

**UW-Madison University Staff Child Care Grant Application**  
**For University Staff Employees at the University of Wisconsin-Madison**

The UW Madison University Staff Child Care Grant was developed to help address the high cost of quality early education and care and retention for permanent employees at UW Madison. The grant is funded by private gift dollars and is therefore subject to fund availability. Each year, 4-6 awards are given with an average award of \$500. This grant is meant to provide support to those who do not have other options for financial assistance in meeting their child care cost challenges.

**Eligibility:**

To be eligible you must be a permanent University Staff and work in a benefits-eligible position. This means you:

- work full time in a retirement eligible position;
- have a permanent appointment for at least twelve months prior to application;
- are **not** a student, post-doc or fellow, an employee of UW Hospitals, UW System, UW Extension or UW Medical Foundation. Students are encouraged to apply for the Child Care Tuition Assistance Program (CCTAP) at <http://occf.wisc.edu/cctap.html>;
- are either single **or** have a spouse/registered domestic partner who is also employed at least 50%; and
- have the ability to submit prior year's income tax documentation.

Your child (ren) must:

- be your legal dependent(s) verified by your tax return and you must be responsible for their child care costs, and
- be enrolled in a licensed or accredited early education provider in the State of Wisconsin.

Applicants should confirm provider status before applying for these funds. If you have questions about eligibility, please refer to page 4 of this application.

**Due to limited funds, grants are awarded based on need.** Total family income [taxable and non-taxable], assets, additional forms of support, [e.g. county, city or University] and family need are all determining factors. [Please use page 3 to describe special situations/circumstances for consideration.]

**Application Process:**

- 1) Type or clearly print answers to *all* questions and sign the application.
  - The selection committee encourages you to carefully respond to all questions.
  - Only complete applications will be considered.
- 2) Recipients must submit a copy of their previous year's **Federal Income Tax Return** with their completed application showing the family adjusted gross income (if spouse/partner filed separately, please include his/her Federal Income Tax Return form as well.)

**For security purposes, please deliver, mail or fax this form to: (Please do not e-mail as security cannot be ensured)**

*Teri Stratton  
Office of Child Care and Family Resources  
611 Eagle Heights, Room 148  
Madison, WI 53705  
Fax: 608-262-4622*

**Application Deadline:**

- Applications are accepted year round, based on fund availability.

**Payment and Invoicing:**

- If selected, one payment is made directly to the family's provider after care has been provided and a signed invoice has been received.

Updated December 2016

**Part One: Your Information**

Date of Application:	<ul style="list-style-type: none"> <li>• UW-Madison Start Date: <span style="float: right;">I am a full time/permanent UW Employee</span></li> </ul>		
NAME: LAST	FIRST	MI	
HOME ADDRESS:			
CITY:	STATE:	ZIP:	
UNIVERSITY EMPLOYING DEPT:		TITLE:	
CAMPUS ADDRESS:		PHONE (home):  (work):	
Wisc E Mail address:			
<i>Marital Status:</i> <i>Single</i> <i>Married</i> <i>Domestic Partner</i>			
<i>Name of spouse/partner</i>		<i>Spouse/partner employer and phone number</i>	
If you are a full time employee but only use part time care, what are your other child care arrangements? (please explain)			
How much financial support do you receive from your family?			

**Part Two: Child Information**

Child(ren) Information:			
_____	_____	Using licensed/accredited child care:	Yes    No
NAME	DATE OF BIRTH	Weekly Rate: \$ _____	
_____	_____	Using licensed/accredited child care:	Yes    No
NAME	DATE OF BIRTH	Weekly Rate: \$ _____	

**Part Three: Provider Information**

Name of Child Care Provider:			
Type of care:    Full-time (30+ hours/wk)    Part-time (5-30 hours/wk)    After-school    Other			
CONTACT PERSON AT CHILD CARE PROGRAM:			E-MAIL ADDRESS:
STREET:			
CITY:	STATE:	ZIP:	PHONE:

Please use additional sheet if you need to provide more information on child care arrangements.

**Financial Information –Must be complete for award consideration**

Please list your adjusted gross income for the last year (line 37 on the federal tax return): \$ \_\_\_\_\_  
If spouse/partner filed separately, please indicate their adjusted gross income for the last year: \$ \_\_\_\_\_

NOTE: You must attach a copy of last year's federal income tax return for you and spouse/partner.

