

APPLICATION

Chatham Community Child Care Scholarship Program Application

The town of Chatham recognizes the importance of consistent, quality early education and care for children and families. To support families who may be experiencing unexpected or extraordinary situations paying for their child care arrangements, the town has established the Chatham Community Child Care Scholarship Program. The Child Care Scholarship provides short-term child care funding for children of eligible town residents or employees. Children aged infancy through school-age receiving care in legally operating programs are eligible.

Applications are accepted on a rolling basis and reviewed regularly in order of receipt. Incomplete applications cannot be reviewed. Applicants should be aware that the Scholarship is a finite resource. Scholarship awards for eligible applications will be based upon the amount of the request and the current resources. Therefore, awards may be a percentage of the total request. CACCI/Child Care Network of the Cape and Islands will accept, review, and notify families of application outcomes. Applicants should be aware that award of any Scholarship funding to the applicant is contingent upon acceptance of Scholarship terms and conditions by the child care provider identified in the application. Awards will be paid directly to the child care provider by CACCI/CCN. Any inquiries concerning the status of an application or scholarship award should be directed to CACCI/CCN, not Chatham town offices.

Please complete this application and submit it to:

CACCI/Child Care Network of the Cape and Islands
115 Enterprise Road Hyannis, MA 02601

Questions concerning the scholarship or the scholarship application should be directed to the CACCI/CCN Program Director at 508-778-9470 or 1-888-530-2430.

Name of applicant (parent/guardian): _____

Child's name: _____ Age/grade enrolled: _____

Mailing/residential address: _____

Home phone no. _____ cell no. _____

Number of adults in home: _____ Number and ages of children: _____

Adult(s) employed _____

Your household income last month: _____

Name of childcare provider/program to be paid with these funds: _____

Address & phone # of childcare provider: _____

Is this provider licensed? _____ Relationship (if any) of provider to applicant: _____

What are your total monthly child care expenses: _____ for how many children: _____

Please list separately the child care expenses and needs for each child in your household:

Name: _____ Age _____ Days/wk: _____ Fee/wk/mo. _____

Name: _____ Age _____ Days/wk: _____ Fee/wk/mo. _____

Name: _____ Age _____ Days/wk: _____ Fee/wk/mo. _____

What is the balance (outstanding/current) at this time of your childcare tuition bill: _____

How long do you expect to need this assistance paying child care (up to 90 days): _____

Have you applied to other sources for help: _____ where: Lower Cape outreach Council _____ Church _____

Other (please specify) _____

Please list your reasons for applying for these funds at this time: (use additional paper if required)

Is there anything else you would like the committee to know about your situation: _____

I hereby verify that the information provided above is correct.

Your signature: _____ Date: _____

I understand that by completing and submitting this application my name and information will be placed on the Early Education and Care Wait List for Child Care Assistance. I further understand that my information may be shared within the CACCI Agency for additional support information. If Application is declined applicant may request a Review with the Chatham Human Service Advisory Committee.