



CHILD CARE SCHOLARSHIP APPLICATION

The Irvine Child Care Project (ICCP) provides financial assistance to income eligible working Irvine families who meet scholarship eligibility requirements. ICCP, a joint powers agreement between the City of Irvine and the Irvine Unified School District (IUSD), owns and leases facilities to nonprofit agencies operating licensed child care programs. Scholarships are funded by the Irvine Children's Fund (ICF), a nonprofit community support organization, whose mission is to raise funds to help parents meet the before and after school child care needs for children on Irvine elementary school sites. Eligible families are awarded a scholarship which covers 50% of monthly child care fees, contingent upon availability of funds.

Prior to submitting your application; contact the ICCP program on your child's elementary school campus to inquire about enrollment availability and rates.

Families must meet the following criteria to be eligible for an ICCP Scholarship:

1. Families requesting assistance must reside and/or work in Irvine.
2. The child must attend an IUSD school.
3. Adult household members must be employed and show proof of all sources of income.
4. Adult students must be employed in order to qualify. Proof of ongoing class enrollment must be submitted for each semester or training period.
5. Qualifying family income must meet current HUD income guidelines, based on family size.
6. Eligibility based on special circumstances will be determined on a case-by case basis, taking such factors into consideration as job loss, relocation, illness, death or other situation which affects the family's ability to pay.
7. A one-time only short-term emergency scholarship, not to exceed \$500 per child, may be available based on special circumstances and availability of funds.

Please complete one Scholarship Application for each child. The following items must be submitted with your application for each adult household member:

- Three of the most recent paycheck stubs for all employed members of the household. (For wages issued weekly, attach 4 most recent paycheck stubs.)
- Prior year's tax return (must include an original signature). Only those children listed as dependents on the tax return are eligible for scholarship funds.
- Prior year's statement of annual earnings (W-2, 1099).
- Other financial documentation, such as unemployment income statements, assistance documents, child support, alimony, Social Security, or other pertinent financial information (See CDBG Income Documentation Requirements).
- Proof of Irvine residency (copy of driver's license or utility bill).

Submit your completed application to the City of Irvine Child Care Coordination Office by mail or walk-in. To expedite the processing of your application, call 949-724-6632 to make a scholarship intake appointment prior to submitting your application.

MAIL:

Irvine Child Care Project
One Civic Center Plaza
P.O. Box 19575
Irvine, CA 92623-9575

WALK-IN:

Child Resource Center
14341 Yale Avenue
Irvine, CA 92604
Hours: Monday - Thursday, 10 a.m. - 8 p.m.

If you have any questions, please contact our office at 949-724-6632.

Once the ICCP Scholarship Committee confirms family eligibility and assesses availability of funding:

1. Scholarship payments, not to exceed 50% of child care fees, will be made directly to the ICCP child care provider.
2. Families must enroll in the designated ICCP program within 30 days of the scholarship offer; otherwise funds will be released for other families and the recipient must reapply for funding.
3. Participants must report any changes in income or family status to the ICCP Office at 949-724-6632, immediately.
4. Scholarships are awarded for the current fiscal year ending June 30th. Families must complete a new application form with all supporting documentation each fiscal year (July 1 to June 30) to be considered for continued funding. In certain cases, participants may be asked to submit information as often as every 6 months.

ICCP/CDBG PUBLIC SERVICE INTAKE

APPLICANT INFORMATION

CHILD'S NAME*

MALE FEMALE

DATE OF BIRTH

GRADE LEVEL

IUSD SCHOOL ATTENDING

Have you received an ICCP Scholarship in the past? YES NO If YES, indicate date awarded _____

PARENT INFORMATION (Responsible Party)

NAME*

PREFERRED PHONE NUMBER*

ADDRESS*

ALTERNATE PHONE NUMBER*

CITY

ZIP

EMAIL*

FINANCIAL INFORMATION

ATTACH THREE* MOST RECENT PAYCHECK STUBS FOR ALL EMPLOYED MEMBERS OF THE HOUSEHOLD.

Check all that apply: WAGES/SALARY: WEEKLY BI-WEEKLY MONTHLY SEMI-MONTHLY YEARLY

*For wages issued weekly, attach four most recent paycheck stubs.

For Families provides Irvine residents and employees with connection and referrals to community agencies and organizations for specialized services and resources. Personal intake sessions, educational classes and support groups are available.

