

# Westchester Works Child Care Scholarship Program 2023

The Westchester Works scholarship is being provided by the Westchester County Department of Social Services (DSS) and administered by the Child Care Council of Westchester, Inc. It is available to working Westchester County, NY families to help cover the costs of child care for their children.

You have 30 days from your application submission date to provide all required documents and start your child in care with an approved provider.

The scholarship is a monthly award, based on your child's age, the type of provider, and the number of days in care. See below for Scholarship Award Breakdown.

The scholarship does not pay for the full cost of care; you are responsible to pay your provider the difference between the scholarship award amount and what your provider charges. If the provider charges less than the scholarship award, we will only pay up to the amount the provider charges.

The scholarship will begin the first day of the month the application is received through December 31, 2023, as long as you and your provider are approved and remain eligible. There is a possibility that the scholarship will continue into 2024; if it is added to the 2024 county budget. We should know in late December 2023.

Note: Your information may be shared with the Westchester County Department of Social Services Child Care Assistance Unit to determine that you are not already receiving or eligible for child care assistance through their program.

## Eligibility Requirements

1. Apply no more than 60 days prior to care starting.
2. Applicants (all parents in household) must live in Westchester County, be employed at least 10 hours per week, and making at least minimum wage.
3. Children must be under 13 years old or under 18 years old with a documented special need
4. Child care provider must be located in Westchester County
5. Child care must be in an OCFS regulated child care program, Dept. of Health camp with valid permit, or an exempt/informal provider
  - a. An exempt/informal provider can be a friend, family, neighbor who would need to complete some requirements to become a scholarship-approved provider. The care can be in the child's home or the provider's home but payment will go to the provider.
6. This scholarship is open to applicants who do not receive and are not eligible for any other financial assistance for child care through any public or state program.
7. Your total gross household annual income must be within the income eligible guidelines listed below. Your household income includes all income, such as wages/salary, child support, SSI, etc.

Family Size	Income Range		
2	\$59,161	to	\$78,880
3	\$74,581	to	\$99,440
4	\$90,001	to	\$120,000
5	\$105,421	to	\$140,560

## Required Documents:

1. Proof of income:
  - a. One month of paystubs. If there is a \$50 difference between paystubs for the month, submit three months of pay stubs.
  - b. If paid in cash, verification of income form or letter from employer stating gross income and schedule (email [scholarships@cccwny.org](mailto:scholarships@cccwny.org) to request a verification of income form).
  - c. If self-employed, self-employment worksheet and when applicable, quarterly tax business statements. (email [scholarships@cccwny.org](mailto:scholarships@cccwny.org) to request a self-employment worksheet form).
2. Proof of home address
  - a. Copy of your lease, electric, cable, or phone bill.
  - b. If none of the above, contact [scholarships@cccwny.org](mailto:scholarships@cccwny.org) for other options.
3. Proof of child's citizenship
  - a. Birth certificate, US passport, etc.

# Westchester Works Child Care Scholarship Program

## Applicant Information

<b>PRINT LEGIBLY!</b>	<b>Both parents and/or spouse must be listed on the application if they live in the household.</b>
First Name (parent #1)	
Last Name (parent #1)	
First Name (parent #2 or spouse)	
Last Name (parent #2 or spouse)	
Street Address	
City, ST ZIP Code	
Cell Phone (phone # is required)	
Home/Work Phone	
E-Mail Address	
Mailing Address, if different	

## Marital Status

Are you?

Married	Single or Separated	Other
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## Household Information

LIST EVERY CHILD WHO LIVES WITH YOU.

Relationship to you	First Name	Last Name	Date of Birth	Sex M or F	Needs Child Care Scholarship? Yes or No

**Your Income Information**

Your Name:			
Employer:			
Occupation:			
How much are you paid (gross income before taxes)?	\$		
How often are you paid?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly (every other week)	<input type="checkbox"/> Bi-monthly (twice a month)
How many hours do you work a week?			
Do you have any other jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes please provide the same information as above		

Check if you do not have a spouse  
 Check if the 2<sup>nd</sup> parent does not live in the same household as the child

**Income Information – Spouse or Parent #2; if living in same household as child**

Spouse/Parent #2 Name:			
Employer:			
Occupation:			
How much are they paid (gross income before taxes)?	\$		
How often are they paid?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly (every other week)	<input type="checkbox"/> Bi-monthly (twice a month)
How many hours do they work a week?			
Do they have any other jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes please provide the same information as above		

**Child Care Assistance**

<b>Department of Social Services (DSS)</b>	<b>Yes/No</b>	<b>If yes, enter date approved or the date you submitted your application</b>	<b>The Council will contact DSS with your information, to confirm that you have not been approved. Confirmation needs to be received before we can approve you for the scholarship.</b>
Are you receiving child care subsidy?	___ No ___ Yes		
Did you apply for child care subsidy?	___ No ___ Yes		

**Other Income Information**

<b>Income</b>	<b>Yes/No</b>	<b>If yes, how much &amp; how often (weekly/monthly)?</b>
Do you current receive child support?	___ No ___ Yes	\$
Do you or your children current receive SSI?	___ No ___ Yes	\$
Do you have any other income?	___ No ___ Yes	\$

**How Did You Hear About the Scholarship?**

**Child Care Program/Provider**

\_\_\_ I do not have child care, Please contact me to help me find child care

**LIST EVERY CHILD WHO NEEDS THE SCHOLARSHIP.**

<b>Child's First Name</b>	<b>Program/Provider Name</b>	<b>Program Address (Enter address where the care is currently being provided)</b>	<b>Provider's Email</b>	<b>License/Registrati on # if using an OCFS regulated provider</b>

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**Tell us why you should receive this scholarship**

**Optional: Please tell us a little bit about your family and why it would be helpful to receive this scholarship.**

## Self-Attestation and Signature

I certify that the information provided in this application is true and correct to the best of my knowledge, and that I have not withheld information. I understand that falsification of the information shall result in termination of the scholarship.

