



1130 – Women’s Resource Center/Returning Adult Program  
 Lansing Community College  
 P. O. Box 40010  
 Lansing, Michigan 48901-7210  
 Phone: (517) 483-1199 Fax: (517) 483-1970  
<http://www.lcc.edu/wrc>



## CHILD CARE GRANT

### ~~FALL 2011, SPRING 2012, SUMMER 2012~~

**PURPOSE:**

The Child Care Grant is designed to provide eligible custodial parents with child care funding assistance while the parent is attending Lansing Community College. The grants are based on the criteria listed below and provide partial payment of licensed child care services for the recipients.

**GRANTS:**

Grants are dependent on the number of applications received and the availability of funds. Specific grant amounts are determined by the number of credits for which the student enrolls. The child(ren) must be in licensed child care during the time the parent is in class in order to be eligible for assistance.

**ELIGIBILITY:**

The family’s gross income must not exceed:

- \$25,000 self with one dependent**
- \$27,000 self with two dependents**
- \$29,000 self with three dependents**
- \$31,000 self with four dependents**
- Add \$ 2,000 for each additional dependent**

The members in the family who are claimed on the income tax return or children for whom you have custody or joint custody are considered dependents. If married and living in the same home, spouse should be counted as a dependent.

If your family’s gross income exceeds these income guidelines, you may be eligible for other types of financial assistance. Contact the Office for Young Children at (517) 887-4319 or 1-800-234-6996 for more information.

**APPLICATION DEADLINE DATES**

All applications for the Child Care Grant are to be submitted to the WRC/RAP, room 204 Gannon Building. You are advised to turn in your application as soon as possible. **DO NOT WAIT FOR THE FINAL DEADLINE. THOSE WHO APPLY FIRST MAY BE SERVED FIRST.**

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**DEADLINE DATES:**

~~Fall Semester 2011~~ ~~July 1, 2011~~

~~Spring Semester 2012~~ ~~Nov. 1, 2011~~

**Summer Session 2012**                      **May 1, 2012**

If the deadline falls on the weekend, applications will be accepted the following Monday until closing. Call (517) 483-1924 for office hours since hours of operation may vary.

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**Students eligible Fall 2011 or Spring 2012 will not need to reapply for Summer 2011.** You must complete a NEW application for the 2012-13 academic year by July 1, 2012.

- Receipt of this grant for one semester does not guarantee its continuance in subsequent semesters and is dependent upon availability of funds.
- All applications must be completed and received by the Women’s Resource Center/Returning Adult Program (WRC/RAP) by the deadline date. No exceptions will be made
- All applications must have complete information about the child care provider. Including the CHILD CARE LICENSE NUMBER. If you are having difficult finding a provider, please call the Office for Young Children at 517-887-4319
- The REQUIRED proof of income and custody must be attached.

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**CONFIDENTIAL FINANCIAL STATEMENT:** Proof of current family gross income must be attached when you file this application: current paycheck stubs or document from employer stating year-to-date salary, letter from Friend of the Court, Department of Human Services, or Social Security. **IF APPLICATION IS NOT COMPLETE BY THE DEADLINE, APPLICANT WILL BE INELIGIBLE FOR THIS GRANT.**  
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**LIMITATIONS AND  
CONTINUATION OF GRANT:**

1. All grants will be made on a one-semester-only basis. Eligibility does not guarantee a grant and is dependent on availability of funds.
2. A recipient must be enrolled and attending an LCC class during the time that a child, in child care, is supported by the grant.
3. A student may be eligible for child care assistance for one semester regardless of past academic performance. Students who fail to earn a 2.0 or higher in each course while receiving this grant may be ineligible or may receive a child care grant for a limited number of credits. Drops after the 100% refund time period, Withdrawals ("W"), Incompletes ("I"), and lack of a satisfactory completion rate may affect subsequent eligibility. No Repeat ("R") courses will be funded unless approved by a staff member.
4. The grant funding must be used for child care at a **licensed** child-care home or child-care center.
5. If you receive child care assistance from any other source such as DHS, city scholarships, etc., you must use those funds first. If you have unmet child care needs, the WRC/RAP may be able to assist you if you meet all eligibility criteria for the Child Care Grant.
6. This grant is designed to assist students in obtaining their educational/occupational goals. LCC courses taken toward a certificate or associate degree, job-oriented courses, those taken for transfer, and other courses as approved are eligible for child care assistance. Recreational courses will be limited to one per semester.
7. This grant is limited to 12 credits (6 credits in the Summer) unless the student's curriculum requires more. Fewer than 12 (or 6) credits may be taken.

