



CHILD CARE FINANCIAL ASSISTANCE
Day Care Program - Application for 2020-2021

Checklist

IMPORTANT – PLEASE READ

To qualify for Child Care Financial Assistance you must answer YES to the following questions:

- ✓ Are you and your child a resident of New Trier Township?
- ✓ Is this program state licensed?

Please make sure you have completed all the items in the following checklist ***BEFORE*** submitting your application for Child Care Financial Assistance. Incomplete forms, or those missing required documentation, will be returned for completion. Failure to provide all documentation will render applicant ineligible for the Child Care Financial Assistance Program.

THE FOLLOWING DOCUMENTATION IS REQUIRED:

- Child Care Financial Assistance – Day Care Program Application
- 2018 or 2019 Income Tax Return
- Two (2) Paycheck Stubs (for each parent) from the last 30 days
- Proof of Residency:
(current lease or letter signed by property owner, or current utility bill)
- Verification of Child’s Enrollment in Program
- Current Fee Sheet from Provider
- Provider License #

DEADLINE:
July 19,
2020

IF ADDITIONAL INFORMATION IS REQUIRED YOU WILL BE CONTACTED

Mail your completed application and required documentation to your local Family Service Center shown below:
Attn: Child Care Financial Assistance Program

Counseling Center of the North Shore
992½ Green Bay Rd
Winnetka, IL 60093

Family Service Center of Wilmette
3545 Lake Ave, Ste 200
Wilmette, IL 60091

Family Service of Glencoe
675 Village Ct
Glencoe, IL 60022



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Applicant Information

MOTHER'S FULL NAME

FATHER'S FULL NAME

MARITAL STATUS

SINGLE MARRIED SEPARATED DIVORCED WIDOWED LIVING TOGETHER

ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

E-MAIL

How did you learn about the New Trier Township Financial Assistance Program?

Please explain how financial assistance may help your family at this time. Describe any unusual circumstances that you want to share with the committee. If extra space is needed, you may attach a separate sheet.



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Employment Information

FATHER: Work Hours & Days

PART TIME FULL TIME TOTAL DAYS PER WEEK TOTAL HOURS PER WEEK

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER CITY

STATE

ZIP

EMPLOYER PHONE

EMPLOYER FAX

EMPLOYER E-MAIL

MOTHER: Work Hours & Days

PART TIME FULL TIME TOTAL DAYS PER WEEK TOTAL HOURS PER WEEK

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER CITY

STATE

ZIP

EMPLOYER PHONE

EMPLOYER PHONE

EMPLOYER E-MAIL



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Children			
LIST ALL CHILDREN IN YOUR HOUSEHOLD INCLUDING ANY NOT NEEDING PROGRAM ASSISTANCE			
CHILD #1 – FULL NAME			AGE
<i>► FILL IN THE FOLLOWING INFORMATION ONLY IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD</i>			
CHILD CARE PROVIDER		PROGRAM NAME	
PROVIDER CONTACT NAME	PROVIDER PHONE #	PROVIDER LICENSE #	
PROVIDER ADDRESS		CITY	ZIP
<p style="text-align: center;">What is the total cost of this program? \$</p> <p>Have you submitted a registration application to the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, have you received confirmation of acceptance for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you paid a registration deposit to the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, please indicate the amount of the deposit \$</p> <p>Have you been awarded financial assistance from the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, please indicate the amount of financial assistance you received. \$</p>			
CHILD #2 – FULL NAME			AGE
<i>► FILL IN THE FOLLOWING INFORMATION ONLY IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD</i>			
CHILD CARE PROVIDER		PROGRAM NAME	
PROVIDER CONTACT NAME	PROVIDER PHONE #	PROVIDER LICENSE #	
PROVIDER ADDRESS		CITY	ZIP
<p style="text-align: center;">What is the total cost of this program? \$</p> <p>Have you submitted a registration application to the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, have you received confirmation of acceptance for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you paid a registration deposit to the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, please indicate the amount of the deposit \$</p> <p>Have you been awarded financial assistance from the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, please indicate the amount of financial assistance you received. \$</p>			



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CHILD #3 – FULL NAME			AGE
<i>► FILL IN THE FOLLOWING INFORMATION IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD</i>			
CHILD CARE PROVIDER		PROGRAM NAME	
PROVIDER CONTACT NAME	PROVIDER PHONE #	PROVIDER LICENSE #	
PROVIDER ADDRESS		CITY	ZIP
<p>What is the total cost of this program? \$</p> <p>Have you submitted a registration application to the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, have you received confirmation of acceptance for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">Have you paid a registration deposit to the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 80px;">If yes, please indicate the amount of the deposit \$</p> <p>Have you been awarded financial assistance from the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, please indicate the amount of financial assistance you received. \$</p>			
CHILD #4 – FULL NAME			AGE
<i>► FILL IN THE FOLLOWING INFORMATION IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD</i>			
CHILD CARE PROVIDER		PROGRAM NAME	
PROVIDER CONTACT NAME	PROVIDER PHONE #	PROVIDER LICENSE #	
PROVIDER ADDRESS		CITY	ZIP
<p>What is the total cost of this program? \$</p> <p>Have you submitted a registration application to the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, have you received confirmation of acceptance for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">Have you paid a registration deposit to the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 80px;">If yes, please indicate the amount of the deposit \$</p> <p>Have you been awarded financial assistance from the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, please indicate the amount of financial assistance you received. \$</p>			



