

Child Care Professional Urgent Fund Eligibility and Application Checklist



All applicants must meet the following criteria:

- Work in a licensed or registered child care program, such as a child care center or school age child care program.
- Have been working for the same program for at least 6 months.
- Work at least 15 hours per week.
- Be requesting help with an urgent or emergency need
- Meet the following income requirements based on household size (please note – these income guidelines follow 2022 Education Incentive Program, or EIP, guidelines):

Household Size	Annual Income Cap
1	\$0 - \$32,751
2	\$0 - \$42,829
3	\$0 - \$52,906
4	\$0 - \$62,983
5	\$0 - \$73,061
6	\$0 - \$83,138
Each Add'l	\$10,077

Completed applications must include the following documents:

- Application for Assistance, completed and signed
- Proof of Qualifying Employment, completed by your employer
- A copy of your 1040 from the most recently filed taxes (this is to confirm your household size and income)
- A copy of the bill or invoice you are requesting assistance in paying, or a detailed description of your need

Our staff may request additional documentation to make a decision on your application. Please respond promptly to requests so we can better serve you.

Your application for assistance is confidential, unless you provide consent to share your information. Applying for or receiving assistance through this fund will not affect any other services you receive through Child Care Council.

An application is not a guarantee of assistance.

Questions? Need translation?
Would you like to fill out an application in our office?
Call us!

Submit completed Application to **Child Care Council, Inc.**

ccurgentfunds@childcarecouncil.com

595 Blossom Road, Suite 120, Rochester, NY 14610

Child Care Professional Urgent Fund Application

Applicant Information

Name: _____

Street address: _____

Mailing address (if different): _____

City: _____ State: _____ Zip _____

Phone: _____ Email Address: _____

Social Security Number¹: _____

Best way to reach you: _____ Phone _____ Email _____

Best time of day to reach you: _____ Best days to reach you: M T W Th F Sa Su

Child Care Employment Information

Program Name: _____

Director/Owner Name: _____ Work Phone: _____

License/Registration #: _____ Type of Care: _____

Work Address: _____

City: _____ State: _____ Zip _____

Years of Employment: _____ Years _____ Months _____ Hours per Week: _____

Household Information:

Total People in Household: _____ Total Annual Income (all sources): _____

Adults in Household (including applicant): _____

Children in Household: _____

Primary Language: _____

Description of Need

Please describe need, needs, or circumstances leading to the need:

Requested Amount: \$_____ Approved Amount: \$_____ Vendor/Company: _____

Funds are paid directly to the vendor. Invoices or bills that have already been paid are not eligible for reimbursement.

¹ You may receive a 1099 for any assistance received through this fund. It may be considered income and will be reported to the IRS. You are responsible for any tax implications and our staff are unable to advise you on your taxes.

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Additional documentation, such as a billing statement, invoice, cost estimate, or landlord statement may be requested. For bill payment, applicant must be responsible for the account. If the account is in another person's name, we may seek additional information to determine your request.

Consent to Release/Receive Information:

I, _____, give consent for a representative from Child Care Council, Inc., to request information from and/or release information to _____ (vendor/company) regarding my request for financial assistance. Information requested will be used to determine my application and might include verification of account or payment status, copies of invoices or statements, confirmation of payment agreements, balance due, or cost estimate.

Applicant Name (print): _____

Applicant Name (sign): _____

Date: _____

Application Signature:

By signing this application, you understand that this is a request for financial assistance and not a guarantee of assistance and that all approved funds are paid directly to a vendor or service provider on your behalf. Bills or invoices already paid by you are not eligible for reimbursement under this grant. All information provided is accurate to the best of your knowledge, and Child Care Council, Inc. will follow internal procedures to approve or deny your application. Additional information may be requested from you to make a decision, and you might be referred to alternate or additional resources and services. All information regarding your application is confidential and will be used for funder reporting and program staff to process your application. Any assistance provided through this fund will be reported to the IRS and may be considered income. You may receive a 1099 for tax purposes and our staff are unable to advise you on your taxes.

Your application may be approved in full, approved in part, or denied.

Signature: _____ Date: _____

Please contact our office if you have any questions about completing your application, require interpretation or translation services, or prefer to make an appointment with our office.



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