedule, for when they are in care.

PROVIDER #1	
PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#
PROVIDER #2	
PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#
PROVIDER #3	
PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#



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**RELEASE OF INFORMATION
REQUEST FOR
WORK VERIFICATION**

HOPE 4 KIDS ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

DIRECTIONS for Applicant

1. Complete Section 1	2. Employer is to complete Section 2 and Section 3	3. RETURN TO:
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1. EMPLOYEE - PERMISSION TO RELEASE INFORMATION

I, _____, grant permission to _____
for the release the information requested on this form to the Hope 4 Kids Foundation
Ministry, listed above, in order to determine my family's eligibility for the Child Care Grant
Program.

Applicant's Signature: _____ Date: _____

DIRECTIONS for Employer

The individual listed above has applied for a Hope 4 Kids Child Care Grant. The applicants' signature above authorizes the release of the information requested on this form. By completeing this form you are providing information, about the identified individual, that will be used to determine their eligibility for child care assistance. Thank you for your cooperation.

2. EMPLOYER CERTIFICATION

BUSINESS/COMPANY NAME	BUSINESS PHONE #
BUSINESS/COMPANY ADDRESS	
PLEASE READ AND SIGN: I certify that this information is true and correct to the best of my knowledge. I have the authority to make such verification on behalf of this company.	
Print Name: _____	Title: _____
Signature: _____	Date: _____



3. EMPLOYMENT AND WAGE INFORMATION

Employee Name:						
Employer Name:			Work Address:			
Work Start Date	Work End Date	Date of First Pay Check		Date of Last Pay Check		
Is this a Salaried or Hourly Employee? <input type="checkbox"/> Salaried (\$ _____ per _____) <input type="checkbox"/> Hourly (\$ _____ per hour)			How often is this employee paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____			
Average number of work hours per week.					_____ hrs per week	
What is this employee's gross salary, wages, and commissions?					\$ _____ per month	
Does this employee receive tips or bonuses? - If yes, please approximate dollar amount per month					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month
Does this employee ever work overtime? - If yes, please approximate dollar amount per month					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month
Does this employee receive "in-kind" (non-cash) or cash benefits as part of their pay? For example, housing allowance, apartment or food? - If yes, please approximate dollar amount per month Explain:					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month.
Does this employee have any company-paid flexible child care benefits that could be taken in cash? If yes, please approximate dollar amount per month Explain:					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month.
MONTHLY WORK SCHEDULE						
The following work schedule is effective from: _____ to: _____						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
<input type="checkbox"/> This schedule remains the same for the entire month						
<input type="checkbox"/> This schedule varies from week to week						
If work schedule varies, please explain:						



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**RELEASE OF INFORMATION
REQUEST FOR
SCHOOL/TRAINING VERIFICATION**

HOPE 4 KIDS ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

DIRECTIONS for Applicant

1. Complete Section 1	2. Employer is to complete Section 2 and Section 3	3. RETURN TO:
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1. STUDENT / APPLICANTS - PERMISSION TO RELEASE INFORMATION

I, _____, grant permission to _____
for the release the information requested on this form to the Hope 4 Kids Foundation
Ministry, listed above, in order to determine my family's eligibility for the Hope 4 Kids Foundation Child Care
Grant.

Applicant's Signature: _____ Date: _____

DIRECTIONS for School Official

The individual listed above has applied for a Hope 4 Kids Foundation Child Care Grant.
The student applicant's signature above authorizes the release
of the information requested on this form. By completing this form you are providing information about the
identified individual that will be used to determine their eligibility for child care assistance. Thank you for
your cooperation.

2. SCHOOL OFFICIAL CERTIFICATION

SCHOOL NAME	SCHOOL PHONE #
SCHOOL ADDRESS	
PLEASE READ AND SIGN:	
I certify that this information is true and correct to the best of my knowledge. I have the authority to make such verification on behalf of this company.	
Print Name: _____	Title: _____
Signature: _____	Date: _____
Phone #: _____	

3. STUDENT / APPLICANTS' - SCHOOL INFORMATION

Student Name:		
School Name:	School Address:	Enrollment Date
Course of Study / Training Program	Anticipated graduation / completion date	Expected Degree / Certificate
Is this a Part Time or Full Time Student? <input type="checkbox"/> Part Time (_____ hrs per week) <input type="checkbox"/> Full Time (_____ hrs per week)		How many credits is this student taking per semester? _____ credits per semester
Is this student in good academic standing? If No, please explain: <i>(Is this individual on probation?)</i>		<input type="checkbox"/> Yes, good <input type="checkbox"/> No
Does this individual currently hold a bachelor's degree? If Yes, what is the degree in? _____ When was it earned? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

MONTHLY SCHOOL SCHEDULE

- Please indicate the time the student's first class starts and the time the student's last class ends on any given day.
- Please provide an official copy of the students class schedule

This schedule is good for the following semester: *(indicate year)* Fall _____ Spring _____ Summer _____

The semester that this schedule covers runs from: _____ to: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
to	to	to	to	to	to	to
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
to	to	to	to	to	to	to
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day

This schedule remains the same for the entire month

This schedule varies from week to week

If work schedule varies, please explain:



Hope 4 Kids Child Care Grant Program Self-Employment Income Verification Form

What is Self-Employment?

