

CENTRAL CONNECTICUT COAST YMCA CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

The Central Connecticut Coast YMCA offers financial assistance for programs to qualified members. We are community based and believe that our programs should be available to everyone and that no one should be turned away because of their inability to pay. Our Financial Assistance Program is made possible because caring people and businesses in our communities fund the program through our Annual Campaign. Financial Assistance is available on a sliding scale that is based on total household income, family size and number of participants for a specific program.

It's easy to apply:

- 1. Please circle the program for which you would like financial assistance. One program per application.
- 2. Complete both sides of the application, including name and contact details, household members, and itemized income information. Please include any registration materials for the program(s) for which you are requesting financial assistance.
- 3. Child Care and Summer Camp applicants must also complete the CT Department of Social Services Care-4-Kids application in order for this application to be processed or reviewed.
- 4. A copy of your most recent Internal Revenue Service tax statement (tax return) and the last three pay stubs of all working adults must be included to process the application. Your SSI Allocation statement, DSS budget worksheet and any unemployment documents (if applicable) must also be included. Include any other documentation that supports your current income. (This information will be held confidential).
- 5. If you need assistance completing the application, please work with our Member Service Team.

Program: Child Care Camp Aqua	tics Youth/Teen Other:		
Have you previously applied for fin	ancial assistance at the YMCA?	Yes No If yes, which YMCA?	
Today's Date			
Your Name		Date of Birth	
Address			
City		StateZip Code	
Home Phone	Work Phone	Cell Phone	
Place of Current Employment		Length of Employment	
Program Participant(s) Last Name	First Name	Date of Birth	
Household Members (List all – ad Last Name		Date of Birth	<u> </u>

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Household Income	Monthly
Wages, Salaries & Tips (all sources in household)	\$
Unemployment Compensation	\$
Social Security Compensation	\$
Disability Compensation	\$
Child Support	\$
Alimony	\$
Aid to Dependent Children	\$
Food Stamps	\$
Housing Assistance	\$
Utility Assistance	\$
401K/Retirement	\$
	\$

If necessary, include documentation of any special expenses, extenuating circumstances, or crisis expense situations of which we should be aware.

Total amount you feel you can pay per month for program fees.	\$
An amount must be entered or the application will not be processed.	

REMEMBER: A copy of the most recent Internal Revenue Service tax statement (tax return) and the last three pay stubs of all working adults must be included for this application to be processed. Your SSI Allocation statement, DSS budget worksheet and any unemployment documents (if applicable) must also be included. You may choose to include your W-2's, and/or any other documentation that supports your current income. (This information will be held confidential). Child Care and Summer Camp applicants must also complete the Department of Social Services Care-4-Kids application and return it with this application in order for this application to be processed or reviewed.

I certify that the above information is true and complete to the best of my knowledge. If requested, I will provide further substantiation of all facts included above. I understand that applications take at least two weeks to process, after which a YMCA representative will contact me. I acknowledge that an incomplete application will not be processed.

pplicant's Name (print)		
pplicant's Signature		
Office Use Only		
Date Received:		
Program:	Date(s) of Program:	
Financial Assistance Awarded (%):		
Branch Executive Signature:	Date Approved:	
Processor Signature	Date:	

Si quiere recibir este material en español sírvase llamar al 1-888-214-5437.



Parent-Provider Agreement Form

This form tells us about the child care arrangement.

- Step 1: This form must be completed by the parent and the child care provider.
 - **Parent Complete Sections 1, 3 and 5.**
 - > Child Care Provider Complete Sections 2, 3 and 4.
- **Step 2:** Make sure all sections have been filled in and the information is correct. Answer all Yes or No questions by checking the right box. Once you have filled out and checked this form, make sure the parent and provider sign and date.

Incomplete forms may not be accepted and will delay processing.

- Step 3: The law requires us to report all payments to the Internal Revenue Service (IRS) for income tax purposes. If you are a new child care provider with Care 4 Kids, you <u>must</u> provide us with your Social Security Number or FEIN and fill out an IRS W-9 form. If you have already submitted a W-9 form to us, you do not need to fill out a new form unless the information has changed. Care 4 Kids does not withhold income taxes. Providers are responsible for paying taxes to the IRS and the State of Connecticut. To get forms by mail, call 1-888-214-5437, or download the forms at www.ctcare4kids.com. For information about filing income taxes, call or view information on-line at http://www.irs.gov.
- Step 4: Submit the filled out forms to: Care 4 Kids, 1344 Silas Deane Highway, Rocky Hill, CT 06067 or fax it to 1-877-868-0871.

