Childcare & Transportation Assistance
“The support you need to accomplish your goals”
Application for Child Care OR Transportation Assistance

Eligibility Requirements:
1) Qualifying students must meet at least one of the following criteria:
   a) Single Parents
   b) Single Pregnant Women
   c) Displaced Homemakers
   d) Students with Disabilities
   e) Students with Limited English Proficiency
   f) Economically Disadvantaged Students

AND
2) Be a current Grayson College student enrolled in an Associate of Applied Science (AAS) or Certificate program
3) Have a current cumulative GPA of at least a 2.0
4) Be eligible to receive Pell Grant

Required Documents:
- If applying for Transportation OR Childcare Assistance you must submit the following:
  o Completed Application
    o Transportation – Pages 2 & 3 ONLY
    o Childcare – Pages 2 - 5
  o Proof of Pell Award
  o Copy of your class schedule
  o Copy of your college transcript
- If applying for Childcare Assistance you must also submit the following:
  o Copy of birth certificate for each child you are requesting child care assistance
  o Completed Childcare Provider Verification form
    o The Childcare Provider must be one of the following:
      • Licensed child care center (Texas or Oklahoma)
      • Registered child care home (Texas)
      • Licensed child care home (Oklahoma)

Helpful websites:
Texas: http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilitySearchDayCare.asp
Oklahoma: http://childcarefind.okdhs.org/childcarefind/

Priority Deadlines to apply for funding:
<table>
<thead>
<tr>
<th>Semester</th>
<th>Priority Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>August 1</td>
</tr>
<tr>
<td>Spring</td>
<td>December 1</td>
</tr>
<tr>
<td>Summer</td>
<td>May 1</td>
</tr>
</tbody>
</table>

Applications will be accepted after priority deadline; however, priority consideration is given to applications received before the deadline.

Please return completed application and all required documentation to:
Antoinette Mitchell
Coordinator of Special Services
Grayson College, Main Campus
6101 Grayson Drive
Denison, TX 75020
mitchella@grayson.edu

Applications will not be processed until all required documentation is received.
Your Information

Fill in each blank. Please print legibly.

<table>
<thead>
<tr>
<th>Assistance Requested (Select ONE)</th>
<th>Semester(s) Requesting Assistance:</th>
<th>Date Application Submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Child care assistance ☐ Transportation assistance</td>
<td>☐ Fall ☐ Spring ☐ Summer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Date of Birth:</th>
<th>Student ID Number:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(First)</td>
<td>(Last)</td>
<td></td>
<td>☐ Male ☐ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Cell Phone:</th>
<th>Work Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Physical Address: (if different) | |
|---------------------------------|-
| | |

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Current Overall GPA:</th>
<th>Email Address: (Communication will be sent by email.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Educational Goals: Why are you attending college? What are your goals?

Have you completed the FAFSA application?

☐ Yes ☐ No  Date completed: ___________________  EFC: ___________________

Are you a single parent (separated, divorced, widowed, never married) who has custody or joint custody of minor children?

☐ Yes ☐ No

Are you a single, pregnant woman?

☐ Yes ☐ No

Are you a displaced homemaker? Have you primarily devoted yourself to making a home and then were left alone because of separation, divorce, death, or an absent spouse?

☐ Yes ☐ No

Is English your native language?

☐ Yes ☐ No

Do you require accommodations related to a physical, mental or learning disability?

☐ Yes ☐ No
Spouse or Significant Other’s Information *(Only if living within the same household)*

<table>
<thead>
<tr>
<th>Name: (First)</th>
<th>(Last)</th>
<th>Date of Birth:</th>
<th>Cell Phone:</th>
<th>Gender: □ Male □ Female</th>
</tr>
</thead>
</table>

Information Regarding Each Additional Household Member Under Age 18

<table>
<thead>
<tr>
<th>1. Child’s Name:</th>
<th>Date of Birth:</th>
<th>Gender: □ Male □ Female</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child need care?</td>
<td>□ Yes □ No</td>
<td>Type of care needed: □ Full-Day □ After school □ Part-Day □ No Care Needed</td>
<td>Days of Week Care Needed: □ Mon □ Tues □ Wed □ Thur □ Fri</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Child’s Name:</th>
<th>Date of Birth:</th>
<th>Gender: □ Male □ Female</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child need care?</td>
<td>□ Yes □ No</td>
<td>Type of care needed: □ Full-Day □ After school □ Part-Day □ No Care Needed</td>
<td>Days of Week Care Needed: □ Mon □ Tues □ Wed □ Thur □ Fri</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Child’s Name:</th>
<th>Date of Birth:</th>
<th>Gender: □ Male □ Female</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child need care?</td>
<td>□ Yes □ No</td>
<td>Type of care needed: □ Full-Day □ After school □ Part-Day □ No Care Needed</td>
<td>Days of Week Care Needed: □ Mon □ Tues □ Wed □ Thur □ Fri</td>
</tr>
</tbody>
</table>

Do You Receive Any of the Following?

<table>
<thead>
<tr>
<th>WI A or Assistance from Workforce Texoma</th>
<th>PELL Grant</th>
<th>Transportation Assistance from Workforce Texoma</th>
<th>Child care assistance through a local Workforce Center?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ I have applied for CCMS (Child Care Management Services).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ I am on the CCMS waiting list/not currently funded.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ I have been approved and will begin CCMS funding on _________________.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ I am currently receiving CCMS.</td>
</tr>
</tbody>
</table>

I certify that the information I have given on this form is true and correct to the best of my knowledge.

Applicant’s Signature: ___________________________ Date: ___________________________
For Child Care Assistance Applicants Only

Privacy release statement
Authorization to release information

Name of child care provider: ____________________________

I authorize the above-referenced child care provider to release information concerning child care services for my child(ren) and to release any information concerning other funding sources that I receive. I give permission for the Coordinator of Special Services to release information to my child care provider. Information is limited to: billing and payment information for child care services, class schedule, child care schedule, and child(ren) attendance. In addition, I understand that if I am eligible for funding through Workforce Texoma - Child Care Management Services, I must report this to the Coordinator of Special Services prior to my first payment.

Student Signature: ____________________________ Date: _________________
Grayson College
Child Care Provider Verification Form

GC Student/Parent: ________________________________  ________________________________
First                                             Last

Child(ren) in Daycare:

1. Child’s Name: ________________________________  Age: _____  Date of Birth: ____________
2. Child’s Name: ________________________________  Age: _____  Date of Birth: ____________
3. Child’s Name: ________________________________  Age: _____  Date of Birth: ____________

Days of week child(ren) will attend daycare:

___Monday  ___Tuesday  ___Wednesday  ___Thursday  ___Friday

-----------------------------------------------------------------------------------------------------------------------------

To be completed by Child Care Provider:

NAME: ______________________________________  Permit #: __________________________
Child Care Operation

Tax ID #: ________________________________

___Licensed Child Care Facility

___Registered /Licensed Home Social Security # ___ ___ ___ - ___ ___- ___ ___ ___ ___

Contact Person: ____________________________________________

Mailing Address: ____________________________________________

Street/P.O. Box

City  State  Zip

Phone Number: ________________________________  Fax Number: ________________________________

Email Address: __________________________________________________________________________

LIST COST OF CARE:

1. Child’s Name: ________________________________  $per week: _____
2. Child’s Name: ________________________________  $per week: _____

__________________________________________  ________________________________
Signature                                      Date

Director/Owner/Manager