I WOULD LIKE MORE INFORMATION ABOUT THE FOLLOWING AREAS:

- RELATIONSHIP/COMMUNICATION (marital family, domestic violence)
- PARENT/CHILD INTERACTION (discipline, child development, child abuse)
- COUNSELING (stress management, drugs/alcohol, depression)
- RESOURCES (financial, housing, legal work, health care)
- YOUTH CONCERNS (school performance, peer group, antisocial behavior)
- IRVINE CHILDREN'S HEALTH PROGRAM (I-CHP) (affordable quality health care)

I certify the above information and statements are true to the best of my knowledge. I have read and understand the policies and procedures of the ICCP Scholarship Program.

SIGNATURE*

DATE

CDBG INCOME DOCUMENTATION REQUIREMENTS

CHILD'S NAME*	DATE	
ADDRESS*	CITY	ZIP

HOUSEHOLD COMPOSITION AND INCOME

Enter required information for all household members.

LIST NAMES ALL HOUSEHOLD MEMBERS*	AGE	CHECK IF APPLICABLE	RELATIONSHIP TO HEAD OF HOUSEHOLD <small>(Spouse, Child, Other, etc.)</small>	ANNUAL INCOME CHECK ALL THAT APPLY <small>(From all sources)</small>
HEAD OF HOUSEHOLD		<input type="checkbox"/> DISABLED	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	\$ _____ <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED
MEMBER 2		<input type="checkbox"/> DISABLED		\$ _____ <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED
MEMBER 3		<input type="checkbox"/> DISABLED		\$ _____ <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED
MEMBER 4		<input type="checkbox"/> DISABLED		\$ _____ <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED
MEMBER 5		<input type="checkbox"/> DISABLED		\$ _____ <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED
MEMBER 6		<input type="checkbox"/> DISABLED		\$ _____ <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED
MEMBER 7		<input type="checkbox"/> DISABLED		\$ _____ <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED
MEMBER 8		<input type="checkbox"/> DISABLED		\$ _____ <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED

ETHNIC BACKGROUND	RACIAL BACKGROUND (Check one)	
(Check One) <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE & WHITE <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE & BLACK <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> BLACK & WHITE <input type="checkbox"/> OTHER MULTI-RACIAL

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

Under the penalty of perjury, I certify that the above information is true and correct.

APPLICANT SIGNATURE* _____ DATE _____

CDBG INCOME DOCUMENTATION REQUIREMENTS

Complete the information under the List Gross Monthly Income (In dollars) column. Do not leave the information blank. If you do not have income from that source, enter "0" in the box provided.

SOURCE OF INCOME	LIST GROSS MONTHLY INCOME (In dollars)	DOCUMENTATION (Please submit as noted below)
Salary		<ul style="list-style-type: none"> · Copies of last three paychecks for all employed members of the household and prior year's federal income tax returns (must include an original signature); or · Employment Verification Form and prior year's federal income tax returns (must include an original signature)
SSI/SSD - Supplemental Security Income/Disability		The following information must not be older than six months: <ul style="list-style-type: none"> · Copy of applicant's monthly award check; or · Form SSA-2458 (request from local Social Security office); or · Copy of applicant's award letter; or · Three most recent bank statements showing direct deposits of applicant's award check
Aid for Families with Dependent Children (AFDC)		<ul style="list-style-type: none"> · Award letter stating the amount of applicant's benefit; or · Copy of applicant's most recent check; or · Written statement from Caseworker stating the applicant's benefit amount
General Relief		
Pension		<ul style="list-style-type: none"> · Copy of applicant's most recent pension check; or · Copy of pension award letter showing monthly benefits; or · Bank statement showing direct deposit of applicant's award check
Alimony		<ul style="list-style-type: none"> · Copy of applicants weekly or monthly check; or · Court decree establishing payments, (divorce papers); or · Affidavit of child support signed by applicant
Child Support		
Unemployment Insurance		<ul style="list-style-type: none"> · Copy of award notice stating applicant's benefits; or · Payment booklet; or · Unemployment affidavit signed by applicant
Self-Employed Profits		<ul style="list-style-type: none"> · Account records; or · Most current quarterly income tax return (not older than 6 months)
Interest from Bank Accounts and Cash Funds		<ul style="list-style-type: none"> · Letter from bank manager stating interest earned; or passbook; or · Bank statements showing last 12 months of interest; or · Most recent federal income tax return showing interest earned; or · Investment statements indicating the amount of dividends earned
Rental Property Income		<ul style="list-style-type: none"> · Copy of recent rent check; or · Rent receipt book; or · Copy of property rental agreement signed by current tenant showing monthly rent; or · Copy of applicant's income tax return declaring earned rental income (not older that one year)
Other Income not shown above LIST SOURCES		<ul style="list-style-type: none"> · Attach documentation to support declaration

Under the penalty of perjury, I certify that the above information is true and correct.

APPLICANT SIGNATURE*

DATE

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