

Please complete this five-page application and sign on page 3.

Application Checklist



<input type="radio"/> Complete application	<input type="radio"/> All questions must be answered. <input type="radio"/> Pages 1 - 3 and 5 must be completed by the applicant. <input type="radio"/> Page 4 must be completed by the director, owner or person authorized to provide employment verifications.
<input type="radio"/> Official transcripts Supplements are based on the education documents submitted with your application. Be sure to include <u>official transcripts</u> for ALL college coursework completed at a regionally accredited college or university. Copies of degrees and unofficial transcripts are not accepted. Internet transcripts cannot be accepted unless obtained by the WAGE\$ staff. Workshops and training hours are not acceptable documentation.	Pick the option that best applies to your application: <input type="radio"/> Official transcripts are already on file with WAGE\$, AWARD\$ or Early Educator Certification, and no additional education has been completed. <input type="radio"/> Official transcripts are enclosed. <input type="radio"/> Official transcripts are being sent directly from college(s). List colleges sending transcripts here: <i>*You will be processed based on the education submitted. If you do not indicate the colleges sending transcripts, you may be awarded at the wrong level. Remember you must ask the college to send us your transcripts.</i>
<input type="radio"/> Income verification <i>See Section 3, "Ownership Status," for details.</i>	Pick the option that best applies to your application: <input type="radio"/> Schedule C and Family Child Care Provider Schedule Worksheet (if family child care provider) <input type="radio"/> Current pay stub (if employee): pay stub should accurately reflect normal schedule. <input type="radio"/> Most recent tax documentation (if center owner): please submit 1040 and all supporting documents.
<input type="radio"/> Read the Participant Agreement and sign the Statement of Affirmation	See page 3 of this application.
<input type="radio"/> Direct deposit documentation	Complete page 5 of this application. Please write clearly and be sure to include your full name. This form does not remain with the application packet. Both the form and accompanying documentation to verify the account numbers, such as a voided check, are required to complete your application.
<input type="radio"/> Return the application	Send your completed application and required documentation to: Child Care WAGES [®] Program, Child Care Services Association, PO Box 901, Chapel Hill, NC, 27514 Need help? Contact a WAGE\$ Counselor at 919-967-3272.

1. Applicant Information

Indicate correct options with a check. ✓

Date of application		County of residence		Social Security number	
Name as shown on your income tax return (first, middle and last)					Previous name (if applicable)
Mailing address			City	State	Zip
Home phone ()		Cell phone ()		Email address	
Date of birth / /			Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary		

1. Applicant Information - *Continued*

Indicate correct options with a check. ✓

Ethnicity (optional) Do you consider yourself Latinx?

Yes (this includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish) No

Do you consider yourself...?

White Black or African American American Indian or Alaska Native
 Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino or other Asian)
 Native Hawaiian or Pacific Islander (includes Samoan, Chamorro, or other Pacific Islander)
 Other, two or more races Other

2. Educational Background

Degrees earned (check all that apply)	Major	Colleges attended	Year graduated
<input type="radio"/> Coursework completed but no degree earned			N/A
<input type="radio"/> AA/AAS			
<input type="radio"/> BA/BS			
<input type="radio"/> MA/MS			

Have you earned any college credits that are not listed above? Yes No *If yes, please list:*

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3. Ownership Status

All applicants: please mark the box of the ownership category which best reflects your current situation and follow the instructions listed for the category you choose. Income from ownership and wages will be considered to determine eligibility.