**CHILD SUPPORT:**

\$ \_\_\_\_\_ per \_\_\_\_ month \_\_\_\_ year (check one)

Do you receive City of Madison, County and/or CCTAP funding for child care? Yes \_\_\_\_ No \_\_\_\_

If yes, please specify which funding source and the amount of support.

City of Madison Assistance      County Funding      CCTAP      \$ \_\_\_\_\_ per week

**Benefit to Family/Special Circumstances**

Describe any family situation and/or special circumstances that you wish the selection committee to consider.

If received, how will this grant benefit your family?

How will this grant support your employment at UW -Madison?

The information provided on this form is true, correct, and complete.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please mail or fax completed application to:

*Teri Stratton  
Office of Child Care & Family Resources  
611 Eagle Heights, Room 148  
Madison, WI 53705  
Fax: 608-262-4622*

Note: We reserve the right to deny funding based on incorrect information.

Research on early childhood development indicates that continuity and quality of care are important for the child's development. Children need a stable environment with responsive, nurturing and consistent caregivers. We urge you to utilize the highest quality care available. To be eligible for this grant, the child **must** be enrolled in State of Wisconsin licensed family or center child care. Family child care providers **must** have a social security number, work permit and complete a federal W-9 tax form. If you have questions about whether your provider is licensed or accredited, contact 4-C at (608) 271-9181 or [certification@4-c.org](mailto:certification@4-c.org). Family child care certification options are listed here from lowest to highest level of standards.

PROVISIONALLY CERTIFIED (Dane County) – *NOT ELIGIBLE FOR CHILD CARE GRANT*  
Through 4-C's (608) 271-9181

- Three or fewer children under the age of seven plus the provider's own children
- SIDS training required; no continuing education required
- Initial home visit conducted by 4-C's staff before becoming provisionally certified
- Visits by 4-C's conducted annually and/or if a complaint is filed
- Provider pays a \$50 non-refundable application fee to 4-C's
- Provider can care for child of family receiving County Assistance

REGULARLY CERTIFIED (Dane County) – *NOT ELIGIBLE FOR CHILD CARE GRANT*  
Through 4-C's (608) 271-9181

- Three or fewer children under the age seven plus the provider's own children
- Initial training of 20 hours plus SIDS training
- Five hours of continuing education required annually
- Initial home visit conducted by 4-C's staff before becoming regularly certified
- Visits by 4-C's conducted annually and/or if a complaint is filed
- Provider pays a \$50 non-refundable application fee to 4-C's
- Provider can care for child of family receiving County Assistance

LICENSED PROVIDER (State of Wisconsin)  
Southern Regional Licensing Office (608) 243-2400

- If caring for 4-8 children, State Licensing is mandatory
- 8 or fewer children including the provider's own if under age 7
- Initial training of 40 hours plus 10 more if caring for children under age 2
- 15 hours of continuing education required annually
- Pre-licensing consultation with Wisconsin Child Care Improvement Project
- 1-2 home visits during licensing process
- Annual home visits after becoming fully licensed
- Written policies must be given to parent when child is enrolled
- Fee: \$12.50 for 6 month Provisional License: \$50 for 2 year license
- Provider can care for child of family receiving County Assistance

CITY of MADISON and/or NATIONALLY ACCREDITED (note: City of Madison and NAEYC Accreditation are essentially duplicate processes)

(City or National Level) Through NAFCC 1-800-359-3817 or WECA 1-800-783-9322 or (608) 240-9880

- Family child care homes and centers voluntarily apply for accreditation
- The program engages in an extensive study based on accreditation criteria
- The program must meet or exceed requirements for their regulation
- The accreditation process examines the total program emphasizing on the quality of interactions among staff and children and the developmental appropriateness of the curriculum

(City of Madison) Through Satellite Family Child Care, Inc. (608) 275-6740

- 1-3 children under the age of 7 years, if Licensed, 4-8 children
- 12-15 hours continuing education required annually
- Monitored Family Day Care homes meeting city quality standards
- Assists with registration and/or licensing while becoming certified
- Home visit at initial enrollment: then 4-8 home visits annually
- 7 hours Respite Care every 3 months; more available for a fee
- Access to special curriculum units and equipment loan
- Provider Fee: Enrollment and monthly fee (waived for low-income providers)

- Can care for child of family receiving City or County Assistance