



LANSING CHILD CARE SCHOLARSHIP APPLICATION

Administered by:
Ingham County Health Department Office for Young Children



Eligibility

Applicant and the child care provider **must live within the city limits of Lansing.**

- For a list of licensed child care providers go to: www.GreatStartToQuality.org
- Scholarships awarded primarily based on income eligibility and family size.
- **Applicants receiving and/or qualifying for DHHS Child Development and Care child care subsidy program will not be eligible for this scholarship.**
- DHHS income guidelines are available at:
http://www.michigan.gov/documents/mde/CDC_Income_Eligibility_Chart_7.2015_reauth_chgs_493178_7.pdf
- If you were denied DHHS child care subsidy, attach documentation of your denial/ineligibility letter.

Applicant Information

Single Income Household or Dual Income Household

Parent 1: Please print

Name: _____
Last First Birth date

Address: _____
Street City Zip

Phone: _____ Email: _____

Parent 2: Dual Income Household Parent: Please print

Name: _____
Last First Birth date

Children in Need of Child Care

Child1: _____
Last First Birth date Age

Child2: _____
Last First Birth date Age

Child3: _____
Last First Birth date Age

Family size, including yourself: _____ Are they all currently living with you? _____

***Incomplete Applications will not be processed.**

Child Care Information

Please indicate the specific time and day child care is needed.

	Monday	Tuesday	Wednesday	Thursday	Friday
Child 1					
Child 2					
Child 3					

Licensed Child Care Provider

Center or Provider Name: _____

Address: _____

Phone: _____ Email: _____

Reason For Care

Please identify the reason child care is needed

Applicant/Parent 1: (check all that apply)

- Work **Attach your last two paycheck stubs to the application.*
- School/Job Training **Attach your current class schedule.*

Employer Name _____ Phone Number _____

Work Schedule:	<input type="checkbox"/> 1 st shift	<input type="checkbox"/> 2 nd shift	<input type="checkbox"/> 3 rd shift	Total Hours Per Week _____
Hours Worked:	_____	_____	_____	

School Name: _____ Enrolled Credit Hours: _____

Applicant/Parent 2: (check all that apply)

- Work **Attach your last two paycheck stubs to the application.*
- School/Job Training **Attach your current class schedule.*

Employer Name _____ Phone Number _____

Work Schedule:	<input type="checkbox"/> 1 st shift	<input type="checkbox"/> 2 nd shift	<input type="checkbox"/> 3 rd shift	Total Hours Per Week _____
Hours Worked:	_____	_____	_____	

School Name: _____ Enrolled Credit Hours: _____

Source of Income (Check all that apply and provide documentation for each.)

<input type="checkbox"/> Employment	<input type="checkbox"/> SSI/Disability	<input type="checkbox"/> Unemployment
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TERMS, CONDITIONS, AND ASSURANCES

The parent/guardian acknowledges that any child care scholarship approved by the Office for Young Children (OYC) is subject to the following terms, conditions and assurances:

- A. Income, School/Job Training Schedule and Residence Changes: The parent/guardian shall inform OYC within ten (10) working days of any income status change, school/job training schedule change or change in residence during the scholarship award period.
- B. Eligible Child Care Providers: Child care scholarship awards may be used only with state licensed or registered child day care providers (Child Care Centers, Family Day Care Home, or Group Homes) within the City Limits of Lansing who sign a contract of agreement with OYC. Provider must be in good standing with LARA - Department of Licensing and Regulatory Affairs, Child Care Licensing Division.
- C. Equal Opportunity/Affirmative Action: Any child care provider receiving child care scholarship reimbursements must sign an affidavit certifying that they provide equal opportunity to employees and applicants, and will not discriminate because of race, color, religion, sex, or national origin.
- D. The Lansing Child Care Scholarship will be awarded between July 1st, 2017 – June 30th 2018.

CERTIFICATION BY APPLICANT

CERTIFICATION BY APPLICANT - The parent/guardian certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining child care assistance funded by the City of Lansing, Michigan through OYC. It is true and complete to the best of the parent/guardian's knowledge and belief. I give permission to any source named herein to release information to the Office for Young Children to verify any of the information contained in this application. Any false statements or omissions on this application are grounds for denial or revocation of the scholarship award.

My signature affirms agreement to all the terms, conditions, assurances, and certification contained in this application.

Applicant Signature: _____ Date: _____

Second Parent Signature: _____ Date: _____

Return Application to:
Nancy Sherd
Office for Young Children
Ingham County Health Department
PO Box 30161
Lansing, MI 48909-7661
(517) 887-4692

Fax: (517) 887-4310 – With a cover sheet – Attention: Nancy Sherd - OYC

For Office Use Only

Date Received: _____ ID#: _____ Total Points: _____ **Income Points:** _____ Family Size: _____

Parents Schedule:

Single – FT-2 PT-1 Dual – FT-2 PT-1

Key: **Child 1** FTV PTV

Key: **Child 2** FTV PTV

Key: **Child 3** FTV PTV

SSI/Unemployment: \$ _____ Yearly Income Total \$ _____

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Office for Young Children
Ingham County Health Dept.
5303 South Cedar P.O. Box 30161
Lansing, MI 48909-7661

**BEFORE RETURNING
PLEASE BE SURE TO INCLUDE:**

1. Documentation for each source of income.
2. Work, school, or job training schedule.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

You may also access a copy of the Lansing Child Care Scholarship by visiting the Office for Young Children's website at:

<http://hd.ingham.org/ForParents/OfficeforYoungChildren.aspx>