

Application Checklist-

- Please read the eligibility requirements on the supplement scale and confirm that you qualify to apply.
- CAREFULLY and COMPLETELY answer all questions. Fill out every page completely.
- Official college transcripts must be received by the WAGES office. Be sure to request/include official transcripts for ALL college coursework completed at a regionally accredited college or university. Copies of degrees and unofficial transcripts (student copies) are NOT accepted. Official college transcripts are accepted by mail or electronically directly from college(s).
- Have a current contract to accept child care subsidy (Title XX or Title 20), have a child enrolled receiving child care subsidy, AND/OR be listed as, "Currently do not accept subsidy, but willing to in the future" on the DHHS child care licensing roster.
- Sign and date page two (Income and Expense Statement) and page four (Participant Agreement).
- Please keep a copy of your complete application for your records!!
- Next steps: A WAGES counselor will be in touch with you soon. You can always call or email to verify your application/ transcripts have been received. Supplements are based on available funding.

Return this entire application and official college transcripts to:

Child Care WAGES® NEBRASKA ♦ 650 J Street, Suite 23 ♦ Lincoln, NE 68508

email: wages@nebraskaeyc.org

More information can be found at www.NebraskaAEYC.org or call (402) 858-5143.

Application

General Demographic Information– *This information will only be used for statistical purposes and will not determine eligibility.*

Name: _____ Today's Date: _____

Maiden/Other Names Used: _____

Social Security Number: _____ Birth Date: _____

Gender: _____ Full Address: _____ County _____

Phone: *primary* # _____ Is this a cell phone? No Yes *other* # _____

Email: *please print clearly* _____ *Please list an email that is checked frequently.*

Do you consider yourself Latinx? _____ No _____ Yes (*This includes Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, Spanish*)

What do you consider yourself?: _____ White _____ Black or African-American _____ American Indian or Alaska Native
 _____ Native Hawaiian or Pacific Islander (*This includes Samoan, Chamorro, or other Pacific Islander*)
 _____ Asian (*This includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino, or other Asian*)
 _____ Other, two or more races _____ Other

How many people live in your household? (only include self, spouse, children) _____

Household Status: _____ married/parent _____ married/no children _____ single/parent _____ single/no children

Languages you speak fluently: _____

How did you find out about Child Care WAGES® NEBRASKA? _____

For Office Use Only Updated January 2020	Date Received: _____	Postmark Date: _____	
	Initial Approval: _____	Final Approval: _____	Notified of Award/Date: _____
	Incomplete/Ineligible/Date Returned/Reason: _____		

Income Statement– Family Child Care Provider Only

This sheet helps us determine your monthly earnings from your child care home. Use figures from last month to answer each question. If last month does not reflect an average month, use the most recent month which does. Receipts are not required, but you must sign where indicated to verify its accuracy.

- To show your INCOME, please complete the following chart. You do not need to list the children’s names, but you must indicate how much you receive for the care of each child in your home.
- Under “Parent Fees,” list only the amount paid to you by the parent(s) of each child. Is this a weekly or monthly payment? Circle the correct pay period.
- If child care subsidy (aka-TitleXX) pays the cost of care, write the amount you receive in subsidy for each child in the appropriate box.
- Please list the typical days and hours each child attends your program in the final box. All part-time and full-time children should be listed here.
- List income from drop-in care and the food program below the chart. If you provide shift care and need more space, please write the additional information on a separate sheet and sign your name to verify accuracy.

SECTION 1– Income

Child in Care	Parent Fees Received	Child Care Subsidy (TitleXX)	Paid Weekly or Monthly (circle one)	Age of Child	Typical Days and Hours of Care (List days as M,T,W,Th,F,Sa,Su) (List AM or PM when indicating in/out times)
Example 1	\$ 125	\$ n/a	Weekly or Monthly	18mo	M - F 6am - 3:30pm
Example 2	\$ n/a	\$ 586	Weekly or Monthly	4yo	M, Th, Sa 9am - 2pm
Child 1	\$	\$	Weekly or Monthly		
Child 2	\$	\$	Weekly or Monthly		
Child 3	\$	\$	Weekly or Monthly		
Child 4	\$	\$	Weekly or Monthly		
Child 5	\$	\$	Weekly or Monthly		
Child 6	\$	\$	Weekly or Monthly		
Child 7	\$	\$	Weekly or Monthly		
Child 8	\$	\$	Weekly or Monthly		
Child 9	\$	\$	Weekly or Monthly		
Child 10	\$	\$	Weekly or Monthly		

How much was your Child Care Food Program Reimbursement last month? \$ _____

How much did you receive in drop-in care last month? \$ _____

SECTION 2– Expenses

Please complete for the last full month you provided child care. Last month, how much did you spend on expenses for your child care?:

Food	\$ _____	Toys	\$ _____
Asst. Care/Substitutes	\$ _____	Crafts/Supplies	\$ _____
Mileage (.58 cents per mile)	\$ _____	Training Fees	\$ _____
Gifts for Children/Families	\$ _____	*Other (specify)	\$ _____

*Household expenses (rent, utilities, etc.) can **not** be counted for this purpose.