Self-Employment is the act of engaging in a trade or business except as an employee. An individual is NOT self-employed if performing services that can be controlled by an employer. Source of income and individual activity from which income is generated determines if it is self-employment income.

How is self-employment income used to determine eligibility?

During the process of determining household eligibility, all gross income is evaluated to determine eligibility. In addition, self-employment status for applicants and participants is also verified. Income from self-employment divided by the number of child care hours requested must equal the current Federal/State Minimum Wage.

What documents will I need?

The following list of documents, are used to verify earned income. It is the responsibility of the applicant/participant to provide verification of all income used to determine eligibility.

- Bookkeeping records
- Tax Returns –must show proof of filing
- Receipts for ALL allowable expenses
- Pertinent lease agreements [building, vehicle, chair (cosmetology), etc.]
- Self-employment Income Verification form
- Contracts [construction, etc.]
- Bank Statements [personal & business] and cancelled checks
- Signed time sheets and receipt of payroll, if you have employees

The following list of documents, are used to verify unearned income. It is the responsibility of the applicant/participant to provide verification of all income used to determine eligibility.

- Attorney statements
- Cash income records
- Child Support receipts
- Parenting Plan – court filed
- Retirement Award letter
- Education/Training Award records

Should an error occur during the income eligibility process, regardless of who made the error, the applicant/participant may be fully responsible for any overpayment and may have to complete an agreement to pay all or part of any monies they receive as part of the Hope 4 Kids Child Care Grant Program.



What expenses are allowed or not allowed?

Allowed business expenses are subtracted from the gross receipts to determine taxable gross income. Allowable expenses must directly relate to the production of income. Receipts must be attached to be counted.

Not Allowed business expenses include those derived from capital investments:

- Depreciation
- Amortization
- Non-sufficient Fund charges
- Credit Card late fees
- Business start up costs
- Personal & entertainment expenses
- Payments on principal portion of loan payments
- Personal transportation
- All expenses for which receipts are not provided

Instructions

1. You may use the worksheet on the back of this form to verify your self-employment income if:
 - You did not file a business income tax return last year; or
 - You filed a business tax return last year AND expect a significant change in your business earnings this year.
2. You must have business records to verify the information given on this form. Business records include items such as invoices, cancelled checks, receipts for materials purchased, business and personal bank account information and your business calendar for us to determine your work schedule. Copies must accompany this form. We cannot guarantee that original forms will be returned to you.
NOTE: While the IRS may allow more business deductions, this form lists only the business deductions allowable under the scholarship program.
3. If you filed a business tax return last year, please include copies of **IRS forms 1040** and **Schedule C**. Include form **8829** if you claim expenses for the business use of your home. These forms must show that they were filed with your tax return. (**Schedule F**, if applicable)
4. If you own a corporation or partnership, include copies of **IRS forms 1065** or **1120**. Your share of profits not distributed to the principal owners will be counted as income.
5. You must include copies of any estimated taxes you paid to the IRS this year. Generally, the IRS requires you to make estimated tax payments if you expect to owe at least \$1,000.00 in taxes.
6. We must be able to verify how many hours you work and the work schedule you listed on your application form. Please attach to this form any information you have that verifies your work schedule.
7. The Self Employment Verification form must be signed and dated on page 2.



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Self-Employment Income Verification Form

HOPE 4 KIDS ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

1. APPLICANT / PARTICIPANT

This is the person who is Self Employed and reporting their self employment income.

