



TLC Financial Aid Application

Trumbull Loves Children, Inc.
115 Technology Drive, Unit B306 ▪ Trumbull, CT 06611
Phone: 203-452-9626

Trumbull Loves Children, Inc. (TLC) is able to offer qualifying applicants financial aid to cover child care assistance provided by TLC. This form will give us the information we need to determine if you are eligible for financial aid from TLC.

1. **Please complete this Application.**
2. Remember to sign and date your Application. **Incomplete forms may not be accepted and will delay processing.**
3. **Provide all necessary information.** Submit a copy of the requested information with your Application. No originals please.
4. **Submit the Application package to the address shown above.**

Information that you provide on this form must be checked before you can receive TLC assistance. The following documents can be submitted.

- **Income from Employment** – Copy of your most recent pay stubs or a letter from your employer.
- **Self-Employment** – Recent tax records and tax returns, or receipts of business income and expenditures.
- **Social Security Income** – Current award notice, copy of current check or statement from social security.
- **Child Support Paid** – Cancelled check, money order, or wage stub showing deduction.
- **Foster Care Payment** – Foster care stipend check or award letter from Department of Children and Families.
- **Rental Income You Receive from Someone Else** – Business records or income tax records.

SECTION 1: APPLICANT INFORMATION/HEAD OF HOUSEHOLD

The applicant is the parent or adult legally responsible for the child(ren). If the parent is under the age of 18 and living with an adult, the adult is considered the applicant and must fill out and sign this Application.

FIRST NAME M.I. LAST NAME DATE OF BIRTH

STREET ADDRESS FLOOR/APARTMENT NUMBER

CITY STATE ZIP () ()
PRIMARY PHONE WORK PHONE

SOCIAL SECURITY NUMBER (OPTIONAL)

Marital Status: Married Single Separated Divorced

Is this Application for child care assistance for a foster child? YES NO

Have you experienced 3 or more moves in the past year? YES NO

NAME (First/Last): _____

SECTION 2: CHILDREN INFORMATION

To be eligible, children must be age 13 or under. Children with special needs may be eligible up to age 19.

CHILDREN IN THE HOME WHO NEED CHILD CARE ASSISTANCE

Child's Name <i>(First Name, Middle Initial, Last Name)</i>	Date of Birth	Relationship to Applicant	Days Needed					Time(s) Needed	
			M	T	W	Th	F		
1.	___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Before School <input type="checkbox"/> Preschool Part Time (9-12) <input type="checkbox"/> Preschool Part Time Ext (7-12)	<input type="checkbox"/> After School <input type="checkbox"/> Preschool Ext Day (7-6) <input type="checkbox"/> Preschool School Day (7-4)
2.	___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Before School <input type="checkbox"/> Preschool Part Time (9-12) <input type="checkbox"/> Preschool Part Time Extended (7-12)	<input type="checkbox"/> After School <input type="checkbox"/> Preschool Ext Day (7-6) <input type="checkbox"/> Preschool School Day (7-4)
3.	___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Before School <input type="checkbox"/> Preschool Part Time (9-12) <input type="checkbox"/> Preschool Part Time Extended (7-12)	<input type="checkbox"/> After School <input type="checkbox"/> Preschool Ext Day (7-6) <input type="checkbox"/> Preschool School Day (7-4)
4.	___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Before School <input type="checkbox"/> Preschool Part Time (9-12) <input type="checkbox"/> Preschool Part Time Extended (7-12)	<input type="checkbox"/> After School <input type="checkbox"/> Preschool Ext Day (7-6) <input type="checkbox"/> Preschool School Day (7-4)
5.	___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Before School <input type="checkbox"/> Preschool Part Time (9-12) <input type="checkbox"/> Preschool Part Time Extended (7-12)	<input type="checkbox"/> After School <input type="checkbox"/> Preschool Ext Day (7-6) <input type="checkbox"/> Preschool School Day (7-4)