Parent's Name:		C4K Fami	ly ID:	
Last Name, First Name, Middle Initial			-	
Parent's Address:	City, State, Zi	p Code:		
Telephone Number: (Primary)	(Secondary)_			
Reason for submitting this form:	r Redetermination	☐ Repor	ting changes or	new provider
SECTION 2: CHILD CARE PROVIDER INFORM	IATION (To be con	mpleted by	/ Provider)	
What type of child care provider are you?	Are you accred	ited by any of	the following	(check if yes)
☐ Licensed Family Day Care Home ☐ Licensed Child Care Center ☐ Licensed Group Day Care Home ☐ Summer Camp/Program ☐ Licensed ☐ Public/Private Schools	New England		nools and College Child Care (NAF	•
☐ Municipalities SECTION 2A: LICENSED CHILD CARE PROVID	•		•	
□ Municipalities SECTION 2A: LICENSED CHILD CARE PROVID MUNICIPALITIES AND SUMMER CAMP PROG	•		•	
□ Municipalities SECTION 2A: LICENSED CHILD CARE PROVIDE MUNICIPALITIES AND SUMMER CAMP PROG PROVIDER NAME	GRAMS (To be con	npleted by	Provider)	
□ Municipalities SECTION 2A: LICENSED CHILD CARE PROVID MUNICIPALITIES AND SUMMER CAMP PROG PROVIDER NAME	GRAMS (To be con	npleted by	Provider)	(First)
Municipalities SECTION 2A: LICENSED CHILD CARE PROVIDE MUNICIPALITIES AND SUMMER CAMP PROGRESORY PROVIDER NAME Center Name: Address where care is provided:	GRAMS (To be con	npleted by	Provider)	(First)
Municipalities SECTION 2A: LICENSED CHILD CARE PROVIDEMUNICIPALITIES AND SUMMER CAMP PROGRESORY PROVIDER NAME Center Name: Address where care is provided: Street	GRAMS (To be con	npleted by ne:	Provider) State	Zip Code
Municipalities SECTION 2A: LICENSED CHILD CARE PROVIDEMUNICIPALITIES AND SUMMER CAMP PROGRAMMER CAMP PROGRAMM	Licensed Hon Telephone No	npleted by ne: (Last) City umber:	Provider) State	Zip Code
Municipalities SECTION 2A: LICENSED CHILD CARE PROVIDEMUNICIPALITIES AND SUMMER CAMP PROGRAMMER CAMP PROGRAMM	Licensed Hon Telephone No	npleted by ne: (Last) City umber:	Provider) State	Zip Code
Municipalities SECTION 2A: LICENSED CHILD CARE PROVIDEMUNICIPALITIES AND SUMMER CAMP PROGRAMME PROVIDER NAME Center Name: Address where care is provided: Street Social Security/Federal Tax ID No.: Date of Birth: C4K Provider ID:	Licensed Hon Telephone No	npleted by ne: (Last) city umber: nse Number:	Provider) State	Zip Code
SECTION 2A: LICENSED CHILD CARE PROVIDEMUNICIPALITIES AND SUMMER CAMP PROGRAMMER CAMP PROVIDER NAME Cample of Birth:	Licensed Hon Telephone No Lice	npleted by ne: (Last) City umber: nse Number:	State	Zip Code

