

TLC Financial Aid Application

Trumbull Loves Children, Inc. 720 Daniels Farm Road
Trumbull, CT 06611 Phone: 203-452-9626

Trumbull Loves Children, Inc. (TLC) may be able to offer qualifying applicants financial aid to cover childcare assistance for the <u>School Year</u> 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	М.І.	LAST NAME		DATE OF BIRTH
STREET ADDRESS				FLOOR/APARTMENT NUMBER
STREET ADDRESS				
CITY	STATE	ZIP	PRIMARY PHONE	WORK PHONE

SOCIAL SECURITY NUMBER (OPTIONAL)

Marital Status:
Married Single Separated Divorced

Is this Application for childcare assistance for a foster child? \Box YES \Box NO

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

NAME (First/Last):_

SECTION 2: CHILDRENINFORMATION

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 (First Name, Middle Initial, Last Name)	Date Relationship of Birth to Applicant		Days Needed					Time(s) Needed	
(First Nume, Whate Initial, Last Name)	UI BIITII	to Applicant	Μ	Т	W	Th	F		
1.	//							Before School	After School
2.	//							Before School	After School
3.	//							Before School	After School
4.	//							Before School	After School
5.	//							Before School	After School
Do you share joint custody with any of the children listed above? YES NO									

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?
			YES INO Name of Child
1.	//		
			YES INO Name of Child
2.	//		

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 OTH	ER ADULT IN TH	IE HOME				
	Type of Activity:	Work	Education	High School	Self-Employed	Training	Disabled
	Name of Employer/P	rogram/Sch	ool				
	Address			City		State	Zip
	Start Date				Phone	()	
			PARENT/A	DULT – TYPICAL	WEEKLY SCHEDUI	E	
	Enter start time a	nd end time	e, and circle AM	or PM. If this activ	ity has more than or	ne schedule, ple	ease indicate below.
	Day of the Week	Schedule	1 Begin Time	Schedule 1 End	l 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	
Start Date	

Phone (PARENT/ADULT – TYPICAL WEEKLY SCHEDULE

_City__

State

)

Zip

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 childcare 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 . Submit verification of child support paid. made to

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

SECTION 6: INCOMEINFORMATION

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

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

Do you get childcare 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 most recent signed and filed 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	\$

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, political beliefs, 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 childcare 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 criminal prosecution for fraud if I knowingly supply any 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. Finance Department 720 Daniels Farm Road Trumbull, CT 06611