

STEP\$ Application

Please complete this six-page application and sign on page 4.



An Early Years Initiative

Application Checklist

<p><input type="radio"/> Eligibility Review</p>	<p>To be eligible for STEP\$, applicants must:</p> <ul style="list-style-type: none"> <input type="radio"/> Work as a lead teacher, teacher or family child care provider at least 40 hours/week with infants, ones or twos. <input type="radio"/> Earn at or below \$16.00 per hour. <input type="radio"/> Work in a licensed child care center or home. <input type="radio"/> Have a level of education on the STEP\$ supplement scale. <p>If you cannot check every box, you are not eligible for STEP\$ at this time.</p>
<p><input type="radio"/> Complete Application</p>	<ul style="list-style-type: none"> <input type="radio"/> All questions must be answered. <input type="radio"/> Applicant must complete pages 1-4 and 6. <input type="radio"/> Page 5 must be completed by the director, owner or person authorized to provide employment verifications.
<p><input type="radio"/> Complete Survey</p>	<ul style="list-style-type: none"> <input type="radio"/> Complete all survey questions on page 2.
<p><input type="radio"/> Education Documentation Supplements are based on the education documents submitted with your application. Copies of degrees and unofficial transcripts are not accepted. Workshops and training hours are not acceptable documentation.</p>	<p>Pick the option that best applies to your application:</p> <ul style="list-style-type: none"> <input type="radio"/> Copy of active CDA Credential is enclosed. <input type="radio"/> Copy of NC Early Childhood Credential Certificate or equivalency letter is enclosed. <input type="radio"/> Copy of National Board Certification in Early Childhood <input type="radio"/> Official transcripts are already on file and no additional education has been completed. <input type="radio"/> Transcripts are enclosed. <input type="radio"/> Transcripts are being sent directly from college(s). List colleges sending transcripts here: _____ <p>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.</p>
<p><input type="radio"/> Income Verification See Section 3, "Ownership Status," for details.</p>	<p>Pick the option that best applies to your application:</p> <ul style="list-style-type: none"> <input type="radio"/> Current pay stub (if employee). Pay stub must reflect 40 hours per week. <input type="radio"/> Schedule C from your 2024 tax return (if family child care provider).
<p><input type="radio"/> Read the Participant Agreement and Sign the Statement of Affirmation</p>	<p>See page 4 of this application.</p>
<p><input type="radio"/> Direct Deposit Documentation</p>	<p>If you would like to receive payment via direct deposit, complete page 6 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 initiate direct deposit.</p>
<p><input type="radio"/> Return Application</p>	<p>Send your completed application and required documentation to:</p> <p>STEP\$ stepsinfo@earlyyearsnc.org Early Years PO Box 901, Chapel Hill, NC, 27514</p> <p>Need help? Contact a STEP\$ specialist at 919-967-3272.</p>

1. Survey Questions

1. What benefits do you anticipate from participation in STEP\$? Check all that apply.

- I believe STEP\$ will encourage me to seek additional education and/or make pursuing coursework more financially feasible.
- I believe STEP\$ will ease my financial stress.
- I believe STEP\$ will encourage me to stay with my current program.
- I believe STEP\$ will encourage me to stay in the field of early care and education.
- I believe STEP\$ will help provide more resources for my program or classroom.
- I believe STEP\$ will make me feel more appreciated and recognized for my work.
- I believe STEP\$ will increase my job satisfaction as a result of improved salary and education.
- I am not sure.

2. Please list any other ways you believe STEP\$ will help you:

3. Do you anticipate any barriers that may limit the benefits from STEP\$ or keep you from continued participation?

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2. Applicant Information

Indicate correct options with a check. ✓

Date of application	County of residence	Social Security number _____ - _____ - _____		
First name (as shown on your income tax)	Middle name (as shown on your income tax)	Last name (as shown on your income tax)	Previous name (if applicable)	
Mailing address		City	State	Zip
Home phone () ()	Cell phone () ()	Email address		
Date of birth _____ / _____ / _____	Gender (optional)			
Regarding race and ethnicity, I identify as: (optional)				
<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Middle Eastern or North African <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> Hispanic or Latino <input type="radio"/> Two or more races <input type="radio"/> Other				

3. Educational Background

Education earned (check all that apply)	Major	College(s) attended	Year graduated
<input type="radio"/> NC Early Childhood Credential			
<input type="radio"/> CDA Credential			
<input type="radio"/> AA/AAS			
<input type="radio"/> BA/BS			
<input type="radio"/> MA/MS			
<input type="radio"/> National Board Certification in Early Childhood			

4. Ownership Status

All applicants: please note that only lead teachers, teachers and family child care providers are eligible to participate in STEP\$. Child care center directors and owners are not eligible. Please mark the box of the ownership category which best reflects your current situation and follow the instructions listed for the category you choose.

