

SHARE/UMass Medical School

Spring 2017 Childcare Fund Application Guidelines

DEADLINE FOR APPLICATIONS –April 20, 2017

Eligibility Criteria

- You must be a UMass Medical School SHARE member.
- Awards will be made on a sliding scale, based on family income, number of children in daycare, number of applications received, your expenses, and extenuating circumstances.
- Your child must be in one of the following: a licensed child care center; a licensed family provider; an afterschool or summer camp program that is licensed according to the requirements of the Office for Children; or have a person who cares for the child in your home and provides a Social Security or tax #.
- Children from birth up to kindergarten are eligible for daycare or pre-school awards.
- Older children are eligible for afterschool, vacation, snow and summer camp awards.
- If your employment at UMass ends, if you accept a position outside the bargaining unit, or if you transfer your child to a provider that does not meet the above criteria, your childcare award will end.

Application

- The application must be complete in order for us to process it.
- **Current recipients of the SHARE Childcare Fund MUST reapply.**
- You must include a copy of the first page of your 2016 Federal 1040 tax form.
- If your child is not currently in childcare, provide us with information about your expected costs.

Awards

- Applications are reviewed by the SHARE Childcare Fund program coordinators.
- Awards will be determined according to financial need and family situation, within the limitations of the fund.
- All applicants will be notified in writing to inform them whether or not they have been granted an award.
- Awards are taxable and subject to withholding.
- Recipients must submit monthly verification forms to verify their child's enrollment with an eligible childcare provider. These can be emailed to dianne.williams@umassmed.edu, faxed to 508-856-6805 or mailed to the SHARE office at 50 Lake Ave. Worcester, MA 01604.
- Awards will be paid based upon verification of childcare services already provided.
- Awards cover the period from April 1st, 2016 through March 30, 2017 and only apply to childcare expenses incurred during that period.

Applications must be returned by e-mail, mail or fax no later than April 20, 2016 to:

Dianne Williams

dianne.williams@umassmed.edu

fax: 508-856-6805

or

SHARE

50 Lake Avenue,

Worcester, MA 01604

If you have any questions about the Childcare Fund, please call Andrea Caceres at the SHARE office 508-929-4020 Ext.29 or Dianne Williams 508-856-5957.

SHARE/UMass Medical School
Spring 2017 Childcare Fund Application

April 1st, 2017 – March 30th, 2018

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Name:	Employee ID No.
Home address:	
Home or Cell Phone:	Work Phone:
Department or Work Location:	
Best e-mail or phone number to contact you regarding SHARE Childcare Fund updates/reminders:	
Number of adults in household:	Number of children in household:
Hours worked per week at UMass Medical School:	
2016 Total household income (from tax forms):	Estimated 2016 total household income:

Please attach a copy of the first page of your 2016 Federal 1040 forms.

Further information or clarification about your financial situation? (i.e. *Are you receiving child support? Do you have any extraordinary circumstances such as caring for elderly family member disabled child etc.? Do you receive childcare vouchers? Has there been any changes in family income, family size or cost of care since the Spring enrollment?*)

Childcare Arrangement Information

Your Name: _____

Please list all the children for whom you are applying. If your child is not yet born, please include his/her estimated due date. Also, please list all childcare providers and license numbers (or social security numbers), including summer/snow camp arrangements, if any, and the total monthly cost per child. If a child is being cared by multiple providers, please list all providers and the respective total monthly costs.

	Child's name	Date of birth	Provider's name	Arrangement confirmed? (Yes/No)	License, Social Security # or TIN	Total monthly costs
1.						
2.						
3.						
4.						

Please list **total monthly cost** for **all children** from **all providers**. If an arrangement is tentative or your child is not born, please estimate the cost. We will make an award based on the household size and income, and extenuating circumstances. Please let us know if there are any changes to your childcare costs, family size or childcare arrangement the award will be adjusted accordingly.

Month	Total Monthly Cost	Month	Total Monthly Cost
April 2017		October 2017	
May 2017		November 2017	
June 2017		December 2017	
July 2017		January 2018	
August 2017		February 2018	
September 2017		March 2018	

Application Checklist:

- I have completed and signed my application.
- I have attached a copy of my 2016 federal 1040 tax return form
- I have kept a copy of this application for my records
- I am submitting my application by April 20, 2017
- I certify that the information on this form is complete and correct.

Signature: _____ Date: _____