Parent's Na	ame:				C4K Fam	nily ID:	
			RELATIVE C	HILD CARE	PROVIDE	RS	
(To be d	completed by	y Provider)					
		-	l care. Close relat tive, you must hav				
Provider Na	ame:	First Name, Middle Ir			_ Social Security	· No.:	<u> </u>
Home Addı	•	•	าเนลเ	City, S	tate, Zip Code:		
Date of Bir	th:/	/		Sex:	☐ Male ☐ Fem	ale	
	stand I must comp n, visit www.ctcar		vice training requi	irement prior to b	pecoming eligible	for payment. Fo	r more
What is the	e maximum numb	er of children in	your care at the sa	ame time on any	day, including yo	our own children?	
How many	of the children ar	e under the age	of 2, <u>including yo</u>	ur own children?			
Are you sel	f-employed or ha	ve another job?	☐ Yes ☐ No If y	yes, list your worl	k schedule in the	table below.	
Name, Add	lress, and Telepho	one Number of yo	our other job:				
	Providers: Use	this table to list	the hours and da	ays you normally	work your other	job (circle AM o	r PM).
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Start	AM :PM	: PM	AM :PM	AM :PM	AM :PM	:PM	AM :PM
End	AM :PM	AM :PM	AM :PM	AM :PM	AM :PM	AM :PM	AM : PM
Where do y	you provide care t	for the children li	sted in this agree	ment form? 🗖 C	hild's home 🗖 P	rovider's home	J Other
Is there a w	vorking telephone	e at this address?	☐ Yes ☐ No	Telephone n	umber: <u>(</u>)	
Is this a cel	I phone? ☐ Yes	□ No					
Is there a w	vorking smoke de	tector? 🗖 Yes	□ No	Do you have imm	nediate access to	a fire extinguishe	r? ☐ Yes ☐ No
-	der investigation state? ☐ Yes ☐		r child neglect or	do you have a red	cord of child abus	se or child neglect	t in Connecticut or
Were you e	ever arrested or d	o you have an ar	rest warrant or cr	iminal charge per	nding against you	i? □ Yes □ No	
What crime	e were you charge	ed with? When a	ınd where?				
Have you e	ver been convicte	ed of any of the c	rimes listed belov	w? ☐ Yes ☐ No)		
• Ak	oandonment, inju	ry or risk of injur	y to a minor				
	ruelty to persons on ome invasion	or animals, stalkii	ng, obscenity, pub	olic indecency, red	ckless endangern	nent, arson, robb	ery, burglary,
	_	-	, including murde	r, assault, mansla	ughter, kidnappi	ng, unlawful restr	aint
	imes involving a v			obild normanica	by and athen!	atad aay asissa -	
• Se	ex crimes including	g sexuai assault. I	rape, prostitution	i, chila pornograp	ny, and other rela	ated sex crimes	

For a complete crime list please visit www.ctcare4kids.com

Sale, manufacture, or possession of narcotics or other illegal drugs or controlled substances

NOTE: All Unlicensed Providers are subject to child abuse/neglect and criminal background checks. If the results of the criminal background check confirm a crime on the crimes list which makes you ineligible, you will be required to repay benefits issued to you.

Complete fo print anothe	r each child needin	g Care 4 Kids assist	RE (To be co tance. If there are a ids website at www	more than 3 childre	•		is page or download
CHILD 1							/ /
LAST NAME Date care sta	arted:		FIRST NAME How much	is the parent charg	red per week? \$	M.I. DA	TE OF BIRTH
	ted to this child?	J Yes □ No		fy your relationship			
☐ Grandpar	ent/Great Grandpa	rent 🗖 Aunt/Uncl		Other:			
TIME	MONDAY	CHILD'S CARE SCHI TUESDAY	EDULE: Fill in the ti	me the child is in y	our care (Circle Al FRIDAY	M or PM). SATURDAY	SUNDAY
Start	AM	AM	AM	AM	AM	AM	MA M
End	: PM AM	: PM AM	: PM AM	: PM AM	: PM AM	:PN	
	: PM AM	: PM AM	: PM AM	:PM	: PM	:PN	
Start	: PM	: PM	: PM	: PM	: PM	: PN	M: PM
End	AM :PM	AM :PM	AM : PM	AM :PM	AM :PM	AN :PN	
CHILD 2			FIRST NAME			M.I. DA	/ / TE OF BIRTH
LAST NAME							
Date care sta				n is the parent charg			
Date care sta Are you relat	ted to this child?		If related, speci	fy your relationship	to the child:		
Date care sta Are you relat	ted to this child? Cent/Great Grandpa	rent 🗖 Aunt/Uncl	If related, specife ☐ Sibling ☐	fy your relationship l Other:	to the child:	M or PM)	
Date care sta Are you relat	ted to this child? Cent/Great Grandpa	rent 🗖 Aunt/Uncl	If related, specife ☐ Sibling ☐	fy your relationship	to the child:	и or PM). SATURDAY	SUNDAY
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C4K Family ID:

Parent's Name:

