



**Carl D. Perkins Grant-Career and Technical Education (CTE) Programs
Child Care Assistance Program Application
Academic Year 2021-2022**

Name: _____ Banner ID: _____
ACES Email: _____ Phone Number: _____
CTE Major: _____ Expected Semester of Graduation: _____

Select any of the following unique and/or special circumstances that apply to you. (Check all that apply)

- Individual with disabilities
- Individual from economically disadvantaged families, including low-income youth and adults (Pell Grant recipients)
- Individual preparing for non-traditional fields
- Single parent, including single pregnant woman
- Out-of-workforce individual
- Homeless
- Youth who are in, or have aged out of, the foster care system
- Youth with a parent who is a member of the Armed Forces and is on Active Duty
- Individuals with other barriers to educational achievement, including individual with limited English proficiency.

Select the semester(s) you are interested in using the child care assistance:

Fall

Spring

Summer

To be eligible for the Carl D. Perkins Child Care program; you must meet the following:

- Currently be enrolled in an NVC Associate of Applied Science Degree or Certificate program. For a list of Associate of Applied Science and Certificate programs, go to: <https://mynvccatalog.alamo.edu/content.php?catoid=196&navoid=12939>
- Be a Pell Grant recipient at the time of application
- Meet at least one of the unique/special circumstances listed above
- Currently be enrolled in a minimum of 6 semester hours applicable towards your Associate of Applied Science degree or Certificate at NVC
- Home campus must be Northwest Vista College
- Have and maintain a semester GPA of 2.0 or higher and an overall GPA of 2.0 or higher
- Be the legal, physical, custodial parent of the child(ren) using the services
- Not currently enrolled in a different Child Care Services subsidized child care program
- Use a licensed Child Care Provider and/or before and after school program that accepts NVC's form of funding/reimbursement (providers must not be related by blood or marriage to the student) and **child must be enrolled at the time of application**. Eligible providers can be found here : https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilitySearchDayCare.asp
(Note: Initial permitted providers will not be accepted)
- Paid for tuition and fees for semesters applying for child care assistance or be on a payment plan

Must provide a copy of your schedule for the semester you are applying for, copy of degree plan, copy of Pell Grant eligibility and a receipt of paid classes.

Child Information 1

Provide the name of child's other parent

Is the other parent an NVC Student? Yes No

Name and Age of Child _____

Child Care Provider Name _____

Phone _____

Child Care Provider Address _____

Is the Child Care Provider related to you by blood or marriage? Yes No

Scholarships, discount, DSHS or other resources received to help for childcare costs: \$ _____ per month.

Child Information 2

Provide the name of child's other parent

Is the other parent an NVC Student? Yes No

Name and Age of Child _____

Child Care Provider Name _____

Phone _____

Child Care Provider Address _____

Is the Child Care Provider related to you by blood or marriage? Yes No

Scholarships, discount, DSHS or other resources received to help for childcare costs: \$ _____ per month.

Child Information 3

Provide the name of child's other parent

Is the other parent an NVC Student? Yes No

Name and Age of Child _____

Child Care Provider Name _____

Phone _____

Child Care Provider Address _____

Is the Child Care Provider related to you by blood or marriage? Yes No

Scholarships, discount, DSHS or other resources received to help for childcare costs: \$ _____ per month.

Additional Information

Please use this section to provide us additional information regarding your application in the box below. For example, if you are using the child care provider for only one month or if you are receiving funding from other resources, please let us know because it can make a difference when determining your eligibility. You may also use this section to inform us if there is any other information you want us to know when processing your application. Do you have additional information to provide?

Certification and Signature

Application does not guarantee approval and is based on student eligibility and available funds.

Assistance is granted on a semester basis. Awarded funds will be provided to District Financial Aid and may have an impact on your Financial Aid. (Fall semester funding will begin once Grants funds are available, usually October)

I have submitted and attached all the **required documents**, only complete applications will be considered.

- Schedule for semester you are applying for assistance
- Current degree plan
- Pell Grant eligibility
- Receipt of paid classes or payment plan

I approve the release and/or review of my personal school records.

I allow for progression checks monthly with faculty and the Advocacy Center to ensure success in the program.

I have paid for courses and fees for the semester receiving Child Care funding and am currently a Pell Grant recipient.

I understand funding can only be used with a licensed child care facility and in all cases, the provider must not be related to me by blood or marriage.

I understand that this program provides funding for child care costs only. Funding is not provided for any kindergarten fees, private school tuition (for kindergarten or higher), enrichment activities, registration fees, field trips, meals or extra activities. I will contact the Advocacy Center for any needed guidance or clarification regarding acceptable expenses.

I understand that at the end of the semester or at the request of the Carl D. Perkins Child Care Program, I may be required to submit a Cost Verification Form. This form will be signed by both the child care provider and myself and include documentation of my child care expenses. I further understand that failure to submit the Cost Verification Form by the established deadline may result in a hold on my registration, transcript or future child care funding disbursements. I also understand that I may be required to repay all or a portion of the child care funding disbursed to me if there are discrepancies between the amounts reported at the time of application and cost verification.

By submitting this application, I certify that the above statements relating to this agreement are complete and correct to the best of my knowledge and I understand that any intentional misrepresentation in this application may result in cancellation and repayment of my child care expenses. I further understand that a receipt of funding should be used for the purposes of obtaining and paying for child care for my dependent (s) while I am enrolled in Northwest Vista College. Any changes in my child care needs or costs will be communicated immediately to the NVC Advocacy Center.

I understand the above requirements and that submission of the Carl D. Perkins Day Care Assistance Application does not guarantee assistance.

Student Signature _____ Date _____

Submit application to the Advocacy Center Located in: Huisache Hall, Rm 101; Email: nvc-advocacyctr@alamo.edu

<p>For Office Use Only</p> <p>Date: _____</p> <p>Approved: Yes No</p> <p>Payment Process Date: _____</p> <p>Processor Initials: _____</p>	<p>Comments:</p>	<p>Approved Amount:</p> <p>Fall \$ _____</p> <p>Spring \$ _____</p> <p>Summer \$ _____</p> <p>Invoice Number: _____</p> <p>Processor Initials: _____</p>
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