

**Instructions:** This application form must be completed in its entirety prior to submission to GAP Solutions, Inc.; failure to complete any section may delay the processing of your application. Please write N/A (non-applicable) in the space provided should the question not apply to you.

A Member Checklist is available for you at <http://www.americorpschildcare.com>. It outlines all of the required supporting documentation needed to accompany your application when it is submitted.

### Privacy Act Statement (PAS)

**Authorities** – This information is requested pursuant to the National and Community Service Act of 1990 as amended (42 USC 12501 *et seq.*), the Domestic Volunteer Service Act of 1973 as amended (42 USC 4950 *et seq.*), and E.O. 9397 as amended. **Purposes** – It is requested to manage, administer, and evaluate the child care benefits program offered to eligible AmeriCorps Service Members. **Routine Uses** – Routine uses of this information may include disclosure to (1) contractors to assist with administering the child care benefit, (2) individuals and organizations providing child care, and (3) federal, state, or local agencies pursuant to lawfully authorized requests. **Effects of Nondisclosure** – This request is voluntary, but not providing the information will likely affect your ability to receive child care benefits.

MEMBER INFORMATION			
AmeriCorps Member Name: (Last, First, Middle Initial)			
Member's National Service Participant ID # _____		<b>Type of Application:</b>	
Your NSPID # can be found in the MyAmeriCorps Portal (if available)		<input type="checkbox"/> <b>New Application</b> For first time applicants.	
Date of Birth: ____/____/____		<input type="checkbox"/> <b>Re-Enrollment Application</b> For members beginning a new term.	
Home Phone Number: (____)-____-_____	Cell Phone Number: (____)-____-_____	AmeriCorps Member E-mail Address:	
Street Address:			
City:	State:	Zip Code:	Full time residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
SPOUSE/DOMESTIC PARTNER INFORMATION			
Name:			
Street Address:	City:	State:	Zip Code:
Phone Number: (____)-____-_____	Email Address: _____	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed (fill in the next section)	

**If your spouse/domestic partner is unemployed, please complete the information below:**

Last date of employment: \_\_/\_\_/\_\_\_\_

Name of Last Employer:  
\_\_\_\_\_

Former Position:  
\_\_\_\_\_

Supervisor Name:  
\_\_\_\_\_

Telephone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**Is your spouse/domestic partner completing Job Training/Educational Program?**

If you answered yes, please complete section below:

Name of Training/Educational Institution:  
\_\_\_\_\_

Start Date: \_\_/\_\_/\_\_\_\_

Projected End Date: \_\_/\_\_/\_\_\_\_

Enrollment Status:

Full Time     Part Time

## HOUSEHOLD INFORMATION

**List all members of your household below** (including roommates, significant others, etc.)  
For all children listed, please include relationship as **biological, adopted, step child, foster, etc.**

**Total # of household members** \_\_\_\_\_

NAME OF HOUSEHOLD MEMBER	AGE	GENDER (M/F)	RELATIONSHIP TO MEMBER
			SELF

**Are there other Household Members over 18?**

*If they are employed, you may skip this section and submit a month's worth of paystubs for employment verification.* Complete the section below for all other household members **not** currently employed.

Household Member Name	Type of activity Training/Educational institution	Start Date	End Date
	<input type="checkbox"/> Seeking work <input type="checkbox"/> Enrolled in Job Training/Education Program	__/__/____	__/__/____
	<input type="checkbox"/> Seeking work <input type="checkbox"/> Enrolled in Job Training/Education Program	__/__/____	__/__/____
	<input type="checkbox"/> Seeking work <input type="checkbox"/> Enrolled in Job Training/Education Program	__/__/____	__/__/____
	<input type="checkbox"/> Seeking work <input type="checkbox"/> Enrolled in Job Training/Education Program	__/__/____	__/__/____

**Please describe their job training and or school schedule below:** (including days of week and total hours)

**INFORMATION FOR CHILD(REN) NEEDING CHILD CARE**

Child's Name	Is this child currently receiving any federal/state child care subsidy?		Is this child enrolled in school?	
	YES	NO	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SCHOOL INFORMATION**

For all school aged children, please fill in the table below to determine the type of care needed.