Do you share joint custody with any of the children listed above? YES NO

If YES, provide name(s): _____

TLC Monthly Program Fee: _____ Please see your Fees in Parent Portal

Requested Monthly Fee: _____

CHILDREN UNDER 18 IN THE HOME WHO DO NOT NEED CHILD CARE ASSISTANCE

First Name, Middle Initial, Last Name	Date of Birth	Relationship of Child to Applicant
1.	___/___/___	
2.	___/___/___	
3.	___/___/___	

Do any of the children listed above have their *own* children living in your home? YES NO If YES, list the names of the minor parents (under age 18) and the name(s) of their child(ren):

Parent(s) Under Age 18:

Child(ren) of Parent Under Age 18:

SECTION 3: INFORMATION ON OTHER ADULTS LIVING IN YOUR HOME

List all other adults **18 and over** living in your home. Include your spouse and any relatives and non-relatives who live in your home.

First Name, Middle Initial, Last Name	Date of Birth	Relationship to Applicant	Is this person a parent of child living in the home?
1.	___/___/___		<input type="checkbox"/> YES <input type="checkbox"/> NO Name of Child
2.	___/___/___		<input type="checkbox"/> YES <input type="checkbox"/> NO Name of Child

NAME (First/Last): _____

SECTION 4: WORK/EDUCATION/TRAINING ACTIVITIES

List all parents and other adults, including yourself, who are working, in training, or in school. Include parents or other persons legally responsible for the children in the home and their spouses. Fill out the information for each activity/parent/other adult. **If there are more than 2 activities, make a copy of this page.**

1. _____
NAME OF PARENT OR OTHER ADULT IN THE HOME

Type of Activity: Work Education High School Self-Employed Training Disabled

Name of Employer/Program/School _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Phone (_____) _____

PARENT/ADULT – TYPICAL WEEKLY SCHEDULE

Enter start time and end time, and circle AM or PM. If this activity has more than one schedule, please indicate below.

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Monday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Tuesday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Wednesday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Thursday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Friday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM

If your work schedule or activity is flexible or varies, please explain: _____

Daily commute to/from child care setting/activity? _____ minutes

2. _____
NAME OF PARENT OR OTHER ADULT IN THE HOME

Type of Activity: Work Education High School Self-Employed Training Disabled

Name of Employer/Program/School _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Phone (_____) _____

PARENT/ADULT – TYPICAL WEEKLY SCHEDULE

Enter start time and end time, and circle AM or PM. If this activity has more than one schedule, please indicate below.

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Monday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Tuesday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Wednesday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Thursday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Friday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM

If your work schedule or activity is flexible or varies, please explain: _____

Daily commute to/from child care setting/activity? _____ minutes

NAME (First/Last): _____

SECTION 5: CHILD SUPPORT PAID

If you or another adult living in your home pays child support, that amount may be deducted from your income. If **YES**, payment is made to _____ . Submit verification of child support paid.

What is/are the name(s) of the child(ren) for whom you pay support? _____

How much is paid? \$ _____ How often? Weekly Bi-Weekly Semi-Monthly Monthly

SECTION 6: INCOME INFORMATION

Send verification of all earned and unearned income for parents, parents of children under 18, step-parents, and children under 18. These family members are part of your household and their income will be counted when deciding eligibility. Send at least 2 weeks of your MOST RECENT paycheck stub(s) or a letter from your employer. If you are self-employed, submit a copy of your most recent tax records and returns, including the schedules or receipts of business income and expenditures.

