

*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**
  - 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)
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Helpful websites:

Texas: [http://www.dfps.state.tx.us/Child\\_Care/Search\\_Texas\\_Child\\_Care/ppFacilitySearchDayCare.asp](http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilitySearchDayCare.asp)

Oklahoma: <http://childcarefind.okdhs.org/childcarefind/>

**Priority Deadlines to apply for funding:**

<u>Semester</u>	<u>Priority Deadline</u>
Fall	August 1
Spring	December 1
Summer	May 1

Applications *will be* accepted after priority deadline. Priority consideration is given to applications received before the priority deadline.

**Please return completed application and all required documentation to:**

Claudia Smithart, M.S., LPC-I  
Coordinator of Special  
Services  
903-463-8694  
smithartc@grayson.edu

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



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

Name: (First)	(Last)	Date of Birth:	Cell Phone:	Gender: Male Female
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**Information Regarding Each Additional Household Member Under Age 18**

1. Child's Name:		Date of Birth:	Gender: Male Female	Relationship to you:
Does the child need care? Yes No	Type of care needed: Full-Day After school Part-Day No Care Needed		Days of Week Care Needed: Mon Tues Wed Thur Fri	
2. Child's Name:		Date of Birth:	Gender: Male Female	Relationship to you:
Does the child need care? Yes No	Type of care needed: Full-Day After school Part-Day No Care Needed		Days of Week Care Needed: Mon Tues Wed Thur Fri	
3. Child's Name:		Date of Birth:	Gender: Male Female	Relationship to you:
Does the child need care? Yes No	Type of care needed: Full-Day After school Part-Day No Care Needed		Days of Week Care Needed: Mon Tues Wed Thur Fri	
4. Child's Name:		Date of Birth:	Gender: Male Female	Relationship to you:
Does the child need care? Yes No	Type of care needed: Full-Day After school Part-Day No Care Needed		Days of Week Care Needed: Mon Tues Wed Thur Fri	

**Do You Receive Any of the Following?**

WIA or Assistance from Workforce Texoma Yes No	PELL Grant Yes No	Transportation Assistance from Workforce Texoma Yes No	Child care assistance through a local Workforce Center?  I have applied for CCMS (Child Care Management Services). I am on the CCMS waiting list/not currently funded. I have been approved and will begin CCMS funding on _____. I am currently receiving CCMS.
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I certify that the information I have given on this form is true and correct to the best of my knowledge.

Applicant's Signature:  _____	Date: _____
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# **For Child Care Assistance 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  
**Child Care Provider Verification Form**

**GCC Student/Parent:** \_\_\_\_\_  
First Last

**Child(ren) in Daycare:**

1. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Days of week child(ren) will attend daycare:**

\_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday

↓ *To be completed by Child Care Provider:* ↓

NAME: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Child Care Operation Tax ID #: \_\_\_\_\_

\_\_\_ Licensed Child Care Facility

\_\_\_ Registered /Licensed Home Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box  
City State Zip

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**LIST COST OF CARE:**

1. Child's Name: \_\_\_\_\_ \$per week: \_\_\_\_\_

2 Child's Name: \_\_\_\_\_ \$per week: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Director/Owner/Manager

\_\_\_\_\_  
Date