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS (physical)					
CITY	STATE	ZIP	COUNTY	PHONE NUMBER	

2. BUSINESS INFORMATION

BUSINESS NAME		Federal Tax ID (EIN)	When was this business started?	
BUSINESS ADDRESS (if different)			Did you file a tax return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY	STATE	ZIP	COUNTY	PHONE #
TYPE OF BUSINESS (explain)				
BUSINESS OWNER NAME(S) (if not owned solely by yourself)		1. _____ 2. _____		
How many hours do you work a week? _____ A month? _____ Please attach a weekly / monthly work schedule		What is your income/draw? \$ _____ Per month		
Does the business have employees? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how often are they paid?				
Does the business have any company-paid flexible child care benefits that could be taken in cash? <input type="checkbox"/> YES <input type="checkbox"/> NO If, yes, please list amount per month: \$ _____ Who received these benefits?				
Does the business have any contracts from which income is derived? <input type="checkbox"/> YES <input type="checkbox"/> NO If, yes list and give amounts.				
Does the business have lease agreements from which expenses are paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If, yes list number and type of leases.				
A copy of my business license is attached? <input type="checkbox"/> YES <input type="checkbox"/> NO				



BUSINESS INCOME CALCULATION WORKSHEET

PLEASE ROUND ALL AMOUNTS TO THE NEAREST DOLLAR

1. Income	What is this? Documentation Required	Amount
a. Gross Income earned	Enter your gross business income before deductions	1a.
b. Period covered	Tell us how long it took you to earn this money	1b. From: _____ To: _____
c. Unearned Income	List the amount you have received from sources other than employment such as interest, dividends from investments, or rental property [including boarders]	1c.
2. Business Expense	What is this? Documentation Required	Amount
<p>You have three expense options: Actual Expenses, 35% of your gross income for expenses, or no expenses. Please indicate your choice below. If you choose 35%, you do not need to complete the expenses section of this form. If you have no expenses, please indicate below.</p> <p style="text-align: center;"> <input type="checkbox"/> Actual Expenses <input type="checkbox"/> 35% of gross income for expenses <input type="checkbox"/> I have no expenses </p>		
a. Car & Truck Expense	You can claim the standard mileage deduction if you use your car or truck for business purposes. Multiply the miles you traveled for work times \$.55 per mile.	2a. Miles _____ X \$0.55 = \$ _____
b. Insurance	List the amount you pay for business insurance on your business.	2b.
c. Equipment Rental	Enter the cost of renting vehicles, machinery or equipment for your business.	2c.
d. Supplies	Enter the cost of supplies and materials used to operate your business.	2d.
e. Licenses	Enter the cost of any licenses you purchased for your trade or business.	2e.
f. Telephone	Enter your business telephone expense. If you use your home telephone for business, DO NOT deduct the regular monthly rate charged by your telephone company, use what is allowed by IRS rules.	2f.
g. Employee Salaries	Enter the amount you paid to individuals that worked for you. Do not include payments to yourself or any other business owners.	2g.
3. Total Business Expense	Add the total expenses listed in lines 2a through 2g or 35% of line 1a+line 1c. $[(1a+1c) \times .35]$	3.
4. Net Business Income	Subtract the total expenses in line 3 from your gross earnings in line 1a + Line 1c. $[(1a+1c)-3=4]$	4.

Please Sign and Date

- With my signature, I certify that I have listed all income and expenses above. I also certify that I have receipts or some type of verification on file for all listed income and expenses reported on this form, and I will keep them on file for at least one year from the date reported.
- I declare and affirm under the penalties of perjury that the information has been examined by me, and to the best of my knowledge and belief is true and correct.

Business Owner Signature

Date



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CHILD SUPPORT VERIFICATION

HOPE 4 KIDS ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

Families with a parent absent from the household must receive child support under a court order or comply with the Child Support Enforcement Division.

For each child in your household which has an absent parent you must be receiving court-ordered child support from the child's absent parent or you must comply with Child Support Enforcement Division (CSED), or you must show good cause for not receiving child support.

Please initial one of the following child support criteria.

- _____ 1. There are no children with absent parents in the household.
- _____ 2. I receive child support through a court order recognized by a Alabama district court or the Child Support Enforcement Division (CSED) of the Alabama Department of Health & Human Services and will continue to keep this case open while receiving child care assistance.
- _____ 3. I receive child support through a child support enforcement division or court of another state.
The state is: _____.
- _____ 4. I do not receive child support, but I am in compliance with CSED by providing all information requested by CSED to open a child support case.
- _____ 5. I would like to apply for good cause for not seeking child support.
_____ I have received the Good Cause information and understand the circumstances under which Good Cause may be granted.

Documentation:

You must submit verification of all child support received or paid out. Verification can include:

1. A compliance confirmation from CSED which states the dollar amount of child support granted.
PLEASE – complete the release on the reverse side of this form
2. A copy of your court-ordered parenting plan or child support order that lists the dollar amount of child support granted and child support checks/money orders for the past three months.