Persons with Income →	Name	Name	Name	Name
Gross Wages (before taxes) and Frequency	\$ _____ <i>* per wk bwk sm mo (circle one)</i>	\$ _____ <i>* per wk bwk sm mo (circle one)</i>	\$ _____ <i>* per wk bwk sm mo (circle one)</i>	\$ _____ <i>* per wk bwk sm mo (circle one)</i>
Self-Employment	\$ _____ <i>per week or month (circle one)</i>	\$ _____ <i>per week or month (circle one)</i>	\$ _____ <i>per week or month (circle one)</i>	\$ _____ <i>per week or month (circle one)</i>
Foster Care Stipend	\$ _____ <i>per month</i>	\$ _____ <i>per month</i>	\$ _____ <i>per month</i>	\$ _____ <i>per month</i>
Social Security Income	\$ _____ <i>per month</i>	\$ _____ <i>per month</i>	\$ _____ <i>per month</i>	\$ _____ <i>per month</i>
Unemployment Compensation	\$ _____ <i>per month</i>	\$ _____ <i>per month</i>	\$ _____ <i>per month</i>	\$ _____ <i>per month</i>
Other Income <i>(i.e. alimony, pensions, worker's compensation, veterans benefits, rental income)</i>	\$ _____ Type: _____ <i>* per wk bwk sm mo (circle one)</i>	\$ _____ Type: _____ <i>* per wk bwk sm mo (circle one)</i>	\$ _____ Type: _____ <i>* per wk bwk sm mo (circle one)</i>	\$ _____ Type: _____ <i>* per wk bwk sm mo (circle one)</i>

*KEY: per: **wk** (weekly), **bwk** (bi-weekly), **sm** (semi-monthly), **mo** (monthly)

Do you get child care assistance from another source? YES NO

If YES, from whom? _____ How much? \$ _____ How often? _____

SECTION 7: FINANCIAL INFORMATION

All applicants must provide a copy of their signed and filed 2018 Federal and State Income Tax Returns with this application, along with all verified income. Your application will not be processed without the proper documentation of income and expenses.

- List all **monthly** expenses for your household. Do not include any items that are payroll deductions.
- Please attach a copy of a recent payment or coupon books

Loan Information:		Utilities:	
Rent or Mortgage Payments	\$ _____	Electric	\$ _____
Condominium Common Charges	\$ _____	Heat	\$ _____
Car Loan	\$ _____	Water	\$ _____
Student Loans	\$ _____	Cable TV	\$ _____
Home Equity Loans	\$ _____	Other	\$ _____
Total Loans	\$ _____	Total Utilities	\$ _____
Support:		Other Expenses:	
Child Support Payments	\$ _____		\$ _____
Dependents Not Living at Home	\$ _____	Name & Age:	Total Other Expenses \$ _____
Alimony	\$ _____		
Total Support	\$ _____	Total Monthly Expenses	\$ _____

NAME (First/Last): _____

SECTION 8: PARENTS RIGHTS AND RESPONSIBILITIES

Please read the following section carefully. If there is anything you do not understand, call the TLC Finance Department at 1-203-452-9626 ext. 1003 and ask that it be explained to you.

- When you have read this section, please sign and date the next page.
- You have certain rights and there are certain rules you need to follow.
- You have the right to file an Application or withdraw an Application.
- You have the right to be treated fairly by TLC without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, or disability.

I understand and agree that:

- I must report changes in my situation to TLC **within 10 days** of the change for the following: change in address, change in household income, if the child receiving TLC benefits is no longer in the home or loss of employment.
- TLC may verify the information I have given on this form. I understand that if I am eligible for TLC, benefits will not begin any earlier than 15 days before the date the Application is received.
- The information on this form is confidential. Information may be shared with others only as permitted by law.
- TLC may be required to provide information about program applicants and participants to law enforcement officials.
- The child care arrangement for which financial aid is requested is exclusively between TLC and me.
- TLC may verify any household, employer, or provider circumstances.
- TLC financial aid will not cover the full amount charged by TLC. I am responsible for paying all TLC Program Fees and charges by their respective due dates.
- I may be required to repay any benefits received in error, including administrative errors. I may be subject to civil liability if I provide false information to TLC or fail to report changes on time. I also may be disqualified from the program. In order to remain eligible, I must cooperate with the TLC.

PLEASE READ AND SIGN: I have read my rights and responsibilities. I certify, under penalty of perjury, that all of the information provided is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Signature of other legally responsible adult living with you (i.e. spouse, child's parent, etc.)

Other Signature: _____ Date: _____

**RETURN THIS APPLICATION TO:
Trumbull Loves Children, Inc.
115 Technology Drive, Unit B306
Trumbull, CT 06611**