

AmeriCorps Child Care Member Application



Instructions: This application form must be completed in its entirety prior to submission to GAP Solutions, Inc.; failure to complete any section may delay the processing of your application. Please write N/A (non-applicable) in the space provided should the question not apply to you.

A Member Checklist is available for you at <http://www.americorpschildcare.com/Forms.aspx> and outlines all of the required supporting documentation needed to accompany your application when it is submitted.

MEMBER INFORMATION

AmeriCorps Member Name: *(Last, First, Middle Initial)*

Member's National Service Participant ID #

*Your NSPID # can be found in the MyAmeriCorps Portal
(if available)*

Type of Application:

- **New Application**
For first time applicants.
- **Re-Enrollment Application**
For members beginning a new term.

Date of Birth:

___/___/___

Home Phone Number:

(___)-___-_____

Cell Phone Number:

(___)-___-_____

Preferred Contact Method:

- Phone
- Email

Email Address:

Street Address:

City:

State:

Zip Code:

Full time residence?

- Yes
- No

AMERICORPS SERVICE INFORMATION

Service Start Date:

___/___/___

Projected Service End Date:

___/___/___

AmeriCorps Supervisor's Name:

Supervisor's Email Address:

Program Affiliation:

- AmeriCorps **State and National**
- AmeriCorps **VISTA**
- AmeriCorps **NCCC/FEMA**

Supervisor's Phone #:

(___)-___-_____

Pre-Service Orientation Training Dates (for AmeriCorps VISTA members only):

___/___/___ - ___/___/___



Service Assignment Program Name:			
Service Site Street Address:	City:	State:	Zip Code:

AMERICORPS SERVICE SCHEDULE

DAY	START TIME	END TIME	TOTAL HOURS PER DAY
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

*If you work weekends or extended hours, confirmation via an email or letter statement from your AmeriCorps Program Director or Site Supervisor will be required.

SPOUSE/DOMESTIC PARTNER INFORMATION

Name:			
Street Address:	City:	State:	Zip Code:
Phone Number: (____)-____-_____	Email Address:	Employment Status: • Employed Current Occupation - _____ • Not Employed – Complete Section Below	

<p><u>Job Training/Educational Program-</u> Training/Educational institution: _____</p> <p>Start Date - ___/___/___ Projected End Date - ___/___/___ Enrollment Status: • Full Time • Part Time</p>	<p><u>Seeking Work-</u> Last date of employment ___/___/___</p> <p>Information on former employment</p> <p>Former Company: _____ Former Position: _____ Contact Name: _____</p> <p>Phone number: (____)-____-_____</p>
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HOUSEHOLD INFORMATION

List **all** members of your household below (including roommates, significant others, etc.)
 For all children listed, please include relationship as **biological, adopted, step child, foster, etc.**

Total # of household members _____

NAME OF HOUSEHOLD MEMBER	AGE	GENDER (M/F)	RELATIONSHIP TO MEMBER
			SELF

Other Household Members over 18?

Complete the following section below for all other household members not currently employed.
If they are employed, you may skip this section and submit a month's worth of paystubs for employment verification.

Household member	Type of activity	Training/Educational institution	Start Date	End Date
	<ul style="list-style-type: none"> Seeking Work Training/Education 		__/__/__	__/__/__

Please describe their schedule below: (including days of week and total hours)

Household member	Type of activity	Training/Educational institution	Start Date	End Date
	<ul style="list-style-type: none"> Seeking Work Training/Education 		__/__/__	__/__/__

Please describe their schedule below: (including days of week and total hours)



INFORMATION FOR CHILD(REN) NEEDING CHILD CARE

CHILD'S NAME	ARE YOU RECEIVING A CHILD CARE SUBSIDY FOR THIS CHILD?		ATTENDING SCHOOL?	
	YES	NO	YES	NO
	•	•	•	•
	•	•	•	•
	•	•	•	•
	•	•	•	•

SCHOOL SCHEDULE

To determine the level of care needed for school aged children, tell us your child's school information.

CHILD'S NAME	NAME OF SCHOOL	GRADE	SCHOOL SCHEDULE Example: 9 am – 2 pm.

CHILD CUSTODY

Attach the child custody arrangement portion of your court order. An affidavit or written statement must be submitted if informally agreed upon.

