PURPOSE:
The Child Care Grant is designed to provide eligible custodial parents with child care funding assistance while the parent is attending Lansing Community College. The grants are based on the criteria listed below and provide partial payment of licensed child care services for the recipients.

GRANTS:
Grants are dependent on the number of applications received and the availability of funds. Specific grant amounts are determined by the number of credits for which the student enrolls. The child(ren) must be in licensed child care during the time the parent is in class in order to be eligible for assistance.

ELIGIBILITY:
The family’s gross income must not exceed:

- $25,000  self with one dependent
- $27,000  self with two dependents
- $29,000  self with three dependents
- $31,000  self with four dependents
- Add $ 2,000 for each additional dependent

The members in the family who are claimed on the income tax return or children for whom you have custody or joint custody are considered dependents. If married and living in the same home, spouse should be counted as a dependent.

If your family’s gross income exceeds these income guidelines, you may be eligible for other types of financial assistance.

Students eligible Fall 2012 or Spring 2013 will not need to reapply for Summer 2013. You must complete a NEW application for the 2013-14 academic year by June 15, 2013.

APPLICATION DEADLINE DATES
All applications for the Child Care Grant are to be submitted to the WRC/RAP, room 204 Gannon Building. You are advised to turn in your application as soon as possible. DO NOT WAIT FOR THE FINAL DEADLINE. THOSE WHO APPLY FIRST MAY BE SERVED FIRST.

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DEADLINE DATES:

- Fall Semester 2012  June 15, 2012
- Spring Semester 2013  October 15, 2012
- Summer Session 2013  April 15, 2013

If the deadline falls on the weekend, applications will be accepted the following Monday until closing. Call (517) 483-1924 for office hours since hours of operation may vary.

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- Receipt of this grant for one semester does not guarantee its continuance in subsequent semesters and is dependent upon availability of funds.
- All applications must be completed and received by the Women’s Resource Center/Returning Adult Program (WRC/RAP) by the deadline date. No exceptions will be made.
- All applications must have complete information about the child care provider, including the CHILD CARE LICENSE NUMBER. If you need assistance in finding a provider, visit the website of Greater Lansing for Kids at http://greatstartforkids.org/connect/.
- The REQUIRED proof of income and custody must be attached.
LIMITATIONS AND CONTINUATION OF GRANT:

1. All grants will be made on a one-semester-only basis. Eligibility does not guarantee a grant and is dependent on availability of funds.

2. A recipient must be enrolled and attending an LCC class during the time that a child, in child care, is supported by the grant.

3. A student may be eligible for child care assistance for one semester regardless of past academic performance. Students who fail to earn a 2.0 or higher in each course while receiving this grant may be ineligible or may receive a child care grant for a limited number of credits. Drops after the 100% refund time period, Withdrawals ("W"), Incompletes ("I"), and lack of a satisfactory completion rate may affect subsequent eligibility. No Repeat ("R") courses will be funded unless approved by a staff member.

4. The grant funding must be used for child care at a licensed child-care home or child-care center.

5. If you receive child care assistance from any other source such as DHS, city scholarships, etc., you must use those funds first. If you have unmet child care needs, the WRC/RAP may be able to assist you if you meet all eligibility criteria for the Child Care Grant.

6. This grant is designed to assist students in obtaining their educational/occupational goals. LCC courses taken toward a certificate or associate degree, job-oriented courses, those taken for transfer, and other courses as approved are eligible for child care assistance. Recreational courses will be limited to one per semester.

7. This grant is limited to 12 credits (6 credits in the Summer) unless the student's curriculum requires more. Fewer than 12 (or 6) credits may be taken.

ACCOUNTING AND ADMINISTRATION CONCEPTS:

1. No funds will be given directly to recipients of the Child Care Grants. Checks will be made out by Lansing Community College and sent directly to the approved child care provider with the recipient's name as the second endorser.

2. Please note that the check must be signed by both the recipient of the grant and the child care provider.

3. No monies may be given to the recipient by the child care provider unless money is owed back to the recipient who paid in advance.

