



DEPARTMENT OF HUMAN SERVICES
Division Of Early Childhood
17400 Northwood Ave
Phone 216-529-5018
Facsimile 216-521-0276

ANTOINETTE B. GELSOMINO
PROGRAM MANAGER

**City of Lakewood
Department of Human Services
Division of Early Childhood
Community Development Block Grant (C.D.B.G.)**

Application for Childcare Scholarship

1. Scholarship Assistance for childcare is available to families who live in Lakewood, Ohio
2. Lakewood Department of Human Services/Early Childhood (DHS/EC) provides financial assistance for childcare costs with Community Development Block Grant (C.D.B.G.) funds.
3. Scholarship applicants must apply for funds through the Ohio Department of Job and Family Services before they can apply with the Department of Human Services/Early Childhood.
4. Scholarship recipients will be awarded on a first come, first serve basis.
5. Scholarships are limited, depending on the availability of funds at the time of application
6. Scholarship assistance may be requested throughout the year. Scholarship will be reviewed every twelve (12) months. Change of status/eligibility for financial assistance will be determined periodically throughout the year. Eligibility of all Scholarship recipients will be reviewed in April of each year
7. Complete the forms enclosed and return to Department of Human Services/Early Childhood with a **COPY** of your most recent **INCOME TAX FORMS (SIGNED), W-2, and PAY CHECK STUB**. You may also use the **EMPLOYER INCOME VERIFICATION** page in this application.
8. When all forms have been submitted, please call to discuss Scholarship policy and procedures. Call the City of Lakewood, Department of Human Services/Early Childhood at 529-5018 to arrange an appointment convenient to your work schedule to discuss scholarship policy and procedures.
9. Parents participating in the Scholarship Assistance Program shall pay the difference in cost between the scholarship dollars and child care fees. Parents shall sign an agreement stating such action at the time of the interview.
10. Scholarship assistance is available **ONLY FOR WORKING HOURS** or **HOURS SPENT IN SCHOOL CLASSES**. Any additional child day care hours will be assessed at the regular day care fees.

The City of Lakewood, Department of Human Services, provides a continuum of responsive programs and services that enhance and promote the health and well-being of individuals, families and the community



11. Program records on all parents who are scholarship recipients Current and up-to-date information will include the following:
- a) Name
 - b) Address
 - c) Phone (work and home – must be kept current)
 - d) Age & Sex of Head of Household
 - e) Race of Applicant
 - f) Total Income of Applicant
 - g) Income Verification (as stated in #5 above)
 - h) You are responsible for giving complete and correct information about yourself and members of your family
12. Household income may be verified by the City of Lakewood, Department of Human Services, Division of Early Childhood with Scholarship participants employer(s)
13. Scholarship assistance may be terminated upon written notice.
14. Parents participating in the Scholarship Assistance Program shall attend a minimum of three (3) parent workshops (which offer free childcare) through the year You will be notified by mail of the participating "family focus" series, or choose to attend a Single Parent drop-in any first Monday of each month. Call 529-5018 for updated information on these programs.

Note: Scholarship recipients must choose a state licensed childcare center or a family child care provider on the City of Lakewood, USDA Family Child Care Home program, in Lakewood, Ohio.

I have read the Lakewood Department of Human Services/Early Childhood Scholarship policies and procedures I understand this information and will comply with these requirements

	Date		Date
D H S./Early Childhood		Parent/Applicant	



City of Lakewood
Department of Human Services/Early Childhood
Scholarship Application

Toni Gelsomino
Program Manager

Referral Source _____ Interview Date _____

**Scholarship Program
Parent Information**

Parent/Caretaker: _____ Social Security #: _____

Address: _____

Telephone: _____ City: _____

Child(ren) Requiring Service: _____ Date of Birth: _____

Marital Status: Single ___ Married ___ Divorced ___
Separated ___ Widowed ___

Educational Level
Completed: _____ GED _____ Race _____

Reason Child Care Needed:

Type of Care Preferred:

- ___ 1. Caretaker attending school
- ___ 2. Caretaker in training program
- ___ 3. Caretaker employed
- ___ 4. Short-term care needed

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Center Based _____
Day Care Home _____
Before/After School _____
School System _____

Additional
Information _____

**Parent Information
Page Two**

**WORK TRAINING SCHEDULE:
PARENT/CARETAKER**

FROM: _____ **TO:** _____
_____ **Monday** _____
_____ **Tuesday** _____
_____ **Wednesday** _____
_____ **Thursday** _____
_____ **Friday** _____
_____ **Saturday** _____
_____ **Sunday** _____

Agreement Terms:
To Begin: _____

To Complete: _____

**WORK/TRAINING SITE:
PARENT/CARETAKER**

Employer/Position/School
Subject _____
Address _____

Phone _____
SPOUSE OR OTHER RELATIVE

Employer/Trainer/School
Address _____

Phone: _____



DEPARTMENT OF HUMAN SERVICES
 EARLY CHILDHOOD
 17400 Northwood Ave. • 44107
 Telephone: (216) 529-5018
 Facsimile: (216) 521-0276

ANTOINETTE B. GELSOMINO
 PROGRAM MANAGER

Dear Employer:

_____ has applied for child day care scholarship assistance for his/her child(ren) Lakewood Department of Human Services/Early Childhood for (date) _____, or- _____.

Because our scholarship assistance program is funded by Community Development Block Grant dollars, we are required to determine the applicants income for the year(s) _____.

Please complete the statement below so that we can process the applicant's request.

Very truly yours,

Toni Gelsomino
 Program Manager
 City of Lakewood, Dept. Human Services/Early Childhood

PARENT MUST SIGN:

I hereby grant permission to _____ to provide
 (Employer)
 income verification to City of Lakewood, Dept. Human Services/Early Childhood for the scholarship assistance program.

 (Employee/Applicant) (Date)

EMPLOYER INFORMATION:

Our records indicate for the year of _____, _____ is currently employed at a rate of \$ _____ per hour at _____ hours per week, or \$ _____ monthly salary.
 (approximate)

Date: _____

 Company/Employer
 By: _____
 (Authorized Signature)



APPLICATION FOR SCHOLARSHIP ASSISTANCE

Address _____ Age _____ Phone _____ Census _____
 Name of Child Applying _____

LIST ALL HOUSEHOLD MEMBERS

(Include Yourself and Child Listed Above)

Name	Last	First	Age	Soc. Sec. No.	Interest Dividend Inc., etc.	Total Earnings from work before Deductions	Monthly Income Soc. Sec./Pension Retirement	Unempl/Workers Comp.	Welfare Child Sup. Alimony	Total
MOTHER	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
FATHER	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
CHILD	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OTHER	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Total Number of Household Members \$ _____

Total Household Monthly Income \$ _____

SIGNATURE: _____

I understand that all of the above information is correct and that all income is reported. I understand that this information is being given for the receipt of federal funds, that officials may verify the information on the application.

Name _____
 Address _____ Apt.# _____
 City _____ State _____ ZipCode _____
 Home Telephone _____ Work Telephone _____
 Signature of Parent or Adult Family Member _____ Date _____