



KIDS FIRST 2012 CHILDCARE FINANCIAL AID POLICIES

THE CITY OF ASPEN

KIDS FIRST
Childcare Resource Center

Kids First Financial Assistance Program is funded through a .45 % City of Aspen sales tax dedicated to housing and daycare. ALL families must re-apply annually by the May 1st deadline. Applications from families not currently in the program will be accepted on the following dates:

- February 1 (for funding to begin **March 1**) SPRING
- May 1 (for funding to begin **June 1**) SUMMER
- August 1 (for funding to begin **September 1**) FALL
- November 1 (for funding to begin **December 1**) WINTER

Applicants must supply the following information for both parents:

1. A copy of 2011 Federal tax return. (We do not accept extension letters.)
2. A copy of all W-2's for 2011
3. A copy of current pay stubs from all current employment
4. If self employed, applicants must supply a current (YTD) profit/loss statement and complete set of 2011 business taxes.
5. The employer verification form must be completed and returned by the employer(s) for both seasonal and full time jobs.
6. Signed copy of the child's proof of citizenship form and documentation that the child is lawfully present in the US.
7. If a parent is unable to work due to a disability, the attending physician should confirm the nature of the disability. In addition, any disability income must be included on the Financial Aid application.

- **The application must be signed and dated.**
- **All documents required must be on file to be considered a complete application.**
- **Any fraud or misrepresentation made by families to Kids First may disqualify them for current and future consideration.** The City of Aspen reserves the right to prosecute any fraud or misrepresentation.
- **Applications received after the deadline will be considered the following quarter.** New applications will be reviewed and applicants notified during the month following the application deadline.
- **Families receiving financial assistance from Kids First are responsible to report any changes in income, days using care, childcare provider, pay rate, work schedule or family number/status.**
- After the initial application, families will be required to re-apply annually every May 1.

The parent or legal guardian of any child age 5 or under attending licensed childcare in Pitkin County is eligible to apply for Financial Aid. Families must live or work in the Aspen Urban Growth Boundary – please see the attached map. Parents must be working during childcare hours on the days assistance is awarded. Kids First Financial Aid will cover childcare for a maximum of 5 days per week. The minimum amount of Financial Aid awarded per day is \$5.00.

- **If your balance to a childcare program is unpaid for more than 30 days your Financial Aid will be probationary. If unpaid for 60 days your Financial Aid will stop and you may reapply the quarter after your balance is paid in full to the childcare program. You may also only reapply for Kids First financial aid with a new childcare program when all payments to other childcare programs are paid in full.**

If a family fails to notify Kids First at the time of a salary or wage increase, Kids First will calculate the difference from the date of the change to the time we were notified and you will be responsible for any past tuition owed to the childcare provider. **Failure to report any significant changes in a timely manner may result in immediate termination of the financial assistance benefit for the family.**

Up to \$80 per qualifying child may be provided annually for activity fees. The childcare provider must request this funding. The child must attend on the day the activity takes place. The activity fee will be paid to the provider.

The Financial Aid Committee meets quarterly to review applications for Financial Aid. This committee is charged with interpreting these policies and determining if any exceptions are appropriate. Any exception approved will be recorded and reported to the Kids First Board.

Kids First expects that families receiving childcare financial aid will fully participate in their child's childcare program. Childcare programs depend on parent participation in many ways, mainly because parent involvement in an early childhood program is a key indicator of quality and a primary component of the child's successful learning in future years.



Kids First Childcare Financial Aid Application 2012

215 N Garmisch Suite 1, Aspen, CO 81611
(970)920-5363 <http://kidsfirst.aspenpitkin.com/>

THE CITY OF ASPEN

KIDS FIRST

Childcare Resource Center

Date of Application: _____

Mother's Name: _____

Father's Name: _____

Current Address: _____

Current Address: _____

Mailing Address: _____

Mailing Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

List all Children:

Name: _____ Age/DOB: _____ School: _____ # of days enrolled: __

Name: _____ Age/DOB: _____ School: _____ # of days enrolled: __

Name: _____ Age/DOB: _____ School: _____ # of days enrolled: __

Total # of children in household: _____ Total # of people living in the household: _____

Do you own, rent, or have employer paid housing:

Rent – monthly cost \$ _____

Own employee housing – monthly cost \$ _____

Own free-market housing – monthly cost \$ _____

Other - please explain: _____

REQUIRED DOCUMENTS – PLEASE CHECK THAT YOU HAVE INCLUDED:

2011 Federal Income Tax Return (complete and signed)

2011 W-2's from all employers

CURRENT PAY STUB from all employers

IF SELF EMPLOYED – current (YTD) Profit/Loss Statement and complete set of business taxes

Child's proof of citizenship with a United States birth certificate or United States passport

Client responsibility agreement – signed & dated

Employment verification – filled out by employer- one is required for each job held

Assets and Liabilities form- signed & dated

Child Support Affidavit – if applicable

****Completion of this application does NOT guarantee that you will receive financial aid****

➤ *You may wish to try the pre-qualification calculator before completing this application - <http://kidsfirst.aspenpitkin.com/>*

Employment: Please list ALL current and seasonal employment information. Please attach additional sheet of paper with employer information if necessary.