<input type="radio"/> Single Family Child Care Home	I own my child care home and work as teacher/operator. I do not own any other child care facility or home. <i>Verify your income by submitting the Schedule C from your most recent tax return and complete the Family Child Care Provider Schedule Worksheet.</i> <p style="text-align: right;">Date you became owner / /</p>
<input type="radio"/> Single Child Care Center	I own my child care center and work as director/teacher or I am listed as an office holder of the incorporated business and work as director/teacher. I do not own or hold an office in any other child care facility. <i>Please supply your most recent 1040 Tax Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Forms from both parties must be submitted). Additional business tax documentation may be requested if necessary.</i> <p style="text-align: right;">Date you became owner / /</p>
<input type="radio"/> Multiple Site Ownership	I own or am listed as an office holder with more than one child care center or home. I have listed them below. <i>Please supply your most recent 1040 Tax Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Forms from both parties must be submitted). Additional business tax documentation may be requested if necessary.</i> Please list site names here: Date you became owner / /
<input type="radio"/> No Ownership	I am employed by my child care program. I do not own any child care facility. <i>If you are not an owner, please supply documentation of your pay rate such as a pay stub or employer wage statement to verify income.</i>

4. Participant Agreement

Child Care Services Association agrees to:

- A. Provide wage supplements to eligible early educators as a special initiative to reward teacher education and continuity of care, thereby providing children ages birth to five more stable relationships with better educated teachers.
- B. Provide IRS-1099 forms at the end of the year to recipients as mandated by current tax law.

The Child Care WAGE\$® Recipient agrees to:

- A. Acknowledge that receiving the full annual supplement is contingent upon completion of two six-month periods. An installment will be issued after each period, based on the education level and the work schedule of the recipient over the six-month period completed. No portion of the award will be issued if the participant leaves her/his program prior to completing the entire six-month commitment period. Time out for leave or summer breaks cannot be counted toward the completion of a commitment period. New applicants need to be employed at the time of the employment confirmation. Employment is verified after a commitment period is complete and when funding is available. The time of confirmations may be delayed due to funding issues, but the applicant must still be employed when money is available in order to be eligible.
- B. Continue employment in a licensed program that meets the county-specific eligibility requirement for star rating (if applicable) for the entire commitment period and notify the Child Care WAGE\$® Program of any change in licensure. Smart Start partnerships have the option of funding only those participants working in sites with at least three stars or at least four stars. If the license status falls below a three star during a six-month commitment period, participation and supplement amount may be impacted.
- C. Allow her/his employer to release employment information including date of employment, position in center, age level of children in care, current salary or hourly rate and the number of hours worked each week.
- D. Allow WAGE\$ staff to release information about participation, including education, to director and/or owner.
- E. Acknowledge that the funding for this project is provided from the local Smart Start partnership and the Division of Child Development and Early Education. The amount allocated by the local partnership will determine the amount available for supplements in the county. Payments will depend upon available funding and the recipient's employer is not responsible for providing the supplement should funds no longer be available.
- F. Report and pay any personal income taxes due on annual supplements as required by current tax law.
- G. Acknowledge that Child Care Services Association reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- H. Acknowledge that reimbursement to the Child Care WAGE\$® Program will be required by the recipient should a salary supplement be issued incorrectly for any reason.
- I. Acknowledge that falsifying application information or documentation may result in the inability to be a participant on this program and the recipient consents to employer and program funder notification if participation is terminated due to failure to comply with documentation requirements.

5. Statement of Affirmation

I, _____ (applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I have read and understand the Participant Agreement.


I understand that I am requesting to be considered for WAGE\$ and acknowledge that I must continue to meet the eligibility requirements of that program in order to receive ongoing supplements. I acknowledge that I may only participate in one salary supplement initiative for my early childhood position. I understand that if I am participating in AWARD\$, my application to WAGE\$ will reflect my decision to be moved to WAGE\$ if I am eligible. In that case, I will no longer receive AWARD\$ supplements. I acknowledge that supplement amounts may be higher or lower than those offered by AWARD\$. (Note to applicant: If you are currently receiving AWARD\$ and a waiting list exists for WAGE\$, you may continue to be paid by AWARD\$ until funding is available for WAGE\$.)

To be considered for a WAGE\$ supplement, I understand that my contact and participation information may be released to the Division of Child Development and Early Education, Smart Start partnerships or other partners. Information may also be shared with the T.E.A.C.H. Early Childhood® Scholarship Program and/or Early Educator Certification as needed to support my participation in any of the programs listed. I authorize and consent to the release and sharing of such information by Child Care Services Association to the third parties described. I hereby release Child Care Services Association from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions.