If you have any questions about this grant, please contact the WRC/RAP at (517) 483-1199.

Drop off application to:

LANSING COMMUNITY COLLEGE
Room 204
Gannon Building
Support Services
422 N. Washington Square
Lansing MI 48933

OR

Mail application to:

WRC/RAP - 1130
Lansing Community College
P.O. Box 40010
Lansing, MI 48901-7210

Call to verify receipt

Fax applications to:

WRC/RAP
517-483-9645
Include your full name.

Call to verify receipt

OR
APPLICATION FOR CHILD CARE GRANT
WOMEN'S RESOURCE CENTER/RETURNING ADULT PROGRAM
LANING COMMUNITY COLLEGE

NAME:_____________________________________

PREVIOUS NAME AT LCC:____________________

ADDRESS:__________________________________

CITY:___________________ZIP:________________

PHONE HOME: (_______)_________ - _____________
□ check box if we should NOT call

WORK: (_______)_________ - _____________
□ check box if we should NOT call

EMAIL ADDRESS: ___________________________

SOCIAL SECURITY #:_______________________

STUDENT NUMBER: _______________________

CURRICULUM: ____________________________

DATE OF BIRTH: _________________________

HAVE YOU APPLIED FOR THIS GRANT BEFORE?______

□  Single/never married      □ Divorced      □  Married
□  Widowed      □  Separated

If you are married, identify the reason your spouse is unable to provide child care for your child:
_____________________________________________________________________________

Are you presently employed?__________

How many hours per week are you working?______________

FINANCIAL AID INFORMATION:  Attach proof of eligibility and amount.
1. Have you received this child care grant before?_____  WHEN?_________

2. Do you receive assistance from any of the following?
   _____ Women’s Resource Center Foundation Grant.
   _____ Single Parent, Displaced Homemaker, Non-Traditional Career and Special Populations Grant.
   _____ Pell.
   _____ Other. Describe: __________________________________________

3. ARE YOU RECEIVING CHILD CARE ASSISTANCE FROM ANY OTHER SOURCE?
   DHS_____    OTHER_____
   AMOUNTS:$__________________
INFORMATION ON LICENSED CHILD CARE PROVIDER—ALL OF THIS INFORMATION MUST BE COMPLETED BY THE DEADLINE DATE. If you need assistance in finding a provider, visit the website of Greater Lansing for Kids at http://greatstartforkids.org/connect/ as soon as possible and have your provider chosen before the deadline.

NAME:___________________________________________ PHONE:____________________________________

ADDRESS:____________________________________ CITY:________________ ZIP:____________________

PROVIDER'S CHILD CARE LICENSE NUMBER:__________________________ (THIS IS TWO LETTERS FOLLOWED BY NINE NUMBERS)

FEE CHARGED $____________ DAILY_________ HOURLY_______ WEEKLY________

PROVIDER'S WORK DAYS AND HOURS:________________________________________

If you have a school-age child, identify below the hours that he/she will be in school:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

DOCUMENTATION REQUIRED!

PLEASE LIST ALL DEPENDENTS: If you are married and living in the same home, list spouse. You must provide either Child’s Medicaid card, court ordered custody papers OR any TWO pieces of documentation from the examples below for each dependent child. PUT “X” IN BOX FOR CHILDREN NEEDING CHILDCARE.

- Divorce Papers
- Child Support Documentation
- WIC booklet showing child’s name
- DHS assistance showing child’s name
- Immunization Record
- School Record
- Birth Certificate
- Social Security card

Spouse’s name:____________________________________

List Children’s names and date of birth

____________________________________________________________________________
sex:_____ DOB:__________________________

____________________________________________________________________________
sex:_____ DOB:__________________________

____________________________________________________________________________
sex:_____ DOB:__________________________

____________________________________________________________________________
sex:_____ DOB:__________________________
CHECK ALL SOURCES OF INCOME. INDICATE DOLLAR AMOUNT AND IF INCOME IS WEEKLY, BI-WEEKLY, OR MONTHLY. YOU MUST ATTACH CURRENT PROOF OF INCOME FOR EACH SOURCE YOU RECEIVE. Income tax forms are not acceptable. Report gross income (before taxes).

