

# CCAMPIS for UW Students: 2018-2019



## *Child Care Access Means Parents In School:*

*Child care financial assistance for **low-income** student parents who are enrolled in full-time degree studies at UW-Madison.*

### CCAMPIS supports care in campus affiliated child care centers

The following campus centers accept children of CCAMPIS students (based on openings):



Eagle's Wing, Little Chicks Learning Academy  
University Preschool Laboratory, and Waisman Early Childhood Programs

*Campus space and funding are limited; child care is provided based on availability.*

## CCAMPIS PROGRAM

The goal of CCAMPIS is to assist low-income and full-time UW-Madison students (undergraduate and graduate) with child care expenses so that they **persist** and **graduate**. The CCAMPIS program provides child care funding to achieve grant outcomes emphasizing student parent enrollment, persistence and graduation. We encourage CCAMPIS students to understand these outcome goals. CCAMPIS is a 4 year federal grant through the US Department of Education, but is always dependent on fund available from the Department of Education at the federal level.

### **Eligibility Requirements:**

- Students must apply for financial aid as eligibility factors (**Pell recipient or Pell eligible**) are determined from your financial aid application (FAFSA). Please contact the Office of Student Financial Aid for any questions. 608-262-3060.
- Students **MUST** maintain a full-time credit load towards their degree. This helps students complete timely degrees and obtain employment that can support their family.
- Priority for funding is granted to those with infants in full time care.
- Students must also have applied for and be eligible for CCTAP funding.

### **Program Requirements:**

- All student parents will pay a weekly/monthly co-pay for child care that is based on income. An average co-pay is 5-25% of child care costs. Copays must be paid ON-TIME, in accordance with center policies to maintain CCAMPIS funding.
- Parents must complete the Ages and Stages Questionnaire (ASQ) to gain knowledge of their child's development and appropriate child development strategies. Consultation for student families is available as needed.
- Parents must attend the annual CCAMPIS Orientation and (one) 1 parent/child program/activity per semester. Events will be posted on the OCCFR webpage (<http://occf.wisc.edu>) each semester. Community activities are permitted with prior approval of the Parent Resource Specialist.
- Parents must complete an annual evaluation of their program, care and personal experience with CCAMPIS to receive ongoing funding.
- Student parents who graduate are required to complete a post-graduation survey on their enrollment, ability to persist in studies and employability outcomes with CCAMPIS support.
- Student parents who are unable to meet these program requirements will be ineligible for CCAMPIS funding, however, CCTAP funding may still be available.

### *University of Wisconsin-Madison*

Office of Child Care and Family Resources – 611 Eagle Heights – Room 148 – Madison, WI 53705

Office phone: (608) 265-9123 Fax: (608) 262-4622, [www.occf.wisc.edu](http://www.occf.wisc.edu)



#### IV. Financial Information

|  |                            |                                  |
|--|----------------------------|----------------------------------|
| Employed during academic year?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Employer (UW student):     | Work hours/week                  |
| If married or living with other parent of your child, is he/she working?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Employer (spouse/partner): | Work hours/week (spouse/partner) |
| Have you applied for Financial Aid for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No                           |                            |                                  |

#### V. Child Care Needs

##### *CHILD'S INFORMATION (using campus child care)*

|                              |              |   |
|------------------------------|--------------|---|
| Last Name:                   | First Name:  | Date of Birth: (month/day/year)   |
| Current child care provider: | Weekly rate: | My child is in care:<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |

Please list any additional children in the family:

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Provider: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Provider: \_\_\_\_\_

Other care information (special needs etc.): \_\_\_\_\_

Excluding CCTAP, please indicate other sources of funding in which you have ***applied*** and/or ***receive*** assistance:

County Funding       City funding       Other \_\_\_\_\_



## VI. Consent:

Please initial that you have read, understand, and agree to the following:

\_\_\_\_\_ I understand that the goal of CCAMPIS is to assist me with child care expenses so that I can succeed in completing full-time credits toward my degree program and that funds are solely based on availability.

\_\_\_\_\_ **If I drop below full-time, my CCAMPIS award will be decreased by 50% (and you will be put at the bottom of the CCAMPIS waitlist for the following semester).**

\_\_\_\_\_ I understand that CCAMPIS, CCTAP and county funding all work together to help me with child care costs and that I must apply for CCTAP separately. I can expect a personal co-pay of 5-35% of my semester child care costs; which will be discussed with me at the time of enrollment.

\_\_\_\_\_ My participation in the program is dependent upon my successful completion of full-time semester credits on a consistent basis toward my degree.

\_\_\_\_\_ I understand that even though I may work with CCAMPIS administrators, this does not guarantee placement or funding at a campus center. Once placed, I understand that my placement and funding are subject to ongoing review

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\_\_\_\_\_ I understand that I will be asked to complete regular program evaluations and that this is essential to my ongoing funding through the CCAMPIS Program.

\_\_\_\_\_ I agree to participate in ongoing and/or post-graduate surveys conducted by the OCCFR pertaining to program evaluation including but not limited to my employment, income, and quality of care/services.

\_\_\_\_\_ I understand that aggregate information, but no personal information, will be shared with the Department of Higher Education in Washington DC, who funds this program.

\_\_\_\_\_ I give my permission for OCCFR to communicate with UW Financial Aid and/or my child care provider(s) regarding any of my financial, familial, or information related to the care of my child/children.

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***Receipt of the above information completes the application process. Sorry, incomplete applications will not be placed on the waitlist for placement and funding.***

My signature on this application indicates my willingness to fully participate in the CCAMPIS Program. I agree to comply with all program requirements. I understand that If I do not meet all the program requirements by the given due dates, I will NOT receive CCAMPIS funds and will pay my child care center my balance due. I further agree to contact the Office of Child Care and Family Resources if my status as a student changes, either fiscally or academically.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed application to:

Office of Child Care and Family Resources  
611 Eagle Heights, Room 148, Madison, WI 53705  
Office: (608) 265-9123 Fax: (608) 262-4622 or email jen.dittrich@wisc.edu.