SCHEDULE OF CHILD CARE NEED

CHILD'S NAME

Fill in the boxes below with the hours your child will need care
Example: 8 am – 6 pm

	SUN	MON	TUE	WED	THU	FRI	SAT



SUMMARY OF HOUSEHOLD INCOME

List the total **Monthly Income** for your entire household; income for all household members over 18 must be included. All boxes must be completed; please write N/A (non-applicable) if the question does not apply to you. If any of your household members are self-employed, please have them complete the **Statement of Work Activity Form**.

FORM OF INCOME	AmeriCorps Member	Spouse/ Domestic Partner	Household Member	Household Member
Wages, Salaries & Tips				
AmeriCorps Stipend				
Self-Employment				
Adoption subsidies / Foster care payments				
Alimony				
Child Support				
Nutritional Programs				
Housing allotments or assistance				
Military housing or other allotment / bonuses				
Scholarships, education loans, grants, or income from work study				
Social Security Income				
Veteran Benefits				
Unemployment Benefits				
Temporary Assistance for Needy Families (TANF)				
Worker's Compensation				
Other: _____				
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____

Disclaimer – Documentation will be required to support each of the declared forms of income.



MEMBER CONFIRMATION

Please initial each box to verify that you have read and understand the policies listed below:

I certify that:

<input type="checkbox"/>	I am the parent or legal guardian of the child(ren) listed in this application and that I must submit verification of such in order to be eligible to participate in the AmeriCorps Child Care Benefits Program.
<input type="checkbox"/>	I need the AmeriCorps Child Care Program benefit in order to serve.
<input type="checkbox"/>	All information submitted in this application is true and correct.
<input type="checkbox"/>	My total household income has been reported.
<input type="checkbox"/>	The documentation submitted in support of the application is true and accurate copies that have not been altered from the original.

I understand that:

<input type="checkbox"/>	This information is being given is required to determine if I am eligible for the program
<input type="checkbox"/>	The AmeriCorps Child Care coordinators may verify any information on this application at any time they deem necessary.
<input type="checkbox"/>	The child care benefit for which I may be eligible is based on income, household size, age of child(ren), the provider/program license type, and the provider/programs location. If there are any changes to my situation, I must report all changes to the AmeriCorps Child Care Program immediately.
<input type="checkbox"/>	I must select a qualified child care provider/program that meets state and federal qualifications necessary to participate in the AmeriCorps Child Care Program. The AmeriCorps Child Care Program is under no obligation to begin payments until the provider/program has met all prerequisites as described in my State's Child Care Development Fund Plan.
<input type="checkbox"/>	I must give the AmeriCorps Child Care Program a minimum of 2 weeks' notice when changing child care providers/programs and must turn in all necessary paperwork to process such provider. (See Provider Checklist under FORMS on www.americorpschildcare.com).
<input type="checkbox"/>	I may use more than one provider (or use a back-up provider); The AmeriCorps Child Care Program will not pay for the same period of care for the same child, to multiple providers.
<input type="checkbox"/>	The AmeriCorps Child Care Program will only make all payments to my child care provider. Payments are distributed on a monthly basis, after the month of care has been provided. Payments are processed within 30 days of receipt of a completed attendance sheet. You, the AmeriCorps Member, are responsible for paying all child care charges in excess of the child care benefit amount.
<input type="checkbox"/>	AmeriCorps members may not claim a child care benefit from AmeriCorps while also receiving a child care benefit from another source.

I understand/certify that I have read all of the above and understand its content. I also understand that non-compliance with any of the above may result in termination of my participation in the AmeriCorps Child Care Program and that I may be required to re-pay any money paid on my behalf and any misrepresentation of information may result in legal action.

AmeriCorps Member Name (please print)

AmeriCorps Member Signature

Today's Date



The information requested on the AmeriCorps Childcare Application forms is collected pursuant to 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. 4953 of the Domestic Volunteer Service Act of 1973 as amended. Purposes and Uses - The information requested is collected to evaluate applications for the childcare subsidy made available to AmeriCorps members by law, and to evaluate applications to provide the childcare. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and contractors that have a need to know the information for the purpose of assisting the agency's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. The information will not otherwise be disclosed to entities outside of AmeriCorps and CNCS without prior written permission. Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

OMB Control Number: 3045-0142

Expiration: October 31, 2018