Childcare & Transportation Assistance "The support you need to accomplish your goals" Application for Child Care OR Transportation Assistance

Eligibility Requirements:

- 1) Qualifying students must meet at least one of the following criteria:
 - a) Single Parents
 - b) Single Pregnant Women
 - c) Displaced Homemakers
 - d) Students with Disabilities
 - e) Students with Limited English Proficiency
 - f) Economically Disadvantaged Students

AND

- 2) Be a current Grayson College student enrolled in an Associate of Applied Science (AAS) or Certificate program
- 3) Have a current cumulative GPA of at least a 2.0
- 4) Be eligible to receive Pell Grant

Required Documents:

- If applying for Transportation OR Childcare Assistance you must submit the following:
 - Completed application
 - Transportation-Pages 2 & 3 ONLY
 - Childcare-Page 2-5
 - Proof of Pell Award
 - o Copy of your class schedule
 - Copy of your college transcript
- If applying for Childcare Assistance you must also submit the following:
 - Copy of birth certificate for each child you are requesting child care assistance for
 - Completed Childcare Provider Verification Form
 - The Childcare Provider must be one of the following:
 - Licensed child care center (Texas or Oklahoma)
 - Registered child care home (Texas)
 - Licensed child care home (Oklahoma)

Helpful websites:

Texas: http://childcarefind.okdhs.org/childcarefind/
Oklahoma: http://childcarefind.okdhs.org/childcarefind/

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Semester Fall Spring Summer Discations will be adding Priority collications received	to apply for fund	CANAL PROPERTY AND LANGE OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER			10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
Ap dea apr	Priority Deadlines to	The state of the s	Spring #	applications received	deadline



Applications will not be processed until all required documentation are received.

. Your Information

Fill in each blank. Please print legibly.

Assistance Requested (Select One) Semester(s) Requesting Assistance: Date Application Submitted:						ubmitted:	
Child care assistance Transportation	Fall	Fall Spring Summer					
Applicant Name: (First)	(Last)	Date of		Student ID Numb	er:	Gender:	
		ĺ				Male Femal	
Mailing Address:			City/Sta	 ate:			
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Physical Address: (if different)			City/Sta	ate:		Žip;	
Home Phone:	Cell Pho	ne:	<u> </u>	w	ork Phone:		
				1			
Major:	Current Overall G	*DA		3	b 4 b 21 N		
Major.	Current Overan G	PPA: Email A	Jaress: (C	Communication will	be sent by email.)		
Educational Goals: Why are you attending co	ollege? What are ye	our goals?					
Have you completed the FAFSA application?	<u> </u>	<u>-</u>			<u></u>		
Yes No Date completed:		FF	:C:	1			
Are you a single parent (separated, divorced, widowed, never married) who has custody or joint custody of minor children?							
Yes No							
Are you a single, pregnant woman?							
Yes No							
Are you a displaced homemaker? Have you primarily devoted yourself to making a home and then were left alone because of separation, divorce, death, or an absent spouse?							
Yes No							
Is English your native language?							
Yes No							
Do you require accommodations related to a	Do you require accommodations related to a physical, mental or learning disability?						
Yes No		-					
100 110							
Are you seeking training for employment in a	position usually occ	cupied by the opp	osite sex	, a non-traditional jo	b)? (Ex: a male nurse	e, female welder)	
Yes No			,				

Souse or Significant Other's Information (Only if living within the same household)

180 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		(Last)	Date of Birth:	Cell Phone:		Gender: Male	Female
Information Reg	garding Ea	sch Additional Ho	ousehold Memb	er Under <i>A</i>	\ge 18		
1. Child's Name:		D	ate of Birth:	Gender Male	: Rel	ationship to	you:
Does the child need care Yes No		pe of care needed: Full-Day After school	Part-Day No Care Ne	eded	Days of Week Care Mon Tues V	Needed: Ved Thur	Fri
2. Child's Name:	<u></u>	D	ate of Birth:	Gender: Male	Rel Female	ationship to	you:
Does the child need care' Yes No		pe of care needed: Full-Day After school	Part-Day No Care Ne	eeded	Days of Week Care Mon Tues W	Needed: Ved Thur	Fri
3. Child's Name;	I	D	ate of Birth:	Gender: Male	Rel Female	ationship to	you:
Does the child need care Yes No		pe of care needed: Full-Day After school	Part-Day No Care Ne	eded	Days of Week Care Mon Tues W	Needed: /ed Thur	Fri
4. Child's Name:		D	ate of Birth:	Gender: Male	Female Rela	ationship to y	/ou:
Does the child need care? Yes No	'	pe of care needed: -ull-Day After school	Part-Day No Care Ne	eded	Days of Week Care Mon Tues W	Needed: /ed Thur	Fri
Do You Receive	Any of the	e Following?				-	
WIA or Assistance from Workforce Texoma Yes No	PELL Grant Yes No	Transportation Assistance from Workforce Texoma Yes No	I have applied for I am on the CCMS	CCMS (Child C waiting list/no oved and will be	l Workforce Center? are Management Se ot currently funded. gin CCMS funding or	-	,
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	.f.,t;	l have given on th	is form is true an	d correct to	o the best of m	ıv knowle	edae.
I certify that the ir	normation						

For <u>Child Care Assistance</u> Applicants Only

Privacy release statement Authorization to release information

Name of child care provider:
I authorize the above-referenced child care provider to release information concerning child care services for my child(ren) and to release any information concerning other funding sources that I receive. I give permission for the Coordinator of Special Services to release information to my child care provider. Information is limited to: billing and payment information for child care services, class schedule, child care schedule, and child(ren) attendance. In addition, I understand that if I am eligible for funding through Workforce Texoma - Child Care Management Services, I must report this to the Coordinator of Special Services prior to my first payment.
Student Signature: Date:

Grayson College <u>Child Care Provider</u> Verification Form

GCC Student/Pare	nt:	
Child(ren) in Dayc	First are:	Last
1. Child's Name:		Age: Date of Birth:
		Age: Date of Birth:
3. Child's Name:		Age: Date of Birth:
Days of week child	d(ren) will attend daycard	re:
Monday _	TuesdayWednesday _	Thursdayfriday
		ompleted by Child Care Provider:
NAME:		Permit #:
Child Care (Operation	Tax ID #:
Licensed Child	Care Facility	
	•	N. 11
Registered /Lic	ensed Home Social Secur	rity #
Contact Person:		
Mailing Address:		
	Street/P.O. Box	······································
	City	
Phone Number:	· · · · · · · · · · · · · · · · · · ·	Fax Number:
Email Address:		
LIST COST OF CA	IRE:	
1. Child's Name:		\$per week:
2 Child's Name:		\$per week:
Signature Director/Owner/Ma	anager	Date