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CHILD #5 – FULL NAME		AGE	
<i>► FILL IN THE FOLLOWING INFORMATION IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD</i>			
CHILD CARE PROVIDER		PROGRAM NAME	
PROVIDER CONTACT NAME	PROVIDER PHONE #	PROVIDER LICENSE #	
PROVIDER ADDRESS	CITY	ZIP	
<p>What is the total cost of this program? \$</p> <p>Have you submitted a registration application to the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p> If yes, have you received confirmation of acceptance for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you paid a registration deposit to the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p> If yes, please indicate the amount of the deposit \$</p> <p>Have you been awarded financial assistance from the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p> If yes, please indicate the amount of financial assistance you received. \$</p>			

Other Dependents		
LIST ALL OTHER PERSONS LIVING IN YOUR HOME		
NAME OF DEPENDENT	RELATIONSHIP	DO YOU PROVIDE SUPPORT FOR THIS PERSON?
		<input type="checkbox"/> YES
		<input type="checkbox"/> NO
		<input type="checkbox"/> YES
		<input type="checkbox"/> NO
		<input type="checkbox"/> YES
		<input type="checkbox"/> NO
		<input type="checkbox"/> YES
		<input type="checkbox"/> NO
		<input type="checkbox"/> YES
		<input type="checkbox"/> NO



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Financial Information			
▶ ATTACH A COPY OF YOUR 2018 OR 2019 FEDERAL INCOME TAX RETURN ▶			
ATTACH COPIES OF ALL INCOME VOUCHERS FOR THE PAST 30 DAYS ▶			
WHAT IS YOUR ESTIMATED 2020 INCOME BEFORE TAXES: \$			
▶ HOW MANY PAYCHECKS DO YOU RECEIVE IN A YEAR?			
EMPLOYMENT	DISABILITY	INVESTMENT / TRUST	ALIMONY
\$	\$	\$	\$
CHILD SUPPORT	ADOPTION SUBSIDY	RENTAL / BOARDER	INTEREST
\$	\$	\$	\$
TOTAL MONTHLY INCOME AFTER TAXES: \$			
MONTHLY EXPENSES			
HOUSING:	MORTGAGE	RENT	PROPERTY TAXES
	\$	\$	\$
Do you pay your housing expenses to a relative? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, how are you related?			
LIVING EXPENSES:	FOOD	CLOTHING	ENTERTAINMENT
	\$	\$	\$
UTILITIES:	GAS	ELECTRIC	PHONE
	\$	\$	\$
			CABLE
			\$
TRANSPORTATION:	CAR PAYMENT	GAS / CAR SERVICE	PUBLIC TRANSIT
	\$	\$	\$
HEALTH CARE:	HEALTH INSURANCE	MEDICAL EXPENSES	DENTAL EXPENSES
	\$	\$	\$
DEBT PAYMENT:	CREDIT CARD	LOANS	
	\$	\$	
CHILD CARE:	BEFORE SCHOOL	AFTER SCHOOL	DAY CARE
	\$	\$	\$
SCHOOL:	TUITION / FEES - CHILDREN	TUITION / FEES - PARENTS	
	\$	\$	
TOTAL MONTHLY EXPENSES: \$			



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Agreement

I certify that all the information supplied on this application is true and correct to the best of my knowledge and belief. If I am found to have falsely presented my financial or working status, I understand all financial assistance will be terminated.

I understand that if my financial status changes, I will report the change to the Financial Assistance Review Committee.

I understand that New Trier Township will coordinate the disbursement of financial assistance monies with the administrator of the child care program or other involved agency chosen by me and listed in this application.

I understand that I will be responsible for a portion of the child care costs and that these costs will be paid in full in accordance with the fee structure of the program that I have chosen. Failure to do so may result in a denial of any future financial assistance.

APPLICANT'S SIGNATURE

DATE

Once you have completed this form, please print a copy and sign this final page of the application form prior to submitting the form.

Mail your completed application and required documentation to arrive *no later than* July 19, 2020 to your local Family Service Center listed below:

Counseling Center of the North Shore
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992½ Green Bay Rd
Winnetka, IL 60093

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