Mother

Father

Employer # 1

Address:

Gross Monthly Income:

Dates of Employment:

Employer # 2

Address:

Gross Monthly Income:

Dates of Employment:

If seasonal – list dates of employment:

Income: Include all other sources of income.

Child Support/Alimony:

Social Security:

Dividends/Interest:

Other Income:

- **Falsification of any of the above information, or use of Financial Aid funds for purposes other than described herein, may lead to immediate termination of Financial Aid funding and is punishable under the Colorado Revised Statutes, Section 18-4-401, Theft of Services.**
- In providing the above information, applicant(s) declares the same to be voluntarily furnished. Applicant(s) hereby grants the Kids First Board the right to request verification thereof through persons and/or entities disclosed and/or hereinafter disclosed. Applicant(s) declares the above information is true and accurate. Applicant(s) declares that the information on this application is understood by the applicant(s).
- I authorize Kids First, licensed childcare programs, and other necessary agencies to release pertinent information in order to better coordinate services for my child (children).

Parent(s) Signature:

Date:

➤ **You may wish to try the pre-qualification calculator before completing this application - <http://kidsfirst.aspenpitkin.com/>**

Kids First Childcare Financial Aid

The information on this form may be used when you are interviewed by the financial aid committee. This information will also tell us more about your need for childcare financial aid.

Assets and Liabilities – Include information for everyone in the household

ASSETS	Name of Entity	Balance	Name of Entity	Balance
Bank or Credit Union		\$		\$
Bank or Credit Union		\$		\$
Stocks & Bonds		\$		\$
Real Estate		\$		\$
Retirement		\$		\$
Automobiles		\$		\$
Business		\$		\$
Other		\$		\$
TOTAL ASSETS		\$		\$

LIABILITIES	Name of Entity	Balance	Name of Entity	Balance
Mortgage loan		\$		\$
2 nd Mortgage loan		\$		\$
Automobile loan		\$		\$
Student loans		\$		\$
Credit card(s)		\$		\$
Other		\$		\$
TOTAL LIABILITIES		\$		\$

**Remember, back-up documentation may be needed for all assets and liabilities.*

I/We understand that if the documentation we have provided is found to be false or non-verifiable, we will be disqualified from Kids First financial aid program. I/We authorize Kids First to make necessary inquiries to evaluate my/our employment, assets and income. I/We give Kids First permission to access my/our credit reports.

Signature: _____ Date: _____

Signature: _____ Date: _____

Child's Proof of Citizenship or Lawful Presence Kids First Childcare Financial Aid

Children are considered the primary beneficiary of benefits under the City of Aspen/Kids First financial aid program. Children are the only household members required to verify citizenship status or lawful presence.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that my child(ren) is (check one):

- A United States citizen
- Lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that my child is lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature of parent/guardian

Date

A copy of one of the following common forms of identification for my child(ren) is attached. If you have questions about these documents contact Kids First Financial Aid Coordinator at 970-920-5769 or Cecelia.Martin@ci.aspen.co.us

- A certificate of birth in the United States
- A United States passport

Employment Verification

EMPLOYER - Please scan/email or mail back to:
Kids First – Cecelia Martin
cecelia.martin@ci.aspen.co.us 970-920-5769
 215 North Garmisch, Suite 1, Aspen, CO 81611

TO BE COMPLETED BY APPLICANT: (Complete the Information for each job)

Employer : _____ Employee Name: _____
 Phone Number: () _____ Phone #: () _____
 Fax Number: () _____ Cell Phone # : () _____
 Address: _____ Address : _____

Applicant Release Statement:

Applicant Name: _____ Date: _____

I hereby authorize the release of the following information in order to determine my eligibility for the Kids First Childcare Financial Aid. Please complete this form in full and return it to Kids First as soon as possible – childcare financial aid will not be awarded without this information.