I understand that I have 30 days from the application submission date to provide all required documents and have my child in care. If I do not meet these requirements, I will have to re-apply for the scholarship.

I understand that by submitting this application form, I agree to inform the Child Care Council (CCC) immediately of any change in my needs, income, living arrangement, or address to the best of my knowledge or belief.

I agree to inform CCC immediately of any change in child care arrangements, including where child care is provided, who is providing care, and provider's fees.

I understand that, regardless of my eligibility, this scholarship is only available until December 31, 2023.

I understand that by submitting this application, I agree to cooperate fully with any request to verify or confirm the information I have given or any other request in connection to this child care scholarship. I will provide additional information if it is requested. This may include but is not be limited to submission of documentation such as additional paystubs of parents and/or guardians living in the household, other documents substantiating household income, as well as residency, and children's birth certificates. I will provide such information upon request.

I understand that this scholarship is only available to Westchester County residents and Westchester County providers.

I understand that if I choose a family, friend or individual to care for my child, they have to be approved as a scholarship-approved informal provider.

I understand that the provider must submit attendance and if it is not provided within 30 days of the month end, the scholarship will not be paid for that month and you will be responsible for that monthly payment.

I understand that if my provider does not fulfill their requirements, within the appropriate timelines, I may lose my scholarship and will have to reapply. The provider may be required to return the scholarship already paid.



Westchester Works Child Care Scholarship Program 2023 updated 6-1-23



Name (printed) of Parent #1	
Signature of Parent #1	
Date of Parent #1	
Name (printed) of Parent #2	
Signature of Parent #2	
Date of Parent #2	

**Checklist of attached required documents:**



**Check off the items you are submitting that are required to complete your application.**

<p><input type="checkbox"/> I have answered all questions and completed all sections pages 4 thru 9</p>	<p><input type="checkbox"/> I have submitted <b>Proof of Current Address</b></p> <ul style="list-style-type: none"> <li>— Acceptable proof includes an electric, cable, and/or phone bill, which list full address and my name. (driver's license and passports are not accepted)</li> </ul>
<p><input type="checkbox"/> I have read and signed the agreement on page 9</p>	
<p><input type="checkbox"/> I have submitted a <b>Proof of Income</b> for myself and if applicable, for my spouse and/or parent #2. One to three months of income that could include:</p> <ul style="list-style-type: none"> <li>— 4 consecutive, recent paystubs if paid weekly</li> <li>— 2 consecutive, recent paystubs if paid bi-weekly</li> <li>— Letter from employer</li> <li>— Verification of income form</li> <li>— Self-employment worksheet and taxes</li> </ul>	<p><input type="checkbox"/> I have submitted <b>Proof of Child's Citizenship</b></p> <ul style="list-style-type: none"> <li>— Birth Certificates for all children applying for scholarship</li> <li>— If child was not born in this country proof that the child is legally in this country is required</li> </ul>

**Application can be emailed to [scholarships@cccwny.org](mailto:scholarships@cccwny.org) or**

**Faxed to (914)886-0281 or**

**Mailed to Child Care Council of Westchester, Inc. 313 Central Park Avenue, Scarsdale, NY 10583 Attention: Scholarships**

**Questions: [scholarships@cccwny.org](mailto:scholarships@cccwny.org) or 914-761-3456 ext. 121**

### Scholarship Award Breakdown

Funds will be distributed based on the child's attendance in the following manner:

- Full monthly award will be received if child attends at least 16 days of the month.
- Partial monthly award will be received if child attends less than 16 days of the month.
- Please note for school-age children the rates change during the school year and summer months (July/August).
- Scholarship ends December 31, 2023.

Centers, School Age Programs, & Camps	Infants under 2 years old		Toddler 2 years old		Preschoolers 3 & 5 years old		School-Age 6 years and over	
	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award
Monthly – all year	\$995	\$500	\$925	\$465	\$850	\$425		
Monthly – school year							\$765	\$385
Monthly – summer (July & August)							\$865	\$435
Family Child Care & Group Family Child Care	Infants under 2 years old		Toddler 2 years old		Preschoolers 3 & 5 years old		School-Age 6 years and over	
	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award
Monthly – all year	\$820	\$410	\$805	\$405	\$780	\$390		
Monthly – school year							\$655	\$330
Monthly – summer (July & August)							\$755	\$380
Informal Providers/ Family, Friend, or Neighbor (FNN) Care is in provider's home or child's home	Infants under 2 years old		Toddler 2 years old		Preschoolers 3 & 5 years old		School-Age 6 years and over	
	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award	Full Monthly Award	Partial Monthly Award
Monthly – all year	\$535	\$270	\$525	\$265	\$505	\$255		
Monthly – school year							\$390	\$195
Monthly – summer (July & August)							\$490	\$245