



# Good Start Grants – Family Guidelines

Funding is provided by local community agencies and private foundations. For a complete list of funders, please visit our website at [www.childcaring.org](http://www.childcaring.org)

*Good Start Grants (GSG) 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.*

**Applications are processed on a first come first serve basis, as funding allows. Approved applications will be placed on a wait list if current funding is allocated.**

**Eligibility Guidelines:** The following are simply guidelines. Eligibility is determined on a case-by-case basis.

- Families must reside in Marathon County
- Families that qualify and/or receive Wisconsin Shares are **not** eligible.
  - Families are required to submit a WI Shares denial letter with original application and possibly during the authorization period, as necessary.
  - Childcaring may communicate with social services to get clarification on WI Shares status.
- 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
<b>300%</b>	\$4,310.01	\$5,430.00	\$6,549.99	\$7,670.01	\$8,790.00	\$9,909.99	\$11,030.01	\$12,150.00	\$13,269.99

Effective 02/1/2020

- Families must participate in an approved activity, such as school and/or work.
  - Child care will be authorized based on school/work schedule.
- Attendance must be consistent for enrollment. If hours are not utilized according to the hours stated on the application, families may be authorized for less funding.
- Families employed at a child care program 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.

### Program Basics - How do I apply?

- Complete entire application form. Sign and return to Childcaring with:
  - One consecutive month's proof of household's income (earned & unearned)
    - If just starting employment, a written document stating hire date, hours and rate of pay signed by employer will be accepted, but must be followed up with paycheck stubs.
    - If self-employed, a form will be provided by Childcaring.
  - Wisconsin Shares denial letter.
  - Official school schedule, including times and dates (if applicable).

### Who is considered part of my family? *The following descriptions are for GSG purposes only.*

- Your family includes yourself, spouse and any children you are responsible for under 18.
- If you are not married, but the parent of your children live 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 receives your completed application.
- It may take up to a week to process your application; you will receive written notification of approval / denial either by email, mail, or through your child care program.

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

- You must notify Childcaring of any changes that could affect your eligibility including:
  - Household information, income, employment, work/school schedule, and child care provider.
  - Failure to report changes could result in termination from the GSG program.
- Submit income verification when requested for mid-year review.
- Provide feedback and complete surveys as requested.

### **Will I have to pay anything?**

- GSG pays a portion of your tuition directly to your child care provider.
- Payment is determined by the federal poverty guidelines.
- You are responsible for paying the difference between what the provider charges (after any discounts) and the GSG portion.
  - Failure to pay your portion may result in denial of GSG until balance is paid in full.
    - This includes transfer or re-enrollment at other participating programs.
    - Childcaring will communicate with participating programs regarding unpaid parent portions through the GSG program.
  - GSG does not cover registration fees, supply fees, ½ or full day in-service days, or any additional charges outside of weekly tuition.
- GSG will cover the child care 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 referral list of eligible child care programs is available, from Childcaring, upon request.
- If your child care program drops below 3 stars, GSG will remain in effect for 4 weeks from the date the rating drops. If the program is unable to maintain 3 Stars or higher, after this grace period, the program will no longer be eligible to receive GSG payments.

**Submitting an application does not guarantee approval of funds.  
Please send completed application with supporting documents to:**

**Childcaring, Inc.  
850 Highway 153 Suite F ~ Mosinee, WI 54455**

**Or by email: [rachele@childcaring.org](mailto:rachele@childcaring.org)**

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

- ✓ 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 Family Guidelines.

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

## 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 of any changes to household income within 10 days.

Include proof of wages for 1 month

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

**Unearned Income.**

*Income that is not from wages, tips, or salaries. Include 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 child support?  YES  NO

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>

**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? \_\_\_\_\_

**Do you have a child care custody arrangement for the responsibility of child care tuition (ex: e/o week, percentage, etc.)?**

Yes  No If yes, please explain: \_\_\_\_\_

**Comments:** \_\_\_\_\_

Initial and sign below:

- ✓ \_\_\_ I verify that the information listed above is accurate.
- ✓ \_\_\_ I have read, understand, and agree to the Family Guidelines.
- ✓ \_\_\_ I authorize Childcaring to obtain information on any unpaid parent portions through Good Start Grants.
- ✓ \_\_\_ I authorize Childcaring to communicate with caseworkers about the status of WI Shares application/renewal, including information about eligibility, authorization, and denials.
- ✓ \_\_\_ I agree to notify Childcaring 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.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_