



Good Start Grants – Family Guidelines

Funding provided by United Way of Marathon County,
B.A. & Esther Greenheck Foundation, & Women In Action, Dudley Foundation.

Good Start Grants provides financial assistance for eligible families in Marathon County, to ensure they have access to quality, affordable child care; this program is dependent upon continued funding.

Eligibility Guidelines: The following are simply guidelines. However, each application is reviewed, and eligibility is determined on a case-by-case basis.

- Families must reside in Marathon County
- Families that qualify and receive Wisconsin Shares are **not** eligible.
 - If income is within the shares qualification guidelines, a recent denial letter will be required showing reason of ineligibility. We reserve the right to deny this request based on the reason for denial.
 - We may contact the local WI Shares caseworkers to get clarification on reason for denial.
- Families gross monthly income must be below 300% of the current, Federal Poverty Level:

Family Size

FPL	2	3	4	5	6	7	8	9	10
300%	\$4,005.00	\$5,040.00	\$6,075.00	\$7,110.00	\$8,145.00	\$9,182.50	\$10,222.50	\$11,262.50	\$12,302.50

Effective 02/1/2016

- Families must participate in an approved activity, school and/or work.
 - Child care will be authorized based on school/work schedule.
- Families employed at a child care program receiving Good Start Grants are eligible to apply, however, they are not allowed to provide the care for their own children or be in the same room as their children.
- Attendance must be consistent for enrollment. Childcaring, Inc. reserves the right to terminate participants from the program if hours are not utilized according to hours stated on application.

Program Basics - How do I apply?

- Complete entire application form. Sign it and return to Childcaring, Inc. with:
 - Proof of your family’s most recent income (both earned and unearned)
 - If you are paid weekly, 4 consecutive paycheck stubs; biweekly, 2 consecutive paycheck stubs; monthly, 2 consecutive paycheck stubs
 - If just starting employment, a written document stating hours and rate of pay signed by employer will be accepted, but must be followed up with paycheck stubs.
 - If income is within WI Shares qualification guidelines (200% and below), a recent denial letter.
 - If using Good Start Grants for school, please include your class schedule.

Who is considered part of my family? *The following descriptions are for Good Start Grants purposes only.*

- Your family includes yourself, your spouse and your children, or children you are guardian of, under 18.
- If you are not married, but the other parent of any of your children lives in your home, he or she and their children are considered part of your family.

How long will it take?

- Eligibility will be determined once Childcaring, Inc., receives your completed application.
- It may take up to a week to process your application; you will receive notification of approval / denial.

Once I am determined eligible, what do I need to do to maintain my eligibility?

- You must notify Childcaring, Inc. in writing of any changes within 10 days. Changes include:
 - Address, family members, income, employment, school schedule, and/or child care provider.
 - Failure to report changes could result in a penalty or termination from the Good Start Grants program.
- Submit income verification by June 15th.
- Provide feedback and complete surveys as requested.

Will I have to pay anything?

- Good Start Grants pays a portion of your child care tuition directly to your child care provider. Payment is determined on a case by case basis. You are responsible for paying the difference between what the provider charges (after any discounts) and the Good Start Grants portion.
 - Failure to pay your portion may result in denial of Good Start Grants until balance is paid in full.
 - This includes transfer or re-enrollment at other participating programs.
 - Childcaring, Inc. will communicate with participating programs regarding unpaid parent portions through the Good Start Grants program.
 - Good Start Grants does not cover registration fees, supply fees, ½ or full day in-service days, or any additional charges outside of weekly tuition.
- Good Start Grants will cover the amount of tuition for this Applicant only. If you are not responsible for 100% of your child's tuition costs, please indicate that on the application.

Which child care provider(s) can I use?

- An approved child care provider must have a YoungStar rating of 3 Stars or higher.
 - A list is available, from Childcaring, Inc., upon request.

Submitting an application does not guarantee approval of funds.
Applications are processed in the order they are received and only as funding allows.

Please send completed application with supporting documents to:

Childcaring, Inc.
1500 Merrill Ave Suite 201
Wausau, WI 54401

Or by email: rachele@childcaring.org

**Please make sure the following documents are included with your application.
Failure to do so may result in denial of Good Start Grants:**

- ✓ Signed and completed Good Start Grants Application
- ✓ Proof of your family's income (both earned and unearned)
- ✓ Wisconsin Shares denial letter
- ✓ School Schedule (if using child care to attend school)



Good Start Grants - Application

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Date: _____

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County _____

Phone: _____ Email: _____

Please note, if you list an email above, this is how we will communicate with you; if any of this information changes, let us know as soon as possible – **(your eligibility may depend on it.)**

Household Information

Who is considered part of my family? See definition of family in the Family Guidelines.

Family Members (First & Last Name)	Relationship to you	Birthdate	Gender	Ethnicity
1.	SELF			
2.				
3.				
4.				
5.				
6.				
7.				

Earned Income in Your Family.

Include money from all jobs/self-employment received or that is expected to be received for all the adults in your family. Please note: you are required to notify Childcaring, Inc. of any changes to household income within 10 days.

Attach proof of wages for 1 month (example: 2 consecutive pay check stubs if paid biweekly; 4 if paid weekly)

Name	Employer Name	Hours per week	Hourly Wage	How Often (weekly, biweekly, monthly, etc.)

Unearned Income.

Unearned income is considered to be income that is not from wages, tips, or salaries. **Attach proof of unearned income**

Person Receiving	Source of Unearned Income <i>(Disability, SSI, child support, etc.)</i>	Amount Received	How Often <i>(weekly, biweekly, monthly, etc.)</i>

Does anyone in your family pay out child support*? YES NO

Are you responsible for 100% of your children's child care costs? YES NO If no, what percent? _____

Indicate why you need child care: Work: Start Time: _____ End Time: _____
 School (attach your class schedule with dates & times listed)

Based on the activities listed above, tell us when each child will need care.

Child's Name	Days Care Needed	Start Time – End Time	Provider/Program Name <i>(Must qualify for Good Start Grants)</i>
	S M T W TH F S		
	S M T W TH F S		
	S M T W TH F S		
	S M T W TH F S		

**Attach other documentation if necessary*

List the **specific dates** your school age child may need care beyond their normal weekly schedule:
 (Good Start Grants does not cover school in-service days)

Winter Break: _____ Spring Break: _____

Summer Break: _____ Will your child attend summer school? _____

Comments: _____

Initial and sign below:

- ✓ ___ I verify that the information listed above is accurate.
- ✓ ___ I have read, understand, and agree to the policies stated in the Family Guidelines.
- ✓ ___ I authorize Childcaring, Inc. to obtain information on any unpaid parent portions through Good Start Grants.
- ✓ ___ I authorize Childcaring, Inc. to communicate with caseworkers about the status of WI Shares application/renewal, including information about eligibility, authorization, and denials.
- ✓ ___ I agree to notify Childcaring, Inc., within 10 days, of any changes that may affect my eligibility. Failure to report these changes could result in termination of the program and reimbursement of funds already received.

Signature _____

Date _____