

Child Care WAGES[®] IOWA

Child Care WAGES[®] IOWA is a licensed program of Child Care Services Association

APPLICATION

Contact Information:

Name _____ Preferred Name _____
(first) (MI) (last) (maiden/alias)

Address _____ City _____ State _____ Zip _____

Mailing Address, if different _____ City _____ State _____ Zip _____

Phone Number _____ Social Security Number _____

County _____ Email Address _____

Educational Background: Please submit official college transcripts to document all education earned.

Degrees earned (check all that apply)	Major / Area of Study	Colleges attended	Year graduated
<input type="checkbox"/> No degree earned / other			
<input type="checkbox"/> AA/AS/AAS			
<input type="checkbox"/> BA/BS			
<input type="checkbox"/> MA/MS			
<input type="checkbox"/> Diploma			
<input type="checkbox"/> CDA			

Are you currently enrolled in college coursework? No Yes If Yes, list field of study: _____

Have you or are you currently participating in the T.E.A.C.H. Early Childhood[®] IOWA scholarship program? No Yes

DEMOGRAPHIC INFORMATION - THIS INFORMATION WILL BE USED FOR STATISTICAL AND DEMOGRAPHIC PURPOSES AND WILL NOT DETERMINE ELIGIBILITY

Date of Birth _____ (mm/dd/year) Gender: ___Female ___Male ___Non-binary

Family Structure: How many people are in your household? _____

___Married parent/grandparent ___Married, no kids ___Single, no kids ___Single parent/grandparent

Do you consider yourself Latinx?

No Yes (This includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish)

Do you consider yourself...?

White Black or African American American Indian or Alaska Native

Asian Native Hawaiian or Pacific Islander Other Race: _____

Languages I can speak fluently: English Spanish Arabic Other: _____

Preferred language: English Spanish Arabic Other: _____

PARTICIPANT AGREEMENT

Iowa Association for the Education of Young Children agrees to:

- A. Provide wage supplements to eligible early educators as a special incentive to reward teacher education and continuity of care, thereby providing children ages birth to five more stable relationships with better educated teachers.
- B. Provide IRS-1099 forms at the end of the year to recipients as mandated by current tax law.

The Child Care WAGE\$ Recipient agrees to:

- A. Acknowledge that receiving the full annual supplement amount is contingent upon completion of two six-month periods. An installment will be issued after each period, based on the education level and the work schedule of the recipient over the six-month period completed. No portion of the award will be issued if the participant leaves her/his program prior to completing the entire six-month commitment period. Time out for leave or summer breaks cannot be counted toward the completion of a commitment period. New applicants need to be employed at the time of the employment confirmation. Employment is verified after a commitment period is completed and when funding is available. *The time of confirmations may be delayed due to funding issues, but the applicant must still be employed when money is available in order to be eligible.*
- B. Continue employment in a regulated program that meets the funder-specific eligibility requirements for the entire commitment period and notify Child Care WAGE\$® IOWA of any change in eligibility. If the eligibility status changes during a six-month commitment period, participation and supplement amount may be impacted.
- C. Allow her/his employer to release employment information including date of employment, current position, age level of children in care, current salary or hourly rate and the number of hours worked each week.
- D. Allow WAGE\$ staff to release information about participation, including education, to director and/or owner.
- E. Acknowledge that individual application and participation information may be shared with funders or their designees and that name and place of employment may be shared with local resource and referral offices or community colleges if needed.
- F. Acknowledge that payments will depend upon available funding and the recipient’s employer is not responsible for providing the supplement should funds no longer be available.
- G. Report and pay and personal income taxes due on annual supplements as required by current tax law.
- H. Acknowledge that Iowa AEYC reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- I. Acknowledge that reimbursement to Child Care WAGE\$® IOWA will be required by the recipient should a salary supplement be issued incorrectly for any reason.
- J. Acknowledge that falsifying application information or documentation may result in the inability to be a participant on this program and the recipient consents to employer and program funder notification if participation is terminated due to failure to comply with documentation requirements.
- K. Create an i-PoWeR account (ccmis.dhs.state.ia.us/trainingregistry/TrainingRegistry/Public/) and it must remain active for duration of time on WAGE\$. WAGE\$ staff will verify and upload official transcripts to i-PoWeR account.

Statement of Affirmation:

I, _____ (applicant’s name), attest that the information provided on page 1 of this application and the supporting documentation is true to the best of my knowledge. I have read and understand the Participation Agreement.

To be considered for a WAGE\$ supplement, I understand that my name, address, email, education level, supplement amount, employer name and employer address may be released to funders of the program or their designees. Information may also be shared with T.E.A.C.H. Early Childhood® IOWA as needed to support my participation in any of the programs listed. I authorize and consent to the release and sharing of such information by Iowa AEYC to the third parties described. I hereby release Iowa AEYC from any liability or damages that may result from the release of sharing such information, including possible inaccuracies, errors, or omissions.

Printed Name of Applicant

Date

Signature of Applicant

***Please keep a copy of this page for your records**

CHILD DEVELOPMENT HOME PROVIDER INFORMATION

Check the appropriate registered child development home provider category: A B C C1 C2

Registration Name as listed on DHS registration _____

Registration Number _____ School District _____

Licensed Capacity _____ Ages served _____ # children enrolled by age group: 0-5 _____ School Age _____

What is the date you opened for business? _____

Does your program have an active child care assistance agreement? No Yes, percentage of enrollment? _____%

How long have you worked in the early childhood field?