- Applicant's employment $ ___________ (circle one: weekly/bi-weekly/monthly)
  Must provide copies of recent check stubs.

- Spouse's income $ ___________ (circle one: weekly/bi-weekly/monthly)
  Must provide copies of recent check stubs.

- Child support received $ ___________ (circle one: weekly/bi-weekly/monthly)
  Must provide recent check stubs, account summary, or court order, or bank statement indicating child support deposit.

- Alimony received $ ___________ (circle one: weekly/bi-weekly/monthly)
  Must provide recent check stubs, account summary, or court order, or bank statement indicating alimony support deposit.

- Food Assistance $ ___________
  Must provide copy of EBT/Bridge card or a letter from DHS detailing assistance, or a statement from your online account.

- DHS Cash Assistance $ ___________
  Must provide letter from DHS detailing assistance or a statement from your online account.

- Medicaid
  Must provide copy of Medicaid cards or letter from DHS detailing assistance.

- Social Security $ ___________
  Must provide letter from Social Security Administration detailing assistance or recent check stub.

- Unemployment compensation $ ___________
  Must provide letter from Unemployment Agency detailing assistance.

- Family/friend’s assistance.
  Must provide letter from family/friend (include name, current date, name of student being assisted, description of assistance and signed).

- Housing/Public/Section 8 Subsidy
  Must provide documentation detailing assistance either from the Housing Commission or your landlord.

- Other $ ___________ Describe:
  Examples may be student loans, tax returns, in-home business, etc.
  Must provide supporting documentation.
1. If I drop a course, my grant will be decreased accordingly.

2. The check will be made out to the licensed child care provider indicated above and myself and 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 will maintain a minimum of a 2.0 in each class.

5. I understand that the child care assistance funds are limited and may not be available in subsequent semesters.

6. The WRC/RAP will request progress reports from my instructors.

7. I will report any changes in income, marital status, number of dependents, and/or change in childcare to the WRC/RAP.

I give permission to the WRC/RAP at Lansing Community College to have access to my enrollment, Financial Aid, skill level scores, academic progress and grade information.

I do hereby give permission to the staff of the WRC/RAP to release information pertaining to my child care grant, enrollment, and class schedule to my licensed child care provider, and to the DHS.

I hereby acknowledge that the information submitted here-with is true and correct and understand the conditions as stated in the application and the cover sheet.

________________________________________
SIGNATURE

________________________________________
DATE

Funds are made available by Lansing Community College.
Lansing Community College does not discriminate on the basis of race, religion, age, national origin, sex, marital status, color, height, weight, handicap or sexual orientation in its employment, educational programs or activities. If you feel you have been discriminated against, contact the Human Resources Department at (517) 483-1673.

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Check your application
What Documentation did you provide?

Please mark the documentation you provided with this application.

___ Applicant’s recent Check stubs
___ Bank Statement
___ Child Support Documentation
___ Custody Papers
___ Dependent’s Birth Certificate
___ Dependent’s School Record
___ Dependent’s Social Security card
___ Divorce Papers
___ EBT/Bridge card
___ Immunization Record
___ Lease
___ Letter from DHS showing Cash Assistance
___ Letter from DHS showing Food Assistance
___ Letter from DHS showing Medicaid Assistance
___ Letter from family/friend detailing assistance
___ Medicaid Cards
___ Profit/loss tax form
___ Section 8 letter
___ Social Security Disability Insurance
___ Social Security Insurance
___ Spouse’s recent check stubs
___ Student Loans
___ Unemployment Benefits
___ WIC booklet showing child’s name
___ Other: Describe ________________________________

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.

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________________________________________
SIGNATURE

________________________________________
DATE