**ACCOUNTING AND  
ADMINISTRATION CONCEPTS:**

1. No funds will be given directly to recipients of the Child Care Grants. Checks will be made out by Lansing Community College and sent directly to the approved child care provider with the recipient's name as the second endorser.
2. Please note that the check must be signed by both the recipient of the grant and the child care provider.
3. No monies may be given to the recipient by the child care provider.

If you have any questions about this grant, please contact the WRC/RAP at (517) 483-1199.

Return application to:

LANSING COMMUNITY COLLEGE  
Room 204  
Gannon Building  
Support Services  
422 N. Washington Square  
Lansing MI 48933

OR

Mail application to:

WRC/RAP - 1130  
Lansing Community College  
P.O. Box 40010  
Lansing, MI 48901-7210  
Call to verify receipt

OR

Fax applications to:

WRC/RAP  
517-483-1970  
Include your full name.  
Call to verify receipt.

~~FALL 2011, SPRING 2012~~, SUMMER 2012  
**APPLICATION FOR CHILD CARE GRANT**  
WOMEN'S RESOURCE CENTER/RETURNING ADULT PROGRAM  
LANSING COMMUNITY COLLEGE

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NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
PREVIOUS NAME AT LCC: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CURRICULUM: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
PHONE HOME: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
     check box if we should **NOT** call      HAVE YOU APPLIED FOR THIS GRANT BEFORE? \_\_\_\_\_  
  
WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
     check box if we should **NOT** call  
  
EMAIL ADDRESS: \_\_\_\_\_

**INDICATE MARITAL STATUS:**

Single/never married     Divorced     Married     Widowed     Separated

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If you are married, identify the reason your spouse is unable to provide child care for your child:

\_\_\_\_\_

Are you presently employed? \_\_\_\_\_

How many hours per week are you working? \_\_\_\_\_

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**FINANCIAL AID INFORMATION: Attach proof of eligibility and amount.**

1. Have you received this child care grant before? \_\_\_\_\_ WHEN? \_\_\_\_\_

2. Do you receive assistance from any of the following?

\_\_\_\_\_ Women's Resource Center Foundation Grant.

\_\_\_\_\_ Single Parent, Displaced Homemaker, Non-Traditional Career and Special Populations Grant.

\_\_\_\_\_ Pell.

\_\_\_\_\_ Other. Describe: \_\_\_\_\_

3. ARE YOU RECEIVING CHILD CARE ASSISTANCE FROM ANY OTHER SOURCE?

DHS \_\_\_\_\_ OTHER \_\_\_\_\_

AMOUNTS:\$ \_\_\_\_\_

**Must have state-licensed child care provider on application!**

A state-licensed child care provider has a license number that is two letters followed by nine numbers.

INFORMATION ON LICENSED CHILD CARE PROVIDER--**ALL OF THIS INFORMATION MUST BE COMPLETED BY THE DEADLINE DATE.** If you are having difficulty finding a provider, please call the Office for Young Children at 887-4319 as soon as possible and have your provider chosen before the deadline.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PROVIDER'S CHILD CARE LICENSE NUMBER: \_\_\_\_\_ (THIS IS TWO LETTERS FOLLOWED BY NINE NUMBERS)

FEE CHARGED \$ \_\_\_\_\_ DAILY \_\_\_\_\_ HOURLY \_\_\_\_\_ WEEKLY \_\_\_\_\_

PROVIDER'S WORK DAYS AND HOURS: \_\_\_\_\_

**If you have a school-age child, identify below the hours that he/she will be in school:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENTATION REQUIRED!**

**PLEASE LIST ALL DEPENDENTS:** If you are married and living in the same home, list spouse. You must provide either Child's Medicaid card, court ordered custody papers **OR** any **TWO** pieces of documentation from the examples below for each dependent child. **PUT "X" IN BOX FOR CHILDREN NEEDING CHILDCARE.**

Divorce Papers	Immunization Record
Child Support Documentation	School Record
WIC booklet showing child's name	Birth Certificate
DHS assistance showing child's name	Social Security card

Spouse's name:

\_\_\_\_\_

List Children's names and date of birth

\_\_\_\_\_ sex: \_\_\_\_\_ DOB: \_\_\_\_\_

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**DOCUMENTATION REQUIRED!**

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**CHECK ALL SOURCES OF INCOME.** INDICATE DOLLAR AMOUNT AND IF INCOME IS WEEKLY, BI-WEEKLY, OR MONTHLY. YOU MUST ATTACH CURRENT PROOF OF INCOME FOR EACH SOURCE YOU RECEIVE. **Income tax forms are not acceptable. Report gross income (before taxes).**

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\_\_\_ Applicant's employment \$ \_\_\_\_\_ (circle one: weekly/bi-weekly/monthly)  
Must provide copies of recent check stubs.

