



Child Care Scholarship Program

1 Winners Circle, Suite 110
Albany, NY 12205
518 - 540-1810
scholarship@wdiny.org

Excluded Worker

Application Information

WDI’s Child Care Scholarship Program provides financial support for working families to help cover child care costs in regions across NYS, from Long Island to Western NY, excluding the five boroughs of NYC.

Part 1: Eligibility

Families must meet WDI eligibility requirements for...

- Residency & Identity**- Applicants must reside in NYS, excluding the five boroughs of NYC. (see **Part 4**)
- Work** - Applicant and Co-applicant must be working or in a training program (ex. Pre-apprenticeship or short-term training program at least 10 hours per week.
- Income** -Applicant’s household income must fall between income guidelines to the right.
- Applicant must have **children under the age of 13**. However, priority will be given to families with children 0-4 years as this is the highest cost of care.

Family Size	85% SMI Minimum*	400%FPL Maximum
2	\$67,490.17	\$78,880
3	\$83,370.21	\$99,440
4	\$99,250.25	\$120,000
5	\$115,130.29	\$140,560
6	\$131,010.33	\$161,120

*Please note there is no minimum income for Excluded Workers

Part 2: Program Guidelines

The Scholarship Pilot Program...

- is open to applicants who are not eligible for any other public or state program for child care financial assistance and are earning, least minimum wage.
- has limited capacity and funding, and is only available through **March 31, 2024**. Applicants may be placed on waitlists pending openings by region.
- is a monthly award based on the child’s age and enrollment and is paid directly to the provider, according to the Scholarship Monthly Awards Chart (see **Part 3**). WDI will periodically ask providers to verify the child’s attendance records.
- does not pay the full cost of care. Applicants are responsible for paying your provider the difference between their scholarship award amount and the full cost of tuition. If the provider charges less than the monthly award, the scholarship will only pay up to the amount the provider charges.
- will begin the first day of the month the application is fully completed and returned to WDI through March 31, 2024 as long as applicant and provider are approved and remain eligible.

Applicants must...

- provide all required documents within 2 weeks of receiving their application packet and must enroll children in care, with an approved provider, within 30 days of receiving their application packet.
- apply no more than 60 days prior to care start date to ensure scholarship is applied to cost of care.
- understand that the scholarship does not fall within the provisions of New York State Social Services Law (SSL), therefore enrolled families have no fair hearing rights.
- ensure provider is enrolled with OCFS as a licensed & registered provider or legally exempt provider before applying for the scholarship program



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Part 3: Scholarship Award Amounts

Scholarship Monthly Awards		
	Full Time Care (16 or more days/month)	Part Time Care (less than 16 days/month)
Infants - 4yrs	\$1000	\$500
Preschool & Afterschool (5-12yrs)	\$850	\$425

Part 4: Residency and Income Required Documentation

The below documents are required to be submitted with all applications to prove residency and income eligibility. Applicants must submit 8 points total: 4 points from each column.

How Do I Prove My Identity & NYS Residency?		How Do I Prove My Income Eligibility?	
4 POINTS NEEDED for each <u>Adult Applicant</u>		4 POINTS NEEDED for each <u>Adult Applicant</u>	
Driver's license, Motor Vehicle ID Card Number, NYS Learner's Permit, Valid Foreign Driver's License, NYS ID, or other NY Municipal or County Identification Card, US Passport	4 Points	Most recent 6 weeks of paystubs or letter from Employer on company letterhead stating: Rate of Pay* Hours/Schedule Employment Start Date *must earn, at least, minimum wage	4 Points
Photo ID Card or letter from a Training Program ex.) pre-apprentice program or short-term training program	2 Points		
Current Lease or Mortgage	2 Points		
A mailing address and zip code listed under applicant's name. ex) utility or cable bill	2 Points	Verification of Income Form (if paid in cash)	4 Points
Bank or Credit Card Statement	2 Points		
Paystub	2 Points	Employer Issued ID Card	2 Points
Foreign Issued ID Card <u>OR</u> Employer Photo ID Card	2 Point	Record of cashing paychecks or bank direct deposit receipt	2 Points

If none of the above, please contact WDI Child Care Team at scholarship@wdiny.org for other options.

IMPORTANT: If receiving additional monthly income other than wage earnings, proof of income must be provided. This included but is not limited to: Child Support Court Orders, Rental Income Documentation, SSI Documentation etc.



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Application Checklist

Check items off list as you complete them. Once all materials are collected, submit the full packet to WDI via email, mail or drop off.

WDI Child Care Scholarship Application (all questions answered, all sections completed and signatures provided by Applicant and Co-Applicant)	
Self Attestation Form (All statements initialed and full signatures provided by Applicant and Co-Applicant)	
Proof of Residency (Copy of NYS photo ID or passport for both Applicant and Co-Applicant) if no NYS ID: Submit any 2 of the following: Current lease or mortgage , piece of mail with applicant's name and address (ex. utility or cable bill), bank or credit card statement , paystub , foreign-issued ID OR employer photo ID card <ul style="list-style-type: none">• If none of the above, please contact WDI for other options	
Provider Information Form (All questions answered, all sections completed and signatures provided)	
Proof of Income (Copy of most recent 6 weeks of paystubs) if paid in cash: Employer Verification Form OR Employer Issued ID Card & record of cashing paychecks or bank direct deposit receipt if not yet employed: Offer letter from employer including start date, rate of pay and hours/schedule <ul style="list-style-type: none">• If none of the above, please contact WDI CC Team for other options	
Child Support Information Form (if receiving child support) (All questions answered, all sections completed and signatures provided)	
Copy of Child Support Court Order (if receiving child support)	
Other:	
Other:	
Other:	



