

**FUND FOR INFANTS AND TODDLERS**  
**CHILD CARE TUITION SCHOLARSHIP FUNDING APPLICATION**

19 December 2008

**Parent Information**

FIAT scholarship provide assistance to income eligible families in which the parent(s) are working or have a documented need for childcare. To be eligible, families must meet income eligibility guidelines and have a child up to 30 months of age. All scholarship awards are subject to the availability of funds and continued family eligibility.

Funding for this program is provided by the Kansas Early Childhood Block Grants and private donations. DCCDA and Success by 6 Coalition of Douglas County do not participate in or oversee care of the children and are not liable for any circumstances involving quality of care.

Questions about the scholarship program may be directed to the FIAT Financial Aid Officer or Executive Director in care of the DCCDA office, 935 Iowa Street, Suite 7, Lawrence, KS 66044. (785)842-9679.

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**Applicant's Rights & Responsibilities**

- A. I understand that any FIAT scholarship I receive is subject to the availability of funding, to the continuous income eligibility of my family, and to any policy decisions of the Success by 6 Coalition of Douglas County.
- B. I understand that I have a right to have my eligibility for services determined within 30 days.
- C. I understand that I have a right to equal treatment as other applicant/recipients who are in similar situations.
- D. I understand that I have the responsibility to report fully all circumstances affecting my application and falsification of any information in this application will be grounds for termination of scholarship.
- E. I agree to a full investigation of my eligibility including inquiries of employers, doctors, other business and professional persons, and a review of SRS records. I further understand that if the agency needs to contact my employers, I hereby consent to the release of information concerning my income.
- F. I understand that I have the responsibility to report any changes in my circumstances which affect my eligibility.
- G. I understand that I have the responsibility to pay my share of tuition, if applicable, in accordance with the fee schedule.
- I. I understand that if my child care expenses are funded by FIAT and I leave owing money to an early learning program while under FIAT funding, then the early learning program will share that information with FIAT. FIAT will not fund additional scholarships until that outstanding bill is paid.

I have read and understand the above. I certify that all of the information in this form is correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Parent(s) Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**II. Child Care Plans:**

Child's Name	Birth Date	Sex	Days/Hours in Care
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**III. Reasons Child Care is Needed:**

**Mother**

**Father**

- |                                  |       |       |
|----------------------------------|-------|-------|
| 1. Address of each parent        | _____ | _____ |
| 2. Working: Employer             | _____ | _____ |
| 3. Scheduled Hrs/Days Work /week | _____ | _____ |

**IV. Special Needs of the child (if any)** \_\_\_\_\_

**V. Number of Household Members** \_\_\_\_\_

**VI. Early Learning Program Information**

Name of Program: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

KDHE License # \_\_\_\_\_

Please submit your completed application and the following to the FIAT Financial Aid Officer

1. Supporting documentation to verify income.
2. SRS Child Care Plan
3. Documented need for child care, if applicable.

**Families meeting eligibility based on documented need for child care, must complete page 3 and submit proof of income and documentation supporting the risk of the child being developmentally delayed from a mental health professional, special education consultant or physician.**

**VII. Employment Income Status – COMPLETE ONLY IF NOT QUALIFYING BY SRS STATUS**

List all members of family over the age of 18 who receive income from employment. Please list gross income (amount of pay before deductions). Please include all income: salaries, wages, tips, commissions, Armed Forces pay, bonuses, etc. **NOTE: Attach a copy of your last two pay check stubs.**

Person Employed	Name of Employer	Gross Pay	Pay Freq	Multiplier (FIAT Use Only)	Monthly Income
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**VIII. Other Income  
(per tax return or other supporting documents)**

**Gross Pay    Pay Freq    Multiplier    Monthly Income**  
(FIAT Use Only)

1. Self Employment Income	_____	_____	_____	_____
2. Farm Income	_____	_____	_____	_____
3. Social Security payment	_____	_____	_____	_____
4. Dividends & Interest	_____	_____	_____	_____
5. Income from estates/trusts	_____	_____	_____	_____
6. Net Rental & Royalty Income	_____	_____	_____	_____
7. Public Assistance Payments	_____	_____	_____	_____
8. Pension/Retirement Benefits	_____	_____	_____	_____
9. Annuity/Insurance Income	_____	_____	_____	_____
10. Unemployment Compensation	_____	_____	_____	_____
11. Workman's Compensation	_____	_____	_____	_____
12. Disability Income	_____	_____	_____	_____
13. Alimony	_____	_____	_____	_____
14. Child Support	_____	_____	_____	_____
15. Veteran's Pension	_____	_____	_____	_____
16. Other Income: Gifts, etc.	_____	_____	_____	_____

Total Income: \$ \_\_\_\_\_

**FIAT Use Only:**

**TOTAL FAMILY INCOME** \_\_\_\_\_

# of family members \_\_\_\_\_

By my calculations, I have determined upon the basis of information available to me that this client is  
\_\_\_eligible \_\_\_ not eligible to receive a FIAT scholarship.

\_\_\_ full day  
\_\_\_ part day

\_\_\_ infant  
\_\_\_ toddler

FIAT Monthly Rate \$ \_\_\_\_\_  
SRS Monthly Rate \_\_\_\_\_  
Family Share \_\_\_\_\_  
**FIAT Scholarship** \$ \_\_\_\_\_

Signature of FIAT Financial Aid Officer: \_\_\_\_\_

Date: \_\_\_\_\_

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**Family Child Care**

Infant Rates (0 – 18 mos)  
Monthly \$1,050  
Daily 50  
3 days/week 630  
2 days/week 420  
Half Days 525

Infant Rates (0 – 18 mos)  
Monthly \$1,260  
Daily 60  
3 days/week 756  
2 days/week 504  
Half Days 630

Toddler Rates (19 – 30 mos)  
Monthly \$ 840  
Daily 40  
3 days/week 504  
2 days/week 336  
Half Days 420

Toddler Rates (19 – 30 mos)  
Monthly \$1,050  
Daily 50  
3 days/week 630  
2 days/week 420  
Half Days 525

Child Care Center