- Less than 2 years
- 2-5 years
- 6-10 years
- 10+ years

What age groups do you teach? (check all that apply)

- Infants (0-12 months)
- Toddlers (13-36 months)
- Preschool (37 months – PreK)
- School age

Hours per week you work? _____

Hours per week your program is open? _____

Months per year you work? _____

How many hours per week are spent directly with children birth to five? _____

How many hours per week are spent directly with school age children? _____

Programs must demonstrate participation in a quality initiative such as QRS or NAFCC accreditation.

Program NAFCC accredited: No Yes other (specify) _____

Program rated on Iowa’s Quality Rating System? No Yes Rating level? _____

Program city population: Less than 20,000 (rural) Less than 20,000 (suburb) More than 20,000 (urban)

Please attach a copy of your most recent Schedule C for income verification.

I am authorized to provide employment verification; the information provided on this page is true and accurate to the best of my knowledge. I acknowledge that falsifying information or documentation may result in denial of future participation in WAGE\$ for this program:

Printed Name of Owner

Date

Signature of Owner

C. CHILD CARE CENTER INFORMATION – TO BE COMPLETED BY DIRECTOR

Name of center/program as listed on DHS license _____

Physical Address _____ City _____ Zip _____

Mailing Address if different _____ City _____ Zip _____

County _____ School District _____ License number _____

Name of director/supervisor _____

Phone _____ Fax _____ Email _____

Licensed Capacity _____ Ages served _____ # children enrolled by age group: 0-5 _____ School Age _____

Does your program have an active child care assistance agreement? No Yes, percentage of enrollment? _____%

Program city population: Less than 20,000 (rural) Less than 20,000 (suburb) More than 20,000 (urban)

Programs must demonstrate participation in a quality initiative such as QRS, Head Start, or NAEYC accreditation.

Program NAEYC accredited: No Yes other (specify) _____

Program rated on Iowa's Quality Rating System? No Yes Rating level? _____

Employee/applicant name _____ Employee start date at program ____/____/____

Employee Position: Owner/Director Director/Supervisor Teacher Assistant Teacher Other (specify) _____

How long has your employee worked in the early childhood field?

Less than 2 years 2-5 years 6-10 years 10+ years

Check all that apply to **the employee's classroom:**

Profit Non-profit State funded universal voluntary preschool site Part day preschool
 Shared Visions Head Start Public school early childhood special education Religious/church affiliated

Age groups **employee teaches:** (check all that apply)

Infants (0-12 months) Toddlers (13-36 months) Preschool (37 months - PreK) School Age

Hours/week employee works? _____

Hours/week program is open? _____

Months/year employee works? _____

Months/year program is open? _____

Hours/week employee works directly with children 0-5? _____

Hours/week employee works directly with school age? _____

How many paychecks does your **employee receive per year**? _____

How many months/year does your employee receive a paycheck? _____

Employee Name _____

As an employer of staff participating on WAGES, your signature on this application indicates your agreement to:

Provide Iowa AEYC with information on employees who have applied for a salary supplement. This information shall include: date employment began, employee's position, status of employee (full or part-time, permanent or temporary), age level of children in employee's care, the employee's current salary or hourly pay rate and the number of hours worked each week.

Be willing to meet with a local CCR&R consultant to begin a continuous improvement plan, *if required by funder*. Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a salary supplement. WAGES will not be used as the reason to withhold an otherwise scheduled raise.

I am authorized to provide employment verification; the information provided on this page is true and accurate to the best of my knowledge. I acknowledge that falsifying information or documentation may result in denial of future participation in WAGES for this program.

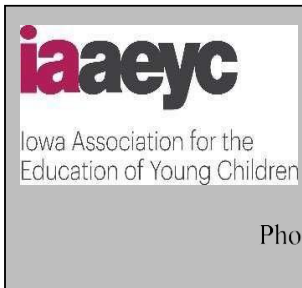
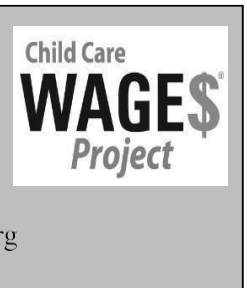
Signature of authorized personnel: _____ Date: _____

Printed name: _____ Position: _____

APPLICATION CHECKLIST

- Complete application (page 1-3 completed by applicant, page 4-5 completed by supervisor)
- Income verification (current paycheck stub, Schedule C, etc.)
- Income & Schedule Worksheet (Child Development Home Providers only)
- Official transcript(s) for all college education
- Maintain an active i-PoWeR account allowing WAGES staff to upload transcripts to registry

****A copy of the most recent paycheck is needed. WAGES staff will determine rate of pay.**

 <p>Iowa Association for the Education of Young Children</p>	<p>Return this application with required documentation to: Child Care WAGES IOWA Iowa Association for the Education of Young Children</p> <p>Phone: 800-469-2392, 515-331-8000 Fax: 515-331-8995 info@iowaaeyc.org</p>	 <p>Child Care WAGES Project</p>
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