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Child Care Scholarship Application

Part 1: Applicant Information

First Name					Last Name						
Street Address				Apt #	City	State	Zip	County			
Phone #				E-mail Address							
Mailing Address if Different											

Part 2: Household Information - List every adult and child living in the house

First Name	Last Name	Date of Birth	Relation-ship to Applicant	Sex (M,F,NB, Other, Prefer not to say)	Race (American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Two or More Races, Prefer not to say)	Ethnicity (Hispanic/Latino, Non-Hispanic/Latino, Prefer not to say)	Needs Child Care (Yes, No)	Enrolled with a Provider (Yes, No)
1								
2								
3								
4								
5								
6								
7								
8								

Did you apply for child care assistance through your county? (yes or no)		How did you hear about WDI's Child Care Scholarship Program?	
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Part 3: Provider Information - List each child enrolled with a provider

Check here if child(ren) not yet enrolled with a provider

Child Name	Provider/Program Name	Provider Email	Provider Phone #
1			
2			
3			
4			

Part 4: Income Information - Complete for yourself

Employer Name	Employer Phone #	Position/Job Title	Hourly Wage	# Hours per Week
Job #1			\$	
Job #2 (if applicable)			\$	

Complete for other adult in household if you are married **OR** if you have children in common (this is your **Co-Applicant**)

Job #1			\$	
Job #2 (if applicable)			\$	

Do you receive child support income? (yes or no)		How often?		How much per payment?	\$
Do you receive SSI income? (yes or no)		How often?		How much per payment?	\$
Do you receive any other income? (yes or no)		How often?		How much per payment?	\$



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Part 5: OPTIONAL - Tell us why you should receive this scholarship

I certify that the information provided in this application is true and correct to the best of my knowledge, and that I have not withheld information. I understand that falsification of the information shall result in denial or termination of the scholarship.

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(Applicant Name (Print))

(Applicant Signature)

(Date)

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(Co-Applicant Name (Print))

(Co-Applicant Signature)

(Date)



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Self Attestation Form

Initial
Required
for Each

I understand that I must provide all required documents within 2 weeks of receiving the application packet and must enroll my children in care, with an approved provider, within 30 days of receiving the application packet. If I do not meet these requirements, I will have to re-apply for the scholarship.	
I agree to inform WDI within 24 hours of any change in my needs, income, living arrangement or address to the best of my knowledge or belief. Additionally, I agree to inform WDI within 24 hours of any change to my child care arrangements, including child care location and provider fees.	
I understand that, regardless of my eligibility, this scholarship is only available until March 31, 2024.	
I agree to cooperate fully with any request to verify or confirm information I have given or any other requests related to the child care scholarship. I will promptly provide additional information if it is requested. This may include, but is not be limited to, additional Applicant and Co-Applicant paystubs, additional documents substantiating household income or residency and children's birth certificates.	
I understand this scholarship is only available to families living outside NYC's five boroughs.	
I understand that if my provider does not fulfill their requirements within the appropriate timelines, I may lose my scholarship and will have to reapply. The provider may be required to return the scholarship already paid.	
I give WDI permission to speak to the provider exclusively regarding my case status.	
I understand that the scholarship does not fall within the provisions of New York State Social Services Law (SSL), therefore enrolled families have no fair hearing rights.	
I agree to keep receipts of all payments, including Family Share, made to the provider.	

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(Applicant Name (Print))

(Applicant Signature)

(Date)

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(Co-Applicant Name (Print))

(Co -Applicant Signature)

(Date)



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PROVIDER INFORMATION FORM

Dear Child Care Provider:

Please provide the following information regarding the child care arrangement chosen for payment authorization.

Licensed Provider Name:	
Address:	
Telephone:	
SS/Fed ID/License #:	
Type: Day Care Center Group Family Day Care Family Day Care School Age Program Legally Exempt	
Parent Name:	
Child Care Start Date:	Provider email address:
Please indicate any discounts, (i.e. sibling discounts), if allowed:	

Child's Name	DOB	Days in Care							Total Days per Month	Monthly Cost of Care
		M	T	W	Th	F	S	Su		
		M	T	W	Th	F	S	Su		
		M	T	W	Th	F	S	Su		
		M	T	W	Th	F	S	Su		
		M	T	W	Th	F	S	Su		
		M	T	W	Th	F	S	Su		

<i>I give permission to the Workforce Development Institute (WDI) to share relevant case information with the Parent & Provider.</i>	
PARENT SIGNATURE: X	DATE:
PROVIDER / REPRESENTATIVE SIGNATURE: X	DATE:
PROVIDER NAME (PRINTED):	DATE:

NOTE TO PROVIDER:

Completion of this form does not indicate approval for the WDI Child Care Scholarship Program. An entire application packet, complete with required documentation, must be submitted in full to WDI. If approved, the determination letter will include the amount of the parent fee and the eligibility date range. The client is responsible to pay the parent fee directly to the provider and the provider bills WDI for the difference up to the market rate. If the provider charges above market rate, the client is responsible for the additional cost.



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Employment Income Verification Form

For employees who do not receive pay stubs and/or are paid in cash

Employee Name	
Employer/Company Name	
Employer Address	
Supervisor Name	
Supervisor Phone Number	

Is the Employee paid in cash or by check (not paystubs)?	<input type="checkbox"/> Cash <input type="checkbox"/> Check (not paystubs)
How often is the Employee paid?	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other _____
What is the GROSS amount paid (before taxes & deductions?)	

Please complete the below with the Employee's most recent amounts paid.

	Gross amount paid	Date Paid	Pay Period
1)			
2)			
3)			
4)			

(Employer Signature)	(Employer Job Title)	(Date)