Child Care WAGE$®: Helene Expansion for Disaster Relief

Participating counties: Ashe, Madison and Watauga

Application

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

CHILD CARE WAGE$®: Helene Expansion for Disaster Relief

Application Checklist

○ **Complete application**	○ All questions must be answered. ○ Pages 1 - 3 and 5 must be completed by the applicant. ○ Page 4 must be completed by the director, owner or person authorized to provide employment verifications.
○ **Official transcripts** Supplements are based on the education documents submitted with your application. Be sure to include official transcripts for ALL college coursework completed at a regionally accredited college or university. Copies of degrees and unofficial transcripts are not accepted. Workshops and training hours are not acceptable documentation.	Pick the option that best applies to your application: ○ Official transcripts are already on file and no additional education has been completed. ○ Official transcripts are enclosed. ○ Official transcripts are being sent directly from college(s). List colleges sending transcripts here: .... **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.*
○ **Income verification** *See Section 3, "Ownership Status," for details.*	Pick the option that best applies to your application: ○ Schedule C from your most recent tax return (if family child care provider) ○ Current pay stub (if employee): pay stub should accurately reflect normal schedule. ○ Most recent tax documentation (if center owner): please submit 1040 and all supporting documents.
○ **Read the Participant Agreement and sign the Statement of Affirmation**	See page 3 of this application.
○ **Direct deposit documentation**	If you would like to receive payment via direct deposit, 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 initiate direct deposit.
○ **Return the application**	Send your completed application and required documentation to: Child Care WAGE$®: Helene Expansion for Disaster Relief, Early Years, PO Box 901, Chapel Hill, NC, 27514 or wagespages@earlyyearsnc.org. **Need help? Contact a Specialist at 919-967-3272.**

1. Applicant Information

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)*		

1. Applicant Information - *Continued*

Indicate correct options with a check. ✓

Regarding race and ethnicity, I identify as: *(optional)*

- O American Indian or Alaska Native
- O Asian
- O Black or African American
- O Hispanic or Latino
- O Middle Eastern or North African
- O Native Hawaiian or Pacific Islander
- O White
- O Other
- O Two or more races

2. Educational Background

Degrees earned *(check all that apply)*	**Major**	**Colleges attended**	**Year graduated**
O Coursework completed but no degree earned			N/A
O AA/AAS			
O BA/BS			
O MA/MS			
O EdD/PhD			

Have you earned any college credits that are not listed above? O **Yes** O **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.

O **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. *Verify your income by submitting the Schedule C from your most recent tax return.* **Date you became owner** ..... /..... /.....
O **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. *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.* **Date you became owner** ..... /..... /.....
O **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. *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.* ***Please list site names here:*** **Date you became owner** ..... /..... /..... ....
O **No Ownership**	I am employed by my child care program. I do not own any child care facility. *If you are not an owner, please supply an official pay stub or pay statement that reflects your normal work schedule to verify income.*

4. Participant Agreement

Early Years 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$®: Helene Expansion for Disaster Relief 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 their 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 for the entire commitment period and notify Child Care WAGE$®: Helene Expansion for Disaster Relief 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 Child Care WAGE$®: Helene Expansion for Disaster Relief staff to release information about participation, including education, to director and/or owner.

E. Acknowledge that the funding for Child Care WAGE$®: Helene Expansion for Disaster Relief is provided through the Division of Child Development and Early Education. 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 Early Years reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.

H. Acknowledge that reimbursement to Child Care WAGE$®: Helene Expansion for Disaster Relief 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 Child Care WAGE$®: Helene Expansion for Disaster Relief and acknowledge that I must continue to meet the eligibility requirements of that program in order to receive ongoing supplements. To be considered for a salary supplement, I understand that my contact and participation information may be released to the Division of Child Development and Early Education, North Carolina Partnership for Children, Smart Start partnerships or other partners. Information may also be shared with the TEACH Early Childhood® Scholarship Program as needed to support my participation. I authorize and consent to the release and sharing of such information by Early Years to the third parties described. I hereby release Early Years from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions. I understand that I can only participate in one salary supplement program at a time. By submitting this application, I am choosing WAGE$®: Helene Expansion for Disaster Relief. By participating in this program, I agree to receive emails from Early Years related to the application status, program updates, payment information, etc.

Applicant's Signature ..... Date .....

Printed name ..... County where you work .....

Send your completed application and required documentation to:

Child Care WAGE$®:
Helene Expansion for Disaster Relief
Early Years
P.O. Box 901
Chapel Hill, NC 27514

Phone: 919-967-3272
Email: wagespages@earlyyearsnc.org
www.earlyyearsnc.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

- O Family Child Care Provider
- O Assistant Director
- O Director
- O Assistant Teacher/Aide
- O Floater
- O Owner/Director
- O Teacher/Lead Teacher
- O 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? O Yes O No

Does the applicant work in a Head Start classroom? O Yes O No

Ages of children in care of this applicant (if applicable)

O Infants O Ones O Twos O Threes O Fours O Fives O School-age

Average hours worked per week	**How many hours per week on average 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 O 12 months O 10 months O Other .....

How often is the applicant paid?

O weekly O biweekly (every two weeks) O semi-monthly (two times a month) O monthly (10 months) O monthly (12 months)

How many months per year is the applicant paid?

O 9 months O 10 months O 12 months O Other .....

How many months per year does the applicant work?

O 9 months O 10 months O 12 months O Other .....

Current annual gross salary	**Current hourly rate**
Star Rating *circle one* ❶ ❷ ❸ ❹ ❺	***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 Early Years with information on employees 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. Child Care WAGE$®: Helene Expansion for Disaster Relief 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 .....

7. Authorization for Direct Deposit Via ACH (ACH Credit)

Early Years 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		
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: .....

We understand that this authorization will remain in effect until we notify Early Years in writing that we 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: .....

Send your completed application and required documentation to:

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Early Years
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NCDHHS Division of Child Development and Early Education

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