\_\_\_ Spouse's income \$ \_\_\_\_\_ (circle one: weekly/bi-weekly/monthly)  
Must provide copies of recent check stubs.

\_\_\_ Child support received \$ \_\_\_\_\_ (circle one: weekly/bi-weekly/monthly)  
Must provide recent check stubs, account summary, or court order, or bank statement indicating child support deposit.

\_\_\_ Alimony received \$ \_\_\_\_\_ (circle one: weekly/bi-weekly/monthly)  
Must provide recent check stubs, account summary, or court order, or bank statement indicating alimony support deposit.

\_\_\_ Food Assistance \$ \_\_\_\_\_  
Must provide copy of EBT/Bridge card or a letter from DHS detailing assistance, or a statement from your online account.

\_\_\_ DHS Cash Assistance \$ \_\_\_\_\_  
Must provide letter from DHS detailing assistance or a statement from your online account.

\_\_\_ Medicaid  
Must provide copy of Medicaid cards or letter from DHS detailing assistance.

\_\_\_ Social Security \$ \_\_\_\_\_  
Must provide letter from Social Security Administration detailing assistance or recent check stub.

\_\_\_ Unemployment compensation \$ \_\_\_\_\_  
Must provide letter from Unemployment Agency detailing assistance.

\_\_\_ Family/friend's assistance.  
Must provide letter from family/friend (include name, current date, name of student being assisted, description of assistance and signed).

\_\_\_ Housing/Public/Section 8 Subsidy  
Must provide documentation detailing assistance either from the Housing Commission or your landlord.

\_\_\_ Other \$ \_\_\_\_\_ Describe: \_\_\_\_\_  
Examples may be student loans, tax returns, in-home business, etc.  
Must provide supporting documentation.

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## Check your application What Documentation did you provide?

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Please mark the documentation you provided with this application.

- |  |   |
|--|---|
| <input type="checkbox"/> Applicant's recent Check stubs          | <input type="checkbox"/> Letter from DHS showing Medicaid Assistance    |
| <input type="checkbox"/> Bank Statement                          | <input type="checkbox"/> Letter from family/friend detailing assistance |
| <input type="checkbox"/> Child Support Documentation             | <input type="checkbox"/> Medicaid Cards                                 |
| <input type="checkbox"/> Custody Papers                          | <input type="checkbox"/> Profit/loss tax form                           |
| <input type="checkbox"/> Dependent's Birth Certificate           | <input type="checkbox"/> Section 8 letter                               |
| <input type="checkbox"/> Dependent's School Record               | <input type="checkbox"/> Social Security Disability Insurance           |
| <input type="checkbox"/> Dependent's Social Security card        | <input type="checkbox"/> Social Security Insurance                      |
| <input type="checkbox"/> Divorce Papers                          | <input type="checkbox"/> Spouse's recent check stubs                    |
| <input type="checkbox"/> EBT/Bridge card                         | <input type="checkbox"/> Student Loans                                  |
| <input type="checkbox"/> Immunization Record                     | <input type="checkbox"/> Unemployment Benefits                          |
| <input type="checkbox"/> Lease                                   | <input type="checkbox"/> WIC booklet showing child's name               |
| <input type="checkbox"/> Letter from DHS showing Cash Assistance | <input type="checkbox"/> Other: Describe _____                          |
| <input type="checkbox"/> Letter from DHS showing Food Assistance |   |

**Please sign below to verify that you agree to the conditions and responsibilities of this award and that you assume responsibility for knowing Lansing Community College policies.**

1. If I drop a course, my grant will be decreased accordingly.
2. The check will be made out to the licensed child care provider indicated above and myself and sent directly to the child care provider.
3. I will only receive assistance for approved classes taken on a credit basis, not classes taken on an audit basis.
4. I will maintain a minimum of a 2.0 in each class.
5. I understand that the child care assistance funds are limited and may not be available in subsequent semesters.
6. The WRC/RAP will request progress reports from my instructors.

I give permission to the WRC/RAP at Lansing Community College to have access to my enrollment, Financial Aid, skill level scores, academic progress and grade information.

I do hereby give permission to the staff of the WRC/RAP to release information pertaining to my child care grant, enrollment, and class schedule to my licensed child care provider, and to the DHS.

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I hereby acknowledge that the information submitted herewith is true and correct and understand the conditions as stated in the application and the cover sheet.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Funds are made available by Lansing Community College. Lansing Community College does not discriminate on the basis of race, religion, age, national origin, sex, marital status, color, height, weight, handicap or sexual orientation in its employment, educational programs or activities. If you feel you have been discriminated against, contact the Human Resources Department at (517) 483-1673.