Applicant's Signature Date

Printed name County where you work

Send your completed application and required documentation to:

 **Child Care WAGE\$® Program**
 Child Care Services Association
 P.O. Box 901
 Chapel Hill, NC 27514

Phone 919-967-3272
 Fax 919-967-2945
www.childcareservices.org

6. Employment Information and Verification

This section **must be completed by the director, owner or person authorized** to provide employment verifications. A signature confirming the information's validity is required.

Applicant name		County	
DCDEE license #		Child care program name	
Program mailing address			
Program phone ()		Program email address	
Position of Employment	<input type="radio"/> Family Child Care Provider	<input type="radio"/> Assistant Director	<input type="radio"/> Director
	<input type="radio"/> Assistant Teacher/Aide	<input type="radio"/> Floater	<input type="radio"/> Owner/Director
	<input type="radio"/> Teacher/Lead Teacher	<input type="radio"/> Other (please give full position title)	
*If the applicant fulfills duties of more than one position, please specify this.			
Does the applicant work in an NC Pre-K classroom?		Does the applicant work in a Head Start classroom?	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Ages of children in care of this applicant (if applicable)			
<input type="radio"/> Infants <input type="radio"/> Ones <input type="radio"/> Twos <input type="radio"/> Threes <input type="radio"/> Fours <input type="radio"/> Fives <input type="radio"/> School-age			
Total hours worked per week		How many hours per week are spent directly with children birth to five?	
If the applicant fulfills duties of more than one position, please state how many hours are worked in each.			Applicant start date / /
Months per year your program is in operation <input type="radio"/> 12 months <input type="radio"/> 10 months <input type="radio"/> Other			
How often is the applicant paid? <input type="radio"/> weekly <input type="radio"/> biweekly (every two weeks) <input type="radio"/> semi-monthly (two times a month) <input type="radio"/> monthly (10 months) <input type="radio"/> monthly (12 months)			
How many months per year is the applicant paid? <input type="radio"/> 9 months <input type="radio"/> 10 months <input type="radio"/> 12 months <input type="radio"/> Other			
How many months per year does the applicant work? <input type="radio"/> 9 months <input type="radio"/> 10 months <input type="radio"/> 12 months <input type="radio"/> Other			
Current annual gross salary		Current hourly rate	
Star Rating circle one	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	For Internal Use Only:	

In addition to the employment verification above, please verify that you have read and understand the expectations below. Your signature on this application indicates your agreement to:

Provide Child Care Services Association with information on teachers and directors employed who have applied for a salary supplement. This information shall include: date employment began, employee's position in center, status of employee (full or part-time, permanent or temporary), age level of children in employee's care, the employee's current salary or hourly pay rate and the number of hours worked each week.

Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a salary supplement. WAGE\$ will not be used as the reason to withhold an otherwise scheduled raise.

I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge.

Signature of director, owner, or person authorized to provide employment verification:

.....

Printed name Position Date

AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDIT)

Child Care Services Association requires vendors/individuals to complete this form in order to establish an electronic payment method. Your payments will be deposited into the checking or savings account of your choice. To receive payments electronically, please complete this form, attach a check marked "VOID" or an official ACH letter from your banking institution and return it via mail, or email. Please allow 10 days when setting up or terminating this agreement. Termination must be in writing. **Please attach a voided check or letter from the bank for our records.**

Check all that apply: Begin ACH Deposit Change Information

Account Holder Name: _____

Mailing Address: _____

Federal ID (TIN or SSN): _____

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Email address for payment notification: _____

We understand that this authorization will remain in effect until we notify Child Care Services Association in writing that we wish to revoke this authorization. NOTE: CCSA will transmit your payment electronically based on the information you have provided. If the transmission fails because you have given us incorrect or outdated information, CCSA can only provide a replacement payment AFTER it receives a refund from the financial institution.

Name: _____ Signature: _____ Date: _____

Mail to:
CCSA
ATTN: WAGES
PO Box 901
Chapel Hill, NC 27514

Email: wagespages@childcareservices.org