Signature: _____

TO BE COMPLETED BY EMPLOYER:

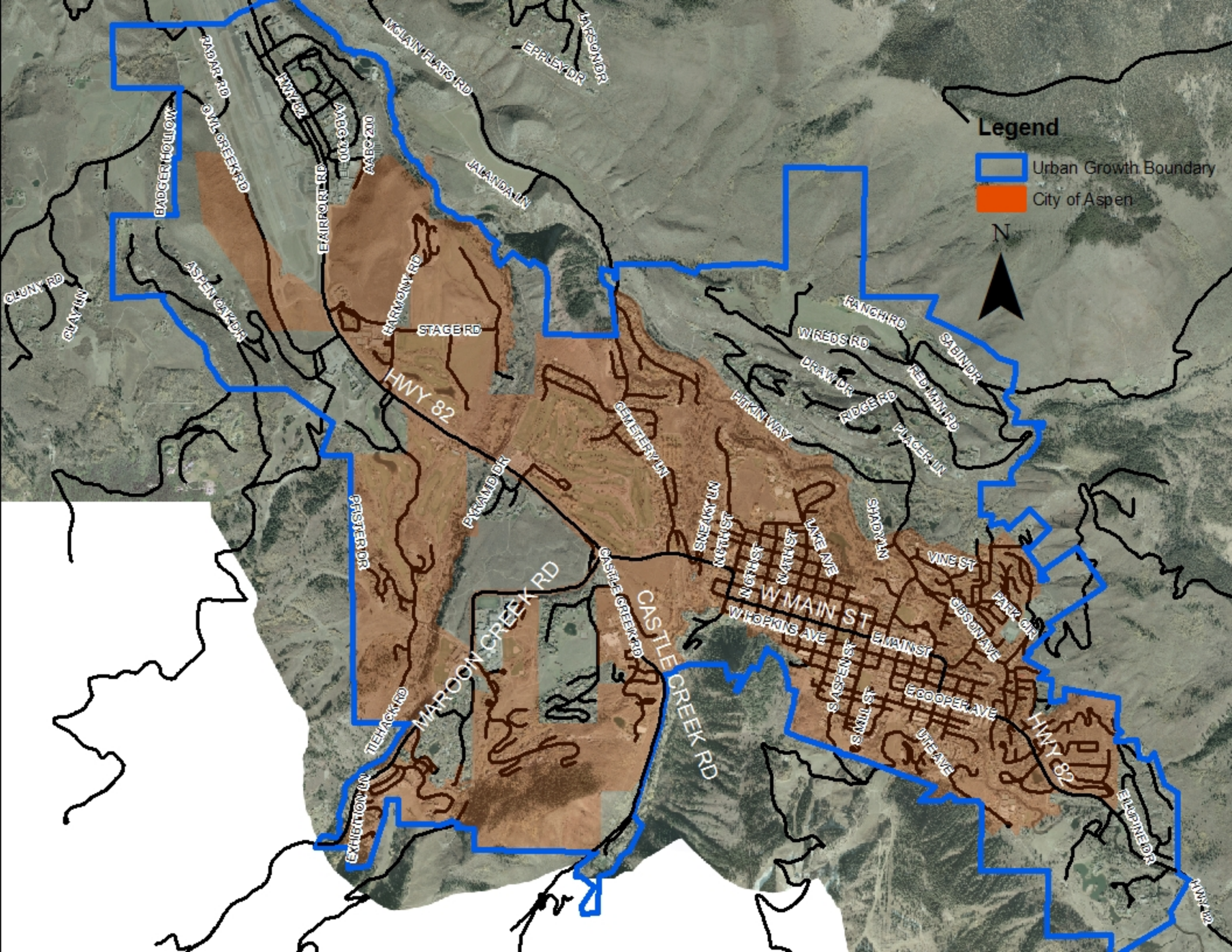
The employee named above has applied for Kids First Childcare Financial Aid. We must verify all income for this person and their household to determine eligibility. Please complete the following information and return as soon as possible.

Your assistance in completing this form accurately and timely is greatly appreciated!



If the item does not apply, please indicate by placing “N/A” on the appropriate line.

Position or Title:		Date of Hire:	
<u>Compensation Information</u>		<u>YES</u>	<u>NO</u>
1. Hourly Wages	\$ _____	Has employment been continuous?	<input type="checkbox"/> <input type="checkbox"/>
2. # of Hours/Week	_____		
3. # of Weeks/Year (Including paid vacations)	_____	If NO, please explain	_____
4. Year To Date Earnings	\$ _____	Through (date)	____/____/____
<u>Overtime Information</u>			
5. Hourly Overtime Wages	\$ _____	Is overtime seasonal?	<input type="checkbox"/> <input type="checkbox"/>
6. # of Overtime Hours/Week	_____	# of Weeks of OT/Year	_____
<u>Raise Information</u>			
7. Next Raise (Please state hourly increase)	\$ _____	Comments:	_____
8. Date of Next Raise	_____		_____
<u>Additional Compensation Information</u>			
9. Tips/Week	\$ _____	Comments:	_____
10. Bonuses, Commissions or Other Types	\$ _____		_____

Signature of Employer/Supervisor: _____ Title: _____
 Printed Name of Employer/Supervisor: _____
 Date of Completed Form: _____ Phone #: () _____



Legend

-  Urban Growth Boundary
-  City of Aspen