CHILD'S NAME	NAME OF SCHOOL	GRADE	SCHOOL SCHEDULE Example: 9 am – 2 pm.

**CHILD CUSTODY**

Attach the child custody arrangement portion of your court order. An affidavit or written statement must be submitted if informally agreed upon.

**SCHEDULE OF CHILD CARE NEED**

CHILD'S NAME

Fill in the boxes below with the hours your child will need care  
Example: 8 am – 6 pm

	SUN	MON	TUE	WED	THU	FRI	SAT

## SUMMARY OF HOUSEHOLD INCOME

**List the total Monthly Income for your entire household; income for all household members over 18 must be included. All boxes must be completed;** please write N/A (non-applicable) if the question does not apply to you. If any of your household members are self-employed, please have them complete the **Statement of Work Activity Form**.

FORM OF INCOME	AmeriCorps Member	Spouse/ Domestic Partner	Household Member	Household Member
Wages, Salaries & Tips				
AmeriCorps Stipend				
Self-Employment				
Adoption subsidies / Foster care payments				
Alimony				
Child Support				
Nutritional Programs (ex: SNAP)				
Housing allotments or assistance				
Military housing or other allotment / bonuses				
Scholarships, education loans, grants, or income from work study				
Social Security Income				
Veteran Benefits				
Unemployment Benefits				
Temporary Assistance for Needy Families (TANF)				
Worker's Compensation				
Other: _____				
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____	\$ _____

**Disclaimer** – Documentation will be required to support each of the declared forms of income.

## AMERICORPS MEMBER CONFIRMATION

Please initial each box to verify that you have read and understand the policies listed below:

I certify that:	
	I am the parent or legal guardian of the child(ren) listed in this application and that I must submit verification of such in order to be eligible to participate in the AmeriCorps Child Care Benefits Program.
	I need the AmeriCorps Child Care Program benefit in order to serve.
	All information submitted in this application is true and correct.
	My total household income has been reported.
	The documentation submitted in support of the application is true and accurate copies that have not been altered from the original.

I understand that:	
	The information on this application is required to determine my eligibility for the benefit.
	The AmeriCorps Child Care coordinators may verify any information on this application at any time they deem necessary.
	The child care benefit for which I may be eligible is based on income, household size, age of child(ren), the provider/program license type, and the provider/programs location. <b>If there are any changes to my situation, I must report all changes to the AmeriCorps Child Care Program immediately.</b>
	I must give the AmeriCorps Child Care Program 5 business days' notice when my status as a member changes in a manner that may affect my eligibility for child care benefits.
	I must select a qualified child care provider/program that meets state and federal qualifications necessary to participate in the AmeriCorps Child Care Program. <b>The AmeriCorps Child Care Program is under no obligation to begin payments until the provider/program has met all prerequisites as described in my state's Child Care Development Fund Plan.</b>
	I must give the AmeriCorps Child Care Program a minimum of 2 weeks' notice when changing child care providers/programs and must turn in all necessary paperwork to process such provider. (See Provider Checklist under FORMS on <a href="http://www.americorpschildcare.com">www.americorpschildcare.com</a> ).
	I may use more than one provider (or use a back-up provider); The AmeriCorps Child Care Program will not pay for the same period of care for the same child, to multiple providers.
	<b>The AmeriCorps Child Care Program will only make all payments to my child care provider.</b> Payments are distributed on a monthly basis, after the month of care has been provided. Payments are processed within 10 business days of receipt of a completed attendance sheet. <b>You, the AmeriCorps Member, are responsible for paying all child care charges in excess of the child care benefit amount.</b>
	AmeriCorps members may not claim a child care benefit from AmeriCorps while also receiving a child care benefit from another source.

*I understand/certify that I have read all of the above and understand its content. I also understand that non-compliance with any of the above may result in termination of my participation in the AmeriCorps Child Care Program and that I may be required to re-pay any money paid on my behalf and any misrepresentation of information may result in legal action.*

\_\_\_\_\_ Today's Date  
 AmeriCorps Member Name (please print)      AmeriCorps Member Signature