



Raising Riley Childcare 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 childcare. The scholarship program allows parents/guardians that live in Riley County the opportunity to receive financial assistance for childcare if the preschool/daycare provider accepts RR funds. RR 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 childcare:

- If you currently have licensed childcare, ask if they are willing to participate in Raising Riley.
- If you are looking for childcare, visit www.raisingriley.com and check out the "Family Information" tab.

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

- Income qualifies family for free or reduced lunch – 185% of poverty ***check chart ***
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)

Income sources NOT counted when determining eligibility:

- Supplemental Security Income (SSI)
- Educational program loans, grants, scholarships
- Custodial parent is unmarried, not living with other biological parent
- 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, etc.)
- Child with inadequate housing / chronic or episodic homelessness
- Parent is of migrant status

*****TO BE CONSIDERED FOR SCHOLARSHIP, YOUR FAMILY MUST RESIDE IN RILEY COUNTY*****

Household / Family Size	185% of Poverty
1	\$28,953
2	\$39,128
3	\$49,303
4	\$59,478
5	\$69,653
6	\$79,828
7	\$90,003
8	\$100,178
9	\$110,353
10	\$120,528

All parents / guardians must be ONE of the following:

- Employed at a minimum of 30 hours per week
- Full-time student
 1. High school student
 2. Undergraduate student = 12 hours
 3. Graduate student = 6 hours
- Part-time student & Part-time employee (combination)

Things to keep in mind:

1. Your child must be birth through five (5) years old (not yet eligible for kindergarten).
2. Your child must be ENROLLED (or have a planned start date of care) in full-time care with a licensed provider in Manhattan city limits or Riley County.
3. Your application must be completed with all supporting documentation before it can be processed.

EXAMPLES INCLUDE:

- a. DCF assistance
- b. Military family assistance
- c. Center-based tuition reduction

How to be Awarded:

1. Scholarship Award:
 - Scholarship rates can be the following depending on the child’s age and assistance needed:
 - 0-18 months = up to \$500 / month
 - 18 months-3 years = up to \$450 / month
 - 3 years+ = up to \$400 / month
 - Per our program requirements, parents are expected to pay a minimum amount of \$200 / month to childcare provider.
2. Temporary Scholarship Award:
 - A temporary scholarship may be awarded for childcare during the job search process.
 - This award will be for a one-month period.
 - At the conclusion of the one-month periods, the application will be reviewed.
3. Emergency Scholarship Award:
 - A temporary scholarship may be awarded for childcare during a family crisis.
 - Each situation will be addressed individually.
4. Wait List:
 - In the event of a wait list, applications will be reviewed and prioritized based on the Raising Riley Risk-Factors listed on previous page.

Scholarship Recipient Information

Child's Information (Recipient)

Child's Name (First & Last Name):	
Child's Date of Birth:	
Childcare Provider / Center Name:	
Does child have an:	<input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Individualized Family Service Plan (IFSP) <input type="checkbox"/> Not Applicable
Was child born premature:	<input type="checkbox"/> Yes # of weeks premature: <input type="checkbox"/> No
Have you been referred to our program by the Department of Children and Families (DCF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about Raising Riley?	

Child's Demographics

Child's Race: *check all that apply*	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Native American / Alaskan Native <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other:
Child's Ethnicity:	<input type="checkbox"/> Hispanic / Latinx / Spanish Origin <input type="checkbox"/> Non-Hispanic / Non-Latinx / Non-Spanish Origin
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Other Information

Child's Health Insurance:	<input type="checkbox"/> Medicaid / State Children's Insurance Program <input type="checkbox"/> Private <input type="checkbox"/> Tri-Care (Military) <input type="checkbox"/> No Insurance <input type="checkbox"/> Other:
Child's Primary Language:	

Other languages spoken at home:	
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Other Information – continued

Have you received Raising Riley childcare assistance in the past?	<input type="checkbox"/> Yes Previous child's (or children's) name: Approximate dates: <input type="checkbox"/> No
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Are you experiencing a family emergency or have an individual need to be taken into consideration?	
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Parent / Guardian Information

Primary Contact

Name (First & Last):	
Date of Birth:	
Relationship to Child:	<input type="checkbox"/> Biological Mom <input type="checkbox"/> Biological Dad <input type="checkbox"/> Other:
Physical Address:	Street: City: County: Zip Code:
Contact Information:	Phone: Email:
Are you a Migrant Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Parent's / Guardian's Demographics

Race: *check all that apply*	<input type="checkbox"/> Rather not disclose <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Native American / Alaskan Native <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other:
Ethnicity:	<input type="checkbox"/> Rather not disclose <input type="checkbox"/> Hispanic / Latinx / Spanish Origin <input type="checkbox"/> Non-Hispanic / Non-Latinx / Non-Spanish Origin
Gender:	<input type="checkbox"/> Rather not disclose <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other:

Other Information

Health Insurance:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Tri-Care (Military) <input type="checkbox"/> No Insurance <input type="checkbox"/> Other:
Primary Language:	
Other languages spoken at home?	
Highest Level of Education Completed:	<input type="checkbox"/> Less than High School diploma <input type="checkbox"/> Currently enrolled in High School <input type="checkbox"/> High School Diploma / GED <input type="checkbox"/> Some college / training <input type="checkbox"/> Technical Training Certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree or higher
Relationship Status:	<input type="checkbox"/> Single, living without child's biological parent <input type="checkbox"/> Never Married / Living with child's biological parent <input type="checkbox"/> Married <input type="checkbox"/> Separated (but not divorced) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Household Information

Housing Arrangement:	<input type="checkbox"/> Stable Housing <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Living in shelter <input type="checkbox"/> Unhoused
In the past year, has your family had to sleep in a temporary living arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
# of People (including self) in household:	
# of Children under 18 (including child recipient) in household:	

***On the following page, please list all residents living at your address.**

This includes roommates, family members, etc.