Par	rent's Name:	C4K Family ID:	
SF	CTION 4: PROVIDER CERTIFICATION (To be	completed by Provider)	
		completed by I lovidely	
	ertify that: I am the individual or program that is providing care to the children list providing safe and competent child care services. I do not have a disaffrom caring for the children.	•	
2)	Care will be given at the location specified on the form. I am respons charge for services, if the child stops attending care, and changes in the location any changes in my criminal or child abuse/neglect history. Changes my	ne location where care is given. I must	
3)	For each child in my care, I have the name of the child's primary care is up to date with his or her immunizations and health screening exan	physician and health insurance provide	er and proof that each child
4)	I understand and agree that the Office of Early Childhood and Care 4 without prior authorization, including criminal and child abuse/neglec	·	nis form independently
5)	I understand that this agreement is between the parent and the prov Connecticut. Neither Care 4 Kids nor the State of Connecticut employ form for monies received from Care 4 Kids.		
6) 7)	Care 4 Kids may not cover my total charges. The parent is responsible I may be required to repay benefits that were paid to me in error. I m misrepresent or provide false information to Care 4 Kids or if I do not eligibility for this program. I may be liable for all penalties associated public community, conspiracy to commit larceny by defrauding a pub relevant crimes pursuant to Title 53a of the Connecticut General State	nay also be subject to criminal or civil of report changes in a timely manner tha with crimes, including, but not limited lic community, vendor fraud, forgery, f	harges if I knowingly omit, t affect payments or my to, larceny by defrauding a
8)	I must submit a completed invoice to receive payment. Invoices are in will have 120 days to submit the completed invoice in order to be payment.	. ,	d and monthly thereafter.
9)	To be eligible for payments, (1) I will abide by State of Connecticut he or unlicensed provider), and (2) I will cooperate with the State of Con activities, including any site visits that may be conducted to my home I understand I must complete the pre-service training requirement pr	necticut and its designees in program a , child care site or place of employmen	audits and fraud prevention
	I have read and understand the information contained in this form an correct to the best of my knowledge.		ave provided is true and
12)	I must report any child fatalities that occur while a child is in my care 1-800-282-6063.	to The Office of Early Childhood, Licens	sing Division at
Pro	vider Name (<i>please print</i>):		
	LAST NAME	FIRST NAME	М.І.
	vider Signature:		, ,

I certify that:

- 1) I have selected the provider identified above to care for my children while I work or attend an approved activity.
- 2) I will report any changes in child care arrangements, household income that exceeds 85% of the State Median Income guidelines, loss of a job or ending of an approved activity, if the child receiving Care 4 Kids benefits is no longer in the home, or my residential address to Care 4 Kids within 10 days of a change.
- 3) I am responsible to pay the provider any costs not covered by Care 4 Kids.
- 4) I understand and agree that Care 4 Kids may contact the provider listed above and the provider may contact Care 4 Kids concerning my eligibility and payment amounts.
- I may be required to repay benefits that were paid in error on my behalf. I may also be subject to criminal or civil charges if I knowingly omit, misrepresent or provide false information to Care 4 Kids or if I do not report changes in a timely manner that affect payments or my eligibility for this program. I may be liable for all penalties associated with crimes, including, but not limited to, larceny by defrauding a public community, conspiracy to commit larceny by defrauding a public community, vendor fraud, forgery, false statement and other relevant crimes pursuant to Title 53a of the Connecticut General Statutes.

Parent Name (<i>please print</i>):_		 			
	LAST NAME	FIRST NAME		N	1.1.
Parent Signature:			/	,	1
				DΔTF	



Care 4 Kids Application

Care 4 Kids = 1344 Silas Deane Highway = Rocky Hill, CT 06067

Care 4 Kids is the child care assistance program for the State of Connecticut. This form will give us the information we need to see if you are eligible for assistance from Care 4 Kids.

- 1. **Fill out this Application.** If you need help, call 1-888-214-5437 or visit www.ctcare4kids.com.
- 2. **Fill out the Parent Provider Agreement (PPA)** with your child care provider. New providers to the Care 4 Kids program must complete a W-9 form and return it with the completed PPA.
- 3. **Provide all necessary information.** Submit a copy of the requested information with your Application.
- 4. If you have chosen a child care provider, include the completed PPA with your Application. **Please make sure you sign and date your Application and PPA**. Applications can be submitted even if you have not picked a child care provider.
- 5. If you need help finding a licensed child care provider, call 2-1-1 Child Care at 2-1-1 or 1-800-505-1000.

Information that you provide on this form must be checked before you can receive Care 4 Kids. The following documents can be used to prove the information you provide is true.