CHILD SUPPORT COMPLIANCE CHECKLIST

To Be Completed By Applicant

Custodial Parent <i>(please print)</i>	SSN (last 4 digits): ###-##-
I authorize the Child Support Enforcement Division of the Department of Public Health and Human Services (CSED), its employees or agents, to share information about my child support case(s) to the Hope 4 Kids Foundation Child Care Grant Program.	
Signature _____ Date _____	

To Be Completed By Hope 4 Kids Child Care Grant Program Specialist

This inquiry to the CSED involves the listed child(ren):
Please respond to the following request for CSED case information. In the event there are multiple CSED cases involving this Custodial Parent, this document can be copied in order to respond to each case separately.
Please reply to the following program representative:
Name: _____ Office Location: _____
Phone: _____ Fax: _____ Email: _____

To Be Completed By Child Support Enforcement Division (CSED) Representative

Absent Parent's Name	CSED case #
Child(ren)	
Case is OPEN for: <input type="checkbox"/> enforcement <input type="checkbox"/> establishment <input type="checkbox"/> paternity <input type="checkbox"/> IN compliance <input type="checkbox"/> NOT in compliance <input type="checkbox"/> open, but the custodial parent portion of the case is closed (ie, collecting state assigned arrears only)	
<input type="checkbox"/> Case has been CLOSED since:	
Amount of Support Paid to the Custodial Parent in the Past 6 Months: _____ Note: Additional information regarding the last 5 payments credited to this case is available on-line at https://app.mt.gov/csed	
Additional Information	
CSED Authorized Signature: _____ Date: _____	
Phone: _____ Fax: _____ Email: _____	



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CHANGE REPORT FORM

HOPE 4 KIDS ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

A Hope 4 Kids Foundation Grant Program family is required to report, in writing, any change that may affect eligibility to the Hope 4 Kids Foundation Grant Program either before the change or within ten (10) calendar days of the change. Reporting changes to any other office does not satisfy this reporting requirement.

You are required to report changes in any of the following:

- Change of Child Care Provider [*this must be reported prior to the change*]
- Physical Address, Mailing Address, and Phone Number
- Employment, of any household member - including loss of employment, change in jobs, or reduction in hours below 208 or 120 hours per month
- School Attendance, of any household member
- Child Support – including the opening or closing of a case, change in amount of support received, or change to a good cause claim

Failure to report changes, in writing, within 10 days to Hope 4 Kids Foundation may result in the following

- Loss of the child care grant
- Repayment of child care grant funds received during the period of ineligibility

Remember it is your responsibility to keep Hope 4 Kids Foundation informed of the changes that occur in your life & family.

CERTIFICATION AND SIGNATURE

This information is correct and complete to the best of my knowledge. I understand that the information provided may result in a change, or the end, of my child care scholarship. If the scholarship is reduced before the current child care certification plan ends, notice will be mailed 15 days before my scholarship is reduced.

Please Sign & Date	Name:	Date
	Signature:	

PLEASE MARK ALL CHANGES THAT APPLY and complete the required information

CHANGE IN CHILD CARE PROVIDER

- A change in provider must be reported prior to the change

<u>OLD</u> Provider Name	Provider ID: PV	Date Care Ended
<u>NEW</u> Provider Name	Provider ID: PV	Date Care Began



CHANGE OF ADDRESS or PHONE NUMBER

NEW Physical Address (include city, state and zip)	Effective Date
NEW Mailing Address, if different from physical address (include city, state and zip)	Effective Date
NEW Phone Number	Effective Date

CHANGE IN EMPLOYMENT OF ANY MEMBER OF THE HOUSEHOLD

A Release of Information/Request for Work Verification must be completed and signed by the employer and returned to Hope 4 Kids

Name of Household Member Affected	Start Date at New Job	
New Employer (name, address and telephone number)	Hourly Wage	Hours per week

A LOSS OF EMPLOYMENT OR REDUCTION IN WORK HOURS

- To less than _____ hours per month for a single parent family or
- To less than 0 hours per month for a two parent family

Name of Household Member Affected	Name of Employer	
<input type="checkbox"/> Hours Reduced <input type="checkbox"/> Lost Job	Last day of work or date of schedule change	Date Final Check Received
Reason job ended (quit, fired, laid off, other) or decrease. If you quit, please explain why.		
Are you requesting a 30-Day Grace Period to find new employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CHANGE IN SCHOOL ATTENDANCE

- If starting school *A Release of Information/Request for School/Training Verification* form needs to be completed

Name of Student	Date Started School
Name of School	Date Stopped School

AN ADDITION OR LOSS OF A HOUSEHOLD MEMBER

- Attach any proof of income (if applicable) and if over 18 years of age, work and/or school schedules.
- If member entered household, include date of birth and social security number
- *An Adult or Child Household Member Information Form* must be completed

Name of Person	Relationship to Applicant		
Date of Birth	SS#	Date Moved In	Date Moved Out

CHANGE IN CHILD SUPPORT

Child support case number	What has changed?
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OTHER CHANGES?

Describe