<input type="radio"/> Single Family Child Care Home	<p>I own my child care home and work as teacher/operator. I do not own any other child care facility or home. Verify your income by submitting the Schedule C from your 2024 tax return.</p> <p>Date you became owner _____ / _____ / _____</p>
<input type="radio"/> Multiple Site Ownership	<p>I own or am listed as an officer for more than one facility. If you have checked this type of ownership, you are not eligible for STEP\$. No further information is needed.</p>
<input type="radio"/> No Ownership	<p>I am employed by my child care program. I do not own any child care facility. If you are not an owner, please supply documentation of your pay rate such as a pay stub that reflects your normal work schedule to verify income.</p>

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5. Participant Agreement

Early Years agrees to:

- A. Provide salary supplements to eligible infant-toddler educators as a special initiative to better compensate and retain teachers and family child care providers working with our youngest children.
- B. Provide IRS-1099 forms to recipients as mandated by current tax law.

The STEP\$ recipient agrees to:

- A. Acknowledge that receiving the full annual supplement is contingent upon completion of two six-month periods. A payment 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 the program prior to completing the entire six-month commitment period. Time out for leave, summer breaks or more than two weeks worked at less than 40 hours with infants, one-year-olds or two-year-olds 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 the same licensed program for the entire commitment period and notify STEP\$ of any change in licensure.
- C. Allow their 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 STEP\$ staff to release information about participation, including education, to director and/or owner.
- E. Acknowledge that the funding for this program is provided by the Division of Child Development and Early Education. Payments will depend on 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 Early Years reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- H. Acknowledge that reimbursement to STEP\$ 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.
- J. Reapply annually to participate.

6. 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 STEP\$ 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 WAGE\$ or another local program, my current program administrator will be notified that I have applied to STEP\$. I acknowledge that supplement amounts may be higher or lower than those offered by WAGE\$ or another local program in my county. By submitting this application, I am choosing to participate only in STEP\$ if I am eligible. (Note to applicant: If you are on the WAGE\$ waiting list for your county, you will be moved to STEP\$ following program policy. If you are currently receiving WAGE\$ or a local supplement and a waiting list exists for STEP\$, you may continue to be paid by your current program until funding is available for STEP\$. If your current initiative provides higher payments, consider continuing on that program.)

To be considered for a STEP\$ 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 TEACH Early Childhood® Scholarship Program as needed to support my participation. I authorize and consent to the release and sharing of such information by Early Years to the third parties described. I hereby release Early Years from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions. By participating in this program, I agree to receive emails from Early Years related to application status, program updates, payment information, etc.

Signature _____ Date _____

Printed name _____

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7. 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 facility license number	Child care program name	
Program mailing address		
Program phone		Program email address
Position of employment as defined by DCDEE	<input type="radio"/> Teacher <input type="radio"/> Lead Teacher <input type="radio"/> Family Child Care Provider If the applicant is not defined by DCDEE as one of these positions, they are not eligible for STEP\$.	
Ages of children in care of this applicant: <input type="radio"/> Infants <input type="radio"/> Ones <input type="radio"/> Twos *If not working 40 hours with infants, ones or twos, they will not be eligible for STEP\$ supplements.		
Date of hire _____/_____/_____	Date started working with infants, ones or twos 40 hours per week? _____/_____/_____	
Does the applicant work in an Early Head Start classroom? <input type="radio"/> Yes <input type="radio"/> No		
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/year <input type="radio"/> 10 months/year <input type="radio"/> 12 months/year <input type="radio"/> Other _____		
How many months per year does the applicant work? <input type="radio"/> 9 months/year <input type="radio"/> 10 months/year <input type="radio"/> 12 months/year <input type="radio"/> Other _____		
Current annual gross salary	Current hourly rate	

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 Early Years with information on teachers 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. STEP\$ 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 verifications

Printed name _____ Position _____ Date _____

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8. Authorization for Direct Deposit via ACH (ACH Credit)

Early Years requires individuals to complete this form in order to establish an electronic payment method. To receive Early Years payments electronically, complete this form in its entirety, attach an official ACH letter from your banking institution or a check marked "VOID" and return it via mail or email. Please allow 10 days when setting up or terminating this agreement. If you participate in more than one Early Years program, all payments must be deposited to the same account. Termination must be in writing.

Check one that apply: Begin ACH Deposit Change Information

Account Holder Name		
Mailing Address		
City	State	Zip
Federal ID (TIN or SSN)	Bank Name	
Bank Address		
City (Bank)	State (bank)	Zip (Bank)
Routing Number	Account Number	

Account Type: Checking Savings

Email address for payment notification: _____

I understand that this authorization will remain in effect until I notify Early Years in writing that I wish to revoke this authorization. NOTE: Early Years 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, Early Years can only provide a replacement payment AFTER it receives a refund from the financial institution.

Printed name: _____

Signature: _____ Date: _____

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NCDHHS
Division of Child Development
and Early Education

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