



The Adult Resource Center  
**Child Care Grant Application**  
**Summer 2020**

The Child Care Grant provides custodial parents with child care funding assistance while the parent is attending Lansing Community College. Child Care Grant funds are only payable to **licensed** child care providers.

Name:		Student Number:	
Preferred Phone:		Date of Birth:	
<b>MARITAL AND EMPLOYMENT INFORMATION</b>			
Marital Status:  <input type="checkbox"/> Single  <input type="checkbox"/> Separated  <input type="checkbox"/> Married/Remarried  <input type="checkbox"/> Divorced or Widowed	Employment status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		
	Do you have a <b>recent</b> change in household size or marital status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please briefly explain the change and the approximate date of the change:		
	If Married/Remarried, what is the reason yours spouse is unable to provide child care?		
<b>HOUSEHOLD INFORMATION</b>			
How many people are in your household?		How many people in your (and your spouse's) household will be college students during this school year?	
<b>Spouse</b> (if you are married and living in the same home):			<b>"X" if this child needs care:</b>  <div style="text-align: center; padding: 10px 0;"> <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/> </div>
<b>Children:</b>  Name: _____  Name: _____  Name: _____  Name: _____	<b>Sex:</b>  <input type="checkbox"/> M <input type="checkbox"/> F  <input type="checkbox"/> M <input type="checkbox"/> F  <input type="checkbox"/> M <input type="checkbox"/> F  <input type="checkbox"/> M <input type="checkbox"/> F	<b>Date of birth:</b>  _____  _____  _____  _____	
<b>CHILD CARE PROVIDER INFORMATION</b>			
Name:		Phone:	
Address:	City:	State:	Zip:
Email:	Provider's Work Days and Hours:		Fee Charged:
Child Care License Number (two letters followed by nine numbers):	Is this an aftercare program/facility?  <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____  <input type="checkbox"/> Hourly <input type="checkbox"/> Daily  <input type="checkbox"/> Weekly

FASFA INFORMATION	
I have filed a 1920 FASFA: <input type="checkbox"/> Yes <input type="checkbox"/> No	I have completed all requests for verification from the Financial Aid Office: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you received any of the following between 2017-2018? Check all that apply:</b> <div> <input type="checkbox"/> Medicaid                                      <input type="checkbox"/> SSI – Supplemental Assistance Income  <input type="checkbox"/> SNAP – Special Nutrition Assistance Program      <input type="checkbox"/> Free or Reduced Lunch  <input type="checkbox"/> TANF – Temporary Assistance for Needy Families      <input type="checkbox"/> WIC           </div> <hr/> <div> <input type="checkbox"/> Housing/Public/Section 8 Subsidy                      <input type="checkbox"/> Family/friend’s assistance  <input type="checkbox"/> Income    <input type="checkbox"/> Spouse income           </div> <hr/> <div> <input type="checkbox"/> Other Untaxed Income                                      <input type="checkbox"/> Unemployment Compensation  <input type="checkbox"/> Child Support Received                                      <input type="checkbox"/> Alimony Received           </div>	
Will you be receiving GSRP, DHHS Cash Assistance, or Head start funding? <input type="checkbox"/> Yes <input type="checkbox"/> No   - If Yes, provide documentation	
INTERNATIONAL STUDENT INFORMATION	
Are you an International Student? <input type="checkbox"/> Yes <input type="checkbox"/> No  If you checked “Yes” you do not need to file a FAFSA. Please provide copies of your income, spouse’s income (if married), parents income (if you are a dependent student), and any other forms of financial assistance you may receive.	

**Please sign below to verify that you agree to the conditions and responsibilities of this award and that you assume responsibility for knowing Lansing Community College policies.**

- 1. If I drop a course, my grant will be decreased accordingly.
- 2. The check will be sent directly to the child care provider.
- 3. I will only receive assistance for approved classes taken on a credit basis, not classes taken on an audit basis.
- 4. I understand my academic progress will be monitored, and funding decisions will be made by committee on a case by case basis.
- 5. I understand that the child care assistance funds are limited and may not be available in subsequent semesters.
- 6. I will report any changes in income, marital status, number of dependents, and/or change in child care to the ARC.
- 7. I give permission to the Adult Resource Center (ARC) at Lansing Community College to have access to my enrollment, Financial Aid, skill level scores, academic progress, and grade information.
- 8. I do hereby give permission to the staff of the ARC to release information pertaining to my child care grant, enrollment, and class schedule to my licensed child care provider, and to the DHS.
- 9. Applications without documentation will not be able considered for the grant.

**Lansing Community College is an equal opportunity educational institution/employer. Lansing Community College programs and activities are open for all persons regardless of race, color, sex, age, religion, national origin, creed, ancestry, height, weight, sexual orientation, gender identity, gender expression, disability, familial status, marital status, military status, veteran’s status, or other status as protected by law, or genetic information.**

SIGNATURES	
I certify that I am the custodial parent of the children listed on this application and can provide proof of custody if requested by the Adult Resource Center and/or the Financial Aid Office.  <b>Applicant’s Initials:</b> _____ <b>Date:</b> _____	I certify that all statements made on this application are true to the best of my knowledge and I can provide proof of information stated on this application if requested by the Adult Resource Center and/or the Financial Aid Office.  <b>Applicant’s Initials:</b> _____ <b>Date:</b> _____

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Drop off application to:</b> LANSING COMMUNITY COLLEGE Gannon Building: Starzone Center for Student Support	<b>Mail application to:</b> ARC - 1130 Lansing Community College P.O. Box 40010 Lansing, MI 48901-7210	<b>For more information:</b> Call: 517-483-1199 Email: AdultRC@star.lcc.edu
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