

**The Child Care Council of Dutchess and Putnam, Inc.
COVID-19 Childcare Relief Scholarship Fund Application**

Please complete one application per child.

Families who receive or who are eligible for a subsidy through the Dutchess County Department of Community and Family Services (DCFS) or the Dyson Scholarship are not eligible, unless the family has applied for and been denied a subsidy from these programs.

Child's First and Last Name: _____

Child's Date of Birth: *(Your child MUST be at least 5 years old, not older than 12, and enrolled in school to be eligible for this scholarship)* _____

Parent /Guardian Name(s) *(Please list first and last names of BOTH parents, if applicable):*

Home Address _____ City _____ Zip _____

Day Time Phone #: _____ Email Address: _____

How is your need for childcare related to COVID-19? _____

Are you Currently Employed? _____ Annual Household Income: \$ _____

Number of Household Members: *(Include all parents and children living in the household.)* _____

Do you have a regulated childcare provider? *(You MUST have your child(ren) enrolled and attending a regulated child care provider to be eligible for this scholarship.)* No Yes. If yes, list the provider's information below:

Name of Child Care Provider: _____ Phone #: _____

Street Address _____ City _____ Zip _____

How many days does your child attend each week? _____ How much do you pay for child care each week? _____

Income verification, both earned and unearned income, for all household members, including but not limited to:

- Wages: 4 weeks of consecutive pay stubs OR a letter from employer that indicates the date employment started, # of hours worked per week and rate of pay;
- SSI/SSD: Most recent award letter;
- Unemployment Insurance Benefits (UIB): Printout reflecting UIBs paid;
- Foster care benefits; and,
- Other: Proof of income from all other sources of household income.

**Income verification documentation must either be emailed to scholarship@childcaredutchess.org
or mailed to 301 Manchester Road, Suite 201A, Poughkeepsie, NY 12603
and received by the CCCDP by 5p.m. on February 16, 2021.**

Parent Certification: By signing your name on the line below, you are certifying that:

1. The information in this application is true and accurate; and,
2. I have read and understand the program guidelines.

Signature: _____ Date: _____