

**Do I qualify for City of Lakewood Child Care Assistance?**

- I have lived in Lakewood for **at least** one year.
- My child(ren) will attend a state licensed child care center or USDA family child care home center in Lakewood.
- I do **not** qualify for child care vouchers from Cuyahoga County.
- I am seeking child care for days that I will be working or attending school.
- I have filed (or will file) federal and city income tax returns.

**You may NOT receive scholarship funds for:**

- Days that you are **not** working or attending school.
- Summer camps through the Department of Recreation or any other entity not licensed by the state of Ohio.

**To apply for the City of Lakewood Child Care Scholarship, you must provide:**

- A completed application available online at:  
<http://onelakewood.com/HumanServices/EarlyChildhood/ScholarshipAssistance.aspx>
- Copy of most recent Federal Income Tax Return
- Copy of most recent City Income Tax Return
- Copy of W-2 (s) used to complete tax returns
- Present employer income verification letter **OR** two most recent paystubs
- If* attending school, schedule or verification letter
- If* denied by county, a copy of the denial letter

**When applying you must:**

- Provide gross income information for all adult members of household
- Disclose any other income such as social security, unemployment, workers compensation, child support and alimony.
- Notify the Department of Human Services of any changes in address, phone number, household members, employment and income.
- Provide requested information yearly for annual verification.

**Applications can be submitted by mail, fax or e-mail to one of the following:**

**E-Mail:** [Jessica.parker@lakewoodoh.net](mailto:Jessica.parker@lakewoodoh.net) **Fax:** (216) 521-1376

**Mail:** Division of Early Childhood, 12400 Madison Ave, Suite 102 Lakewood, OH 44107

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.





Division Of Early Childhood  
12400 Madison Ave.  
Phone 216-529-5018  
Facsimile 216-521-1376

**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 may be required to 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 May of each year.
7. Complete the forms enclosed and return to Department of Human Services/Early Childhood with a **COPY** of your most recent **FEDERAL AND CITY INCOME TAX FORMS (SIGNED)**, **W-2(s)**, and **TWO MOST RECENT PAY CHECK STUBS**. If you do not have pay stubs, you may 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.

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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.

**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.

\_\_\_\_\_  
D.H.S./Early Childhood                      Date

\_\_\_\_\_  
Parent/Applicant                              Date



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

**Jessica Parker  
Program Manager**

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

**Reason Child Care Needed:** \_\_\_\_\_ **Type of Care Preferred:** \_\_\_\_\_

<input type="checkbox"/> Caretaker attending school	<input type="checkbox"/> Center Based
<input type="checkbox"/> Caretaker in training program	<input type="checkbox"/> Day Care Home
<input type="checkbox"/> Caretaker employed	<input type="checkbox"/> Before/After School
<input type="checkbox"/> Short-term care needed	

**Additional Information** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referral Source** \_\_\_\_\_ **Interview Date** \_\_\_\_\_

**12400 Madison Avenue**

**Lakewood, OH 44107 - 529-5018**



**PARENT EMPLOYER/SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SUPERVISOR/ADVISOR:** \_\_\_\_\_

**WORK/SCHOOL SCHEDULE:**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
\_\_\_\_\_ **Monday** \_\_\_\_\_  
\_\_\_\_\_ **Tuesday** \_\_\_\_\_  
\_\_\_\_\_ **Wednesday** \_\_\_\_\_  
\_\_\_\_\_ **Thursday** \_\_\_\_\_  
\_\_\_\_\_ **Friday** \_\_\_\_\_  
\_\_\_\_\_ **Saturday** \_\_\_\_\_  
\_\_\_\_\_ **Sunday** \_\_\_\_\_

**If applicable, list employment/school information for any other adults in household.**

**ADULT #2 EMPLOYER/SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SUPERVISOR/ADVISOR:** \_\_\_\_\_

**WORK/SCHOOL SCHEDULE:**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
\_\_\_\_\_ **Monday** \_\_\_\_\_  
\_\_\_\_\_ **Tuesday** \_\_\_\_\_  
\_\_\_\_\_ **Wednesday** \_\_\_\_\_  
\_\_\_\_\_ **Thursday** \_\_\_\_\_  
\_\_\_\_\_ **Friday** \_\_\_\_\_  
\_\_\_\_\_ **Saturday** \_\_\_\_\_  
\_\_\_\_\_ **Sunday** \_\_\_\_\_



## APPLICATION FOR SCHOLARSHIP ASSISTANCE

### LIST ALL HOUSEHOLD MEMBERS

(Include Yourself and Child Listed Above)

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

Total Number of Household Members \_\_\_\_\_

Total Household Monthly Income \$ \_\_\_\_\_

Name

\_\_\_\_\_

Address

Apt.#

City

State

ZipCode

Home Telephone

Work Telephone

**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.

\_\_\_\_\_  
Signature of Parent or Adult Family Member

Date \_\_\_\_\_

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