

Smart Start Child Care Scholarship Application

Name of Parent/ Guardian/ Responsible Adult(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

I reside in **LEE** County: Yes No

Home phone: _____ Cell phone: _____

E-Mail: _____

Does your child(ren) have special needs? Yes No

Is an **IEP/IFSP** Available: Yes No

1st Responsible Adult: (name) _____

Work School Full Time Part-Time Total hours per week _____

2nd Responsible Adult: (name) _____

Work School Full Time Part-Time Total hours per week _____

Is your family considered Homeless? Yes No

LCPFC definition of homeless: students who do not have a fixed, regular and adequate residence, such as students living in the following situations:

****** doubled-up housing with other families or friends due to hardship (not related); Living in hotels or motels; Living in a shelter to include a domestic violence shelters or transitional housing shelters; living in a vehicle, living in an abandoned building, park, or on the streets or other public spaces; living in a campgrounds or inadequate trailer homes, awaiting foster care placement; and/or abandoned in a hospital.***

Current Household Income before Taxes (MONTHLY) \$ _____

Household Size: _____

(Include salary, child support, TANF, unemployment benefits, etc...)

Are you currently receiving child care assistance from the Department of Social Services or the Community College? Yes No

Is your child currently enrolled in Child Care, NC PreK and/or Head Start? Yes No

If yes, which Child Care Facility: _____

Lee County Partnership for Children has permission to photograph, videotape or audio record my child(ren) and use the images in their promotional materials to include but not limited to banners, LCPFC website, brochures, social media outlets, and news releases? Yes No

Please enter family information on the back →

**Child(ren) for whom you are requesting assistance:
(must be birth to 5 years old, NOT enrolled in Kindergarten or Head Start)**

First	Name M.	Last	Date of Birth	Race/ Ethnicity	Male/ Female	List special need(s), if any	With whom does child live?	Is child a U.S. citizen?

**List EVERYONE living in household. Please include applicant:
(If you need more space, please attach a separate sheet)**

Name(s)	Relationship to child	Date of Birth	Social Security # (Last 4 of SSN)	Income Source/Amount	Does he/she give you money?	If so, how much and how often?

I verify that all the information contained in this application and the supporting documentation is true and correct. Submitting inaccurate information to meet criteria to qualify for Smart Start Child Care Scholarship constitutes fraud and may result in immediate exclusion from the Smart Start Child Care Scholarship program.

Applicant's Signature

Date

Disclaimer!

Lee County Partnership for Children seeks to encourage quality care for all children. Child care referrals can be provided by Child Care Search to assist you in making an informed choice about child care by contacting 1-855-231-8717. Ultimately, parents must make the final selection as to the enrollment of their child. Therefore, Lee County Partnership for Children cannot accept liability for any dissatisfaction related to child care services. We strongly encourage parents to visit and observe child care providers for themselves.

**Smart Start Child Care Scholarship
Risk Assessment**

Child's Name: _____

Parent's Name: _____

Please check the appropriate box:

Parent Age	<input type="radio"/> Primary caregiver is a minor (under the age of 18) <input type="radio"/> Child is identified as mentally or physically chronically ill or medically fragile and has an Individual Family Service Plan (IFSP) or Individual Education Plan (IEP) Documentation needed	<input type="radio"/> Primary caregiver is age 18-21. <input type="radio"/> Child is seen or has been seen by a pediatric specialist for a chronic health concern. Documentation needed	<input type="radio"/> Primary caregiver is 22 or older <input type="radio"/> Child has no significant health concerns.
Education Level	<input type="radio"/> Highest level of education in the home is high school attendance.	<input type="radio"/> Highest level of education in the home is successful completion of 10 th grade.	<input type="radio"/> Highest level of education in the home is at least a high school diploma or a GED.
Employment	<input type="radio"/> Primary caregiver is unemployed	<input type="radio"/> Primary caregiver has been employed at current job for less than 12 months	<input type="radio"/> Primary caregiver has been employed at current job for 12 months or more.
College Enrollment		<input type="radio"/> Primary caregiver is CURRENTLY enrolled in an accredited college or university or FULL TIME (12 or more credit hours)	<input type="radio"/> Primary caregiver is CURRENTLY enrolled in an accredited college or university or PART TIME (11 credit hours or less)
Family Composition	<input type="radio"/> Child does not live with parents and lives with a legal guardian Documentation needed	<input type="radio"/> Child lives with a single parent.	<input type="radio"/> Child lives with two parents.
Family Health Concerns	<input type="radio"/> Child lives with parent(s)/guardian(s) and has multiple compounding factors such as parental substance abuse, mental health and/or physical health concerns Documentation needed	<input type="radio"/> Child lives with parent(s)/guardian(s)/caregiver(s) and has <u>one</u> compounding factor such as parental substance abuse, mental health and/or physical health concerns Documentation needed	<input type="radio"/> Child lives with parent(s)/guardian(s)/caregiver(s) has <u>no</u> compounding factor such as parental substance abuse, mental health and/or physical health concerns
Housing Stability	<input type="radio"/> Child has no stable place to live. Child may be homeless.	<input type="radio"/> Child has lived at multiple addresses during the preceding 12-months.	<input type="radio"/> Child has resided at the same address during the preceding 12 months.
English Proficiency		<input type="radio"/> Language other than English is primarily spoken in the home	<input type="radio"/> Family and child speak English.
Legal Factors	<input type="radio"/> Child lives in home with <u>multiple</u> compounding legal factor such as <u>reported</u> domestic violence and/or <u>reported</u> abuse/neglect and/or incarceration of parent/guardian within the last year Documentation needed	<input type="radio"/> Child lives in home and has <u>ONE</u> compounding legal factor such as <u>reported</u> domestic violence, <u>reported</u> abuse/neglect or incarceration of parent/guardian within the last year Documentation needed	<input type="radio"/> Child lives in home and has no compounding legal factor such as <u>reported</u> domestic violence, <u>reported</u> abuse/neglect or incarceration of parent/guardian within the last year

Parent Signature: _____

Date: _____