Household Information - continued

Resident #1	Name: DOB: Relationship to child recipient:
Resident #2	Name: DOB: Relationship to child recipient:
Resident #3	Name: DOB: Relationship to child recipient:
Resident #4	Name: DOB: Relationship to child recipient:
Resident #5	Name: DOB: Relationship to child recipient:
Resident #6	Name: DOB: Relationship to child recipient:
Resident #7	Name: DOB: Relationship to child recipient:
Resident #8	Name: DOB: Relationship to child recipient:
Resident #9	Name: DOB: Relationship to child recipient:

Employment Information

Income Sources: *check all that apply*	<input type="checkbox"/> Wages <input type="checkbox"/> Maintenance <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Temporary Assistance to Families in Need (TANF) <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Social Security <input type="checkbox"/> Other:
Employer Information:	Name: Hourly Wage / Salary: Average Hours per Week:
Secondary Employer Information: (either 2nd parent or 2nd job) *if applicable*	Name: Hourly Wage / Salary: Average Hours per Week:
Please add any notes or additional employment information if needed:	

Other Assistance

Child Support:	<input type="checkbox"/> Yes <input type="checkbox"/> Amount Received Monthly: <input type="checkbox"/> No
DCF Childcare Subsidy:	<input type="checkbox"/> Yes <input type="checkbox"/> Amount Received Monthly: <input type="checkbox"/> No
Discount or other reduction in tuition from childcare provider:	<input type="checkbox"/> Yes <input type="checkbox"/> Amount Received Monthly: <input type="checkbox"/> No
Any other assistance, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> Amount Received Monthly: <input type="checkbox"/> No

REQUIRED: Please attach the following (where applicable)

- Most recent 3 paystubs or Employment Verification Letter
- Documentation of legal separation agreement or divorce decree
- International Students:
 - Copy of visa documentation
 - Copy of any financial support letters from home government
- Verification of semester enrollment
 - i.e., copy of schedule with number of credit hours enrolled
- Child's IEP / IFSP

Parent / Guardian Expectations and Responsibilities

Check each statement

- I declare that this application is true and correct.
- I understand that if I receive a childcare scholarship to which I am not entitled as a result of providing false information, I must repay the cost of that assistance to Raising Riley.
- I understand that my child must be enrolled in full-time care (35+ hours/week) with a licensed childcare provider.
- Both parents / guardians must be individually employed and working at least 30 hours a week. Parents / Guardians attending school can qualify if enrolled fulltime in high school classes or enrolled in either 1.) 12 or more hours for undergraduate studies or 2.) 9 or more hours for graduate program. A combination of employment and school can be considered if the hours equal full-time status.
- I understand that information may be shared between Raising Riley and the childcare 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. 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 as often as the Raising Riley program deems necessary.
- I understand that my eligibility status or scholarship amount may change to reflect any additional childcare subsidies.
- I grant permission to the Raising Riley program to exchange information with other agencies offering family and child supports and services. (Ex: ACCYN, DCF, childcare provider, USD 383, Infant Toddler Services, and/or Riley County Health Department services)
- I understand that award amounts are subject to change based upon availability of funds.
It is the parent / guardian's responsibility to notify Raising Riley in writing within 5 days when a change in circumstances takes place. This includes and is not limited to: marital status, job change, student status change, income change, additional childcare subsidies received (ACCYN, DCF, childcare provider, USD 383, Infant Toddler Services, SBA, etc.), new household members, new childcare providers, etc. Failure to do so may result in the loss of scholarship.
- I understand that I must meet with a Raising Riley representative(s) for orientation. Scholarship will begin when orientation is completed.
- I will allow (3) mandatory assessments to be completed by a Raising Riley representative as scheduled and participate in (3) assessment follow-up discussions with Raising Riley representative.
- I understand that I must notify Raising Riley two (2) weeks prior to exiting the scholarship program (not returning to childcare) for any reason.
- I understand that if my child exits the program, developmental screenings must be completed by the Raising Riley program in order for final month's scholarship reimbursement to be dispersed. If not completed due to parent / guardian non-notification, then my child's scholarship will be suspended for the last month's attendance and parent / guardian will be responsible for payment in full to the childcare 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 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 purposes.

Signature:	
Date:	

Please be sure to have your childcare provider complete the Enrollment and Fee Verification Form. This form can be found on the Raising Riley website (www.raisingriley.com) located under the “Provider Information” tab as the “Enrollment and Fee Verification Form”.

Please allow up to three (3) business days for Raising Riley to process your application. If you have questions about your application, contact the Raising Riley office at (785) 776-4779 ext. 7663 or raisingriley@rileycountyks.gov