- Income from Employment Copy of your most recent pay stubs or a statement 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 INFO The applicant is the parent or adult legally res the adult is considered the applicant and mus	ponsible fo	or the child(ren)	· ·	der the age of 18	and living with an a	dult
FIRST NAME	M.I.	LAST NAME				
STREET ADDRESS			()		FLOOR/APARTMENT NUMB	ER
CITY	STATE	ZIP	PRIMARY PHONE	WOR	K PHONE	
	Is this Ap	plication for chi	ld care assistance fo	or a foster child?	YES 🗆 NO	
SOCIAL SECURITY NUMBER (OPTIONAL)	• '	•				
Are you living in a temporary housing situatio	n? Have yo	ou experienced	3 or more moves in	the past year?	☐ YES ☐ NO	
What is the primary language spoken in your	home?					
Are you and/or the other adult parent in the l Reserve unit? $\ \square$ YES $\ \square$ NO	nousehold	an active memb	er of the United Sta	tes Military, Nati	ional Guard, or Milit	ary
Sex: ☐ Female ☐ Male	atus:	Married 🗖 Sing	gle 🛭 Separated 🛭	☐ Divorced		
Race (check all that apply): ☐ A (Asian) ☐ ☐ P (Native Hawaiian/Other Pacific Island Hispanic or Latino: ☐ YES ☐ NO		☐ Marqu	(White) I N (Nate and sides a recible to receive letters and	•	•	
SECTION 2: CHILD(REN) INF	ORMA	TION				
To be eligible, children must be under age 13.	Children	with special nee	ds may be eligible u	p to age 19.		

CHILDREN FOR WHOM YOU ARE REQUESTING CHILD CARE ASSISTANCE

KEY: A (Asian) B (Black/African Decent) C (White) N (Native American/Alaska Native) P (Native Hawaiian/Other Pacific Islander)

Child's Name (First Name, Middle Initial, Last Name)	Date of Birth	Relationship to Applicant	Sex	Is child Hispanic?	Number	Is child a U.S. citizen?	(circle all	Is child up to date with shots? (immunizations)
1.	//		≥ F	☐ YES ☐ NO	<u>-</u>	☐ YES ☐ NO	A B C N P	☐ YES ☐ NO
2.	//		□ M □ F	☐ YES ☐ NO		☐ YES ☐ NO	A B C N P	☐ YES ☐ NO
3.	//		□ M □ F	☐ YES ☐ NO		☐ YES ☐ NO	A B C N P	☐ YES ☐ NO

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Type of Activity						
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at is/(<i>are</i>) the na	ame(s) of the child(ren) for	whom you pay support?				
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NAME (First/Last):

SECTION 7: PARENTS RIGHTS AND RESPONSIBILITIES

Please read the following section carefully. If there is anything you do not understand, call **Care 4 Kids** at **1-888-214-5437** and ask that it be explained to you.

- When you have read this section, please sign and date below.
- You have certain rights and there are certain rules you need to follow.
- You have the right to file an Application, withdraw an Application, or discontinue your participation in Care 4 Kids at any time.
- You have the right to be treated fairly by Care 4 Kids without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs, or disability. You have the right to request forms and notices in Spanish. All non-English speaking participants have the right to the services of an interpreter.
- You have the right to ask for a review of any decision made by Care 4 Kids on your Application. You have the right to
 speak to a supervisor or mediator and the right to request a hearing from the State of Connecticut.

I understand and agree that:

- I must report changes in my situation to Care 4 Kids within 10 days of the change for the following: change in address, household income over 85% of the State Median Income, if the child receiving Care 4 Kids benefits is no longer in the home, child care provider, and loss of employment or stopping an approved activity. For the current State Median Income Chart, please visit the Care 4 Kids website www.ctcare4kids.com.
- Care 4 Kids may verify the information I have given on this form. I understand that if I am eligible for Care 4 Kids, benefits will not begin any earlier than 15 days before the date the Application is received.
- The Department of Labor will share unemployment compensation and wage information for applicants and household members for determination of eligibility for Care 4 Kids. The Office of Early Childhood (OEC) may disclose to its contractor confidential information from the Department of Labor concerning unemployment compensation benefits and quarterly wage information pertaining to individuals who have signed the Application, only as necessary, to determine eligibility for the Care 4 Kids program.
- The information on this form is confidential. The OEC or its contractor will only use this information to administer a State of Connecticut program. Information may be shared with others as permitted by law.
- Care 4 Kids will disclose information about my eligibility for Care 4 Kids to my provider.
- Care 4 Kids may be required to provide information about program applicants and participants to law enforcement officials
- The child care arrangement is between my provider and me. The OEC and Care 4 Kids are not responsible for the child care arrangement.
- The State of Connecticut may conduct unscheduled visits to verify any household, employer, or provider circumstances.
- Care 4 Kids may not pay the full amount charged by my provider. I am responsible for paying all additional provider charges.
- I have the right to choose any eligible child care provider that meets all applicable health, training, and licensing requirements.
- 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 Care 4 Kids 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 Care 4 Kids and State of
 Connecticut quality control process.

PLEASE READ AND SIGN: I have read my rights and responsibilities or have had them read to me in a language I understand. 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:				