How many hours per week do you work? _____

The information provided on this page is true and accurate to the best of my knowledge.

Signature

Print Name

Date

Education Information-

College/Degree Earned (Check all that apply)	Major	Colleges Attended (Do not abbreviate. List all that apply)	Year(s) Attended
<input type="checkbox"/> College Credits Completed (no degree earned)			
<input type="checkbox"/> Certificate/Diploma/Credential (ex. CDA)			
<input type="checkbox"/> AA/AS/AAS			
<input type="checkbox"/> BA/BS			
<input type="checkbox"/> MA/MS			
<input type="checkbox"/> EdD/PhD			

Have you earned any college credits that are not listed above? No Yes If yes, please list: _____

Are you currently enrolled in college coursework? No Yes If yes, what field of study: _____

Are you currently, or have you in the past, participated in T.E.A.C.H. Early Childhood® NEBRASKA? No Yes

Pick the option that best applies to your application:

____ Official transcripts are already on file with WAGE\$® and no additional education has been completed.

____ Official transcripts are enclosed.

____ Official transcripts are being sent directly from college(s). List college(s) sending transcripts here:

Reminder: You will be processed based on the education submitted. If you do not indicate the colleges sending transcripts, you may be awarded at the wrong level. Remember you must request directly to the college(s) to send us your transcripts.

Child Care Program Information-

Child Care Program Name: _____

Primary Name on License: _____

License Number- (found in 3rd paragraph of license): _____

Number of Children Enrolled: 0-18mo _____ 18mo-3 _____ 3yos _____ 4yos _____ 5yos(not in school) _____ School-agers _____

License Capacity: _____ License Type: _____ Family Child Care Home I _____ Family Child Care Home II

How many months per year is this program in operation? 12 months School Year Only Other, please specify _____

Beginning date of employment in current workplace? _____ (month) _____ (day) _____ (year)

Is this program accredited?: No Yes If yes, by who?: _____

This program participates in NE Step Up To Quality: No Yes—What step have you been awarded (circle one)? 1 2 3 4 5

Subsidy Information: (Formally Title XX)

____ This program accepts child care subsidy and currently has children receiving subsidized care.

____ This program accepts child care subsidy, but doesn't currently have children receiving subsidy in care.

____ This program does not accept child care subsidy.

Child Care WAGE\$® Participant Agreement-

Nebraska Association for the Education of Young Children (Nebraska AEYC) agrees to:

1. Provide wage supplements to eligible early childhood educators as a special initiative to reward teacher education and continuity of care, thereby providing children ages birth to five a more stable relationship with better educated teachers.
2. Provide IRS-1099 forms for each tax year to recipients as mandated by current tax law.

The Child Care WAGE\$® Recipient agrees to:

1. Acknowledge that receiving the full annual supplement is contingent upon completion of two six-month periods. An installment will be issued after each period, based on the education level and the work schedule of the recipient over the six-month period completed. No portion of the award will be issued if the participant leaves her/his program prior to completing the entire six-month commitment period. Time off for leave or summer breaks cannot be counted toward the completion of a commitment period. New applicants need to be employed at the time of the employment confirmation. Employment is verified after a commitment period is complete and when funding is available. The time of confirmations may be delayed due to funding issues, but the applicant must still be employed when money is available in order to be eligible.
2. Continue employment in a licensed program that meets the eligibility requirements for the entire commitment period and notify Child Care WAGE\$® NEBRASKA program of any change in licensure, position, salary, and/or demographic information.
3. Provide employment information, including date of employment, position in program, age level of children in care, current salary/rates, and the number of hours worked each week.
4. Report and pay any personal income taxes due on annual supplements as required by current tax law.
5. Acknowledge that Nebraska AEYC reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
6. Acknowledge that reimbursement to Nebraska AEYC/ Child Care WAGE\$® NEBRASKA will be required by the recipient should a salary supplement be issued incorrectly for any reason.
7. Acknowledge that falsifying application information or documentation may result in the inability to be a participant on this program. The recipient consents to program funder notification, if participation is terminated due to falsifying information and/or failure to comply with documentation requirements.
8. Acknowledge the funding for this project is for a 2020 pilot and feasibility study. Continued supplements will be dependent on continued funding.

Statement of Affirmation-

I, _____ (print applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I have read and understand the Participant Agreement.

I understand that I am requesting to be considered for a WAGE\$® supplement and acknowledge that I must continue to meet the eligibility requirements of that program in order to receive ongoing supplements.

To be considered for a WAGE\$® supplement, I understand that my demographic and participation information may be shared with the T.E.A.C.H. Early Childhood® Scholarship Program and current/potential funders of the WAGE\$® program. I authorize and consent to the release and sharing of such information by Nebraska AEYC to third parties as needed to support my participation in the program.

I hereby release Nebraska AEYC from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors, or omissions.

Applicant's Signature _____ Date _____

**Funding provided by the
Nebraska Department of Education – Office of Early Childhood.**

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