



Raising Riley Child Care Scholarship Application



What is a Raising Riley scholarship?

Through the Kansas Children's Cabinet and Trust Fund's Early Childhood Block Grant, the Raising Riley program (RR) has an opportunity to improve the affordability of child care. The scholarship program allows parents/guardians that live, work or attend school in Manhattan/Riley County the opportunity to receive financial assistance for child care if the preschool/daycare provider accepts RR funds. Raising Riley and the Riley County Health Department do not discriminate based on race, color, national origin, gender, age, disability, political beliefs, sexual orientation, religion and marital or family status. All information contained in this application is strictly confidential.

How to find child care:

- ✓ If you currently have licensed child care, ask your provider if they are willing to participate in Raising Riley
- ✓ If you are looking for child care, visit www.raisingriley.com and check out the scholarship tab for links.

To be considered for a scholarship you must meet at least one of these risk-factors:

1. Income qualifies family for free or reduced lunch – 185% of poverty

a. Income sources that must be counted when determining eligibility:

- Gross earned wages
- Documentation of financial assistance from other countries
- Adjusted gross income from taxable self-employment income
- Social Security benefits
- Workers' compensation
- Disability compensation
- Unemployment benefits
- Alimony/maintenance
- Child support (direct or indirect)
- Armed Forces pay (will include base pay, BAH, allotments, and hazardous duty pay)

b. Income sources NOT counted when determining eligibility:

- Supplemental Security Income (SSI)
- Educational program loans, grants, scholarships

- Teen parent at time of child's birth
- Child lacking health insurance
- Either parent has less than high school education
- First language is not English, or English is not primarily spoken in the home
- Child is in foster care or court ordered custodial/kinship care
- DCF referral
- Child at-risk for developmental delays (Ex: ASQ scores, developmental screening results)
- Child with inadequate housing/chronic or episodic homelessness
- Migrant status
- Family resides in Riley County

Household/ Family Size	185%	Single custodial parent with no other risk factors 225%
1	\$26,973	\$32,805
2	\$36,482	\$44,370
3	\$45,991	\$55,935
4	\$55,500	\$67,500
5	\$65,009	\$79,065
6	\$74,518	\$90,630
7	\$84,027	\$102,195
8	\$93,536	\$113,760
9	\$103,045	\$125,325
10	\$112,554	\$136,890

• All parents/guardians must be ONE of the following:

- Employed a minimum of 30 hours per week
- Full-time student (full time high school student, full-time college student =12 hours, masters student=6 hours)
- Part-time student & part-time employment

- If your child will be entering kindergarten in the fall and a parent/guardian is not employed, scholarship assistance may be available for your child if enrolled in center-based care
- Your child must be birth through five years old (not yet eligible for kindergarten).
- Your child must be ENROLLED in full-time care with a licensed provider in Manhattan or Riley County. (See above for part day preschool exception)
- If your child receives other financial assistance for child care, for example, any payments from DCF assistance, military child
- Your application must be complete and all supporting documentation must be returned with it.

Temporary Scholarship Award: A temporary scholarship may be awarded for child care during the job search process. This award will be for a one month period. At the conclusion of the one month period application will be reviewed with the family.

Emergency Scholarship Award: A temporary scholarship may be awarded for child care during a family crisis. Each situation will be addressed individually.

Wait List: In the event of a wait list, applications will be reviewed and prioritized based on the Raising Riley Risk Factor Assessment.

Scholarship Recipient Information

Child's Information (Scholarship Recipient)

Child's Name (First & Last Name)

Child's Date of Birth



Gender *

- Male
 Female

Child Care Provider/Center Name

Does your child have an

- Individualized Education Plan (IEP)
 Individualized Family Service Plan (IFSP)
 None

Was your child born premature? *

- Yes
 No

If yes, number of weeks premature

Have you been referred to our program by the Department of Children and Families?

- Yes
 No

How did you hear about Raising Riley?



Child Demographics

Child's Ethnicity

- Hispanic/Latino/Spanish Origin
 Non-Hispanic/Non-Latino/Not Spanish Origin

Child's Race

- White
 Black
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other

Child Health Insurance *

- Medicaid/State Children's Insurance Program
- No Insurance
- Private or Other
- Tri-Care (Military Insurance)

Does this child speak a language other than English at home? *

- Yes
- No

Child's Primary Language *

- English
- Spanish
- Other

Please specify primary language if "other" is selected

Other Qualifying Information

Are you a Migrant Worker?

- Yes
- No

Are you experiencing a family emergency or have an individual need to be taken into consideration? *

- Yes
- No

If yes, please explain

Have you received Raising Riley child care assistance in the past?

- Yes
- No

If yes, please provide the child's name and approximate dates of scholarship

Parent/Guardian Information (Primary Contact)

Primary Caregiver's Name (First & Last Name)

Primary Caregiver's DOB (mm/dd/yyyy)

Relationship to Child *

- Mother
- Father
- Other

Please specify relationship to child if "other" is selected

Street Address

City

Zip Code

County

Phone

Email

Primary Caregiver's Gender

- Male
- Female

Primary Caregiver's Ethnicity

- Hispanic/Latino/Spanish Origin
- Non-Hispanic/Non-Latino/Not Spanish Origin

Primary Caregiver's Race

- White
- Black
- Hispanic
- Asian/Pacific Islander
- Native American/Alaskan Native
- Other

Does primary caregiver speak a language other than English at home? *

- Yes
- No

Primary Caregiver's Primary Language *

- English
- Spanish
- Other

Please specify primary language if "other" is selected

Primary Caregiver's Highest Education Completed *

- Currently enrolled in high school
- High school age, not enrolled
- Less than High school diploma
- GED
- High School Diploma
- Some college/training
- Technical Training Certificate/Associate Degree
- Bachelor degree or higher

Relationship Status *

- Never Married
- Married
- Divorced
- Widowed

Primary Caregiver's Health Insurance *

- Medicaid/State Children's Insurance Program
- No Insurance
- Private or Other
- Tri-Care (Military Insurance)

Household Information

Persons in household

of Adults (include self) in household

of Children-Under 18 (Include recipient) in household

Please list all residents living at your address. This includes roommates, family members, etc.

Resident 1

Name

Date of Birth (mm/dd/yyyy)

Relationship

Resident 2

Name

Date of Birth (mm/dd/yyyy)

Relationship

Resident 3 - If Applicable

Name

Date of Birth (mm/dd/yyyy)

Relationship

Resident 3 - If Applicable

Resident 4 - If Applicable

Resident 5 - If Applicable

Resident 6 - If Applicable

Housing Arrangement *

- Stable Housing
- Temporary Housing
- Homeless/living in shelter

In the past year has your family had to sleep in a temporary living arrangement? *

- Yes
- No

All Income Sources

- Wages
- Maintenance
- Worker's Comp
- Temporary Assistance to Needy Families (TANF)
- Unemployment
- Social Security
- Supplemental Security
- Other



Primary Caregiver's Employment Information

Name of Employer

Employer's Phone #

Hourly Wage \$

Hours worked/week

Secondary Caregiver's Employment Information - If Applicable

Name of Employer

Employer's Phone #

Hourly Wage \$

Hours worked/week

If an adult has multiple places of employment, list incomes in the extra space provided below.

Please add any notes or additional employment information if applicable

Does your family RECEIVE any of the following:

Child Support

Yes No

Amount Received Monthly

DCF Child Care Subsidy

Yes No

Amount Received Monthly

Discount or other reduction in tuition from child care provider

Yes No

Amount Received Monthly

Any other assistance with child care?

Yes No

Amount Received Monthly

If you answered yes, please explain

REQUIRED: Please attach the following information (where applicable):

- Most recent 3 paystubs or employment verification letter
- Documentation of marital status (legal separation agreement, divorce decree, et.)- if applicable
- International Students: Copy of lawful presence and financial support letters from home government-if applicable
- Kansas issued photo ID or Driver's License
- Student Self Service Academic Certification form (can be printed from your KSIS account) or Enrollment Verification if attending school other than KSU-if applicable
- Child's IEP/IFSP-if applicable

Responsibilities of Parent/Guardian

- I declare that this application is true and correct.
- I understand that if I receive a Child Care Scholarship to which I am not entitled as a result of providing false information, I must repay the cost of that assistance.
- I understand that my child must be in full-time care (35+ hrs/wk) with a licensed childcare provider.
- Both parents/guardians must be individually employed at least 30 hours a week. Students must be enrolled fulltime in high school classes or 12 plus hours for undergrad status/9 plus hour Master's program. A combination of employment and school can be considered if the hours equal full-time status.
- I understand that my eligibility status or scholarship amount may change to reflect any additional childcare subsidies.
- I understand that information may be shared between RR and child care provider to verify eligibility.
- I understand that it is my responsibility to provide proof of income, student status and other requested information needed to determine eligibility for this program and that failure to do so can result in my application/scholarship being denied.
- I understand that proof of income, student status, and other requested information needed may be requested semi-annually and as often as the Raising Riley program deems necessary.
- I understand that I must notify RR two (2) weeks prior to exiting scholarship program for any reason. Failure to do so could jeopardize future awards.
- I grant permission to the Raising Riley Program to exchange information with other agencies offering child care assistance. (Ex: ACCYN, DCF, Child Care Provider, USD 383, Infant/Toddler Services, Riley County Maternal and Child Health)
- I understand that award amounts are subject to change based upon availability of funds.
- It is the parent/guardian's responsibility to notify RR in writing within 5 days when a change in circumstances takes place, such as marital status, job changes, student status changes, income changes, additional child care subsidies received (ACCYN, DCF, SBA, etc.), new household members, new child care providers, etc. Failure to do so may result in loss of funding.

I understand that if I receive a Child Care Scholarship, I agree to:

- Meet with a RR Early Childhood representative for orientation and child assessment. Scholarship will begin when orientation is completed.
- Mandatory assessments completed by a Raising Riley representative as scheduled at the FCRC building. Text messages will be sent as appointment reminders. (Raising Riley reserves the right to complete required assessments in the child care setting when deemed necessary by the RR coordinator.)
- Provide RR a two week notice when my child will be leaving the scholarship program for any reason. Exit developmental screenings must be completed by RR program in order for final month's scholarship reimbursement to be dispersed. If not completed due to parent/guardian non-notification, scholarship will be suspended for last month's attendance and parent/guardian is responsible for payment in full to provider.
- I understand that Raising Riley reserves the right to refuse services based on non-compliance with this participation agreement.

To Whom it May Concern:

I hereby authorize any person, agency, or institution to supply information concerning myself or my family as requested by Riley County Health Department - Raising Riley and to allow inspection and reproduction of records in their possession by any duly authorized representative of Raising Riley and the Riley County Health Department. I herewith release any person, agency or institution from any and all liability to myself or to my family for supplying such information. This authorization is given only in connection with its use by Raising Riley and the Riley County Health Department in its administration of Raising Riley programs and for no other purpose.

Your Signature

Please be sure to complete the Enrollment & Fee Verification form with your provider. You or your provider can access this form at www.raisingriley.com located under the provider tab. You may also access this form in a new browser window by clicking the button below.

Enrollment & Verification Form

Thank you for your interest in the Raising Riley Child Care Scholarship Program. Please allow up to 3 business days for Raising Riley to process your application. If you have any questions about your application please feel free to contact the Raising Riley office at (785) 776-4779 ext. 7663