

Application Cover Page

To process your application, ALL of the required documentation is necessary, and ALL questions must be answered. Please return this entire form.

Have you included each of the following items REQUIRED to process your application?

	Yes	No
1. Complete Application (All questions must be answered)	<input type="checkbox"/>	<input type="checkbox"/>
2. Signed Employment Verification (person authorized to provide verification must sign)	<input type="checkbox"/>	<input type="checkbox"/>
3. Signed Ownership Form	<input type="checkbox"/>	<input type="checkbox"/>
4. Education Documentation (See below)	<input type="checkbox"/>	<input type="checkbox"/>
5. Income Verification (See below)	<input type="checkbox"/>	<input type="checkbox"/>
6. Copy of most recent pay stub (Within the last 2 months)	<input type="checkbox"/>	<input type="checkbox"/>
7. Most recent tax documentation for self-employed* (Owner applicants only)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1040		
<input type="checkbox"/> W2 (If file jointly, W2 forms from both parties <i>must</i> be submitted)		
<input type="checkbox"/> All supporting schedules		

*Additional business tax documentation may be requested.

Commitment periods run mid-month to mid-month. You may apply at any time, but applications must be post-marked by the first of any month to be processed for that month. All payments depend on funding availability.

Education Documentation

Submit proof of your highest level of education. Acceptable documents include a certificate, credential and official full transcript. The official transcript must show the college name, your name and/or Social Security number. Additional information may be requested to determine eligibility.

Income Verification

Submit proof of employment and pay rate, with a recent pay stub or pay statement showing your name, regular work schedule and place of employment. Family providers and center owners submit tax documentation.

Remember to SAVE your application as you fill it in and then SAVE the completed application to email (info@childcarewagesmo.org.), fax (314-754-0330) or mail to the address below.



WAGE\$ Missouri Application

Date of application _____

General Information

First Name: _____ Middle Name: _____ Last Name: _____

Social Security Number: _____

Previous/Maiden Name (if applicable) _____

Mailing Address: _____

City _____ State _____ Zip Code _____

County of Residence _____

Telephone/Cell number _____

Alternate phone number _____

Preferred Email Address _____

Alternate Email Address _____

Date of Birth (month/day/year) _____ Gender _____

Race and Ethnicity:

- American Indian/Alaska Native
- Black/African American
- Native Hawaiian/Pacific Islander
- Other
- Asian
- White
- Middle Eastern/North African
- Prefer Not to Answer
- Two or More Races

MOPDID _____ How did you hear about WAGE\$ _____

Do you receive any state or federal public assistance such as SNAP, WIC, CHIP, TANF, LIHEAP, or Medicaid?

- Yes
- No

If yes, what type do you receive? _____

Would you like a free consultation meeting with a tax consultant prior to applying to be certain accepting the salary supplement will not affect your receipt of public assistance? Yes No

Employment Information

Job title _____

Child care Program Name _____

Program License Number _____

Number of hours spent per week working with children birth to 5 years? _____

Ages of children in your care 0 1 2 3 4 5 Pre K

Date of Hire _____

Years worked in early childhood field _____

Months per year your child care program is open 12 months 10 months Other

Currently hourly rate: _____ Current annual salary: _____

Education Background

Degrees Earned (<i>check all that apply</i>)	Major	Colleges Attended	Year Graduated
Coursework completed but no degree earned OR CDA			
AA/AS			
BA/BS			
MA/MS			
EdD/PhD			

Have you earned any college credits that are not listed above? Yes No *If yes, please list:*

Do you currently have a TEACH Missouri Scholarship? Yes No

Are you currently participating in an early childhood Registered Apprenticeship program?

Yes No



Ownership Status Form

ALL APPLICANTS, please mark the box of the ownership category which best reflects your current situation and follow the instructions listed for the category you choose. Income from ownership and wages will be considered to determine eligibility. *After reading and selecting the appropriate description, please sign the statement below verifying the accuracy of this information.*

Educator Only/No Ownership: I am employed by a child care program. I do not own any child care facility. *If you are not an owner, please supply documentation of your pay rate such as a pay stub or employer wage statement to verify income.*

Family Child Care (serving up to 10 children): Date you became an owner
 I own my child care home and work as an educator/owner. I do not own any other child care facility or home. *Verify your income by submitting the Schedule C (Profit and Loss Statement) from your most recent tax return.*

Group Child Care Home (serving up to 20 children): Date you became an owner
 I own my own child care group home and work as the on-site director or educator. I do not own any other child care facility. If you are the owner of one child care home (serving less than 20 children) and are applying, please supply your most recent *1040 tax form, all supporting schedules and the W2 Form (if you file jointly, the W2 Form from both parties must be submitted).* *Additional business tax documentation may be requested if necessary.*

Single Child Care Center (serving more than 20 children): Date you became an owner:
 I own my child care center and work as the on-site director or educator. I do not own any other child care facility. If you are the owner of one child care center (serving more than 20 children) and are applying, please supply your most recent *1040 tax form, all supporting schedules and the W2 Form (if you file jointly, the W2 Form from both parties must be submitted).* *Additional business tax documentation may be requested if necessary.*

Multiple Ownership: I own more than one child care center or home. Below I have listed the child care places with which I am affiliated.

Home/Center Name My Role (on-site owner/educator or owner/director)

Home Center _____

Home Center _____

Home Center _____

If you are the owner of more than one child care program, please supply your most recent *1040 Form, all supporting schedules and the W2 Form (if you filed jointly, the W2 Forms from both parties must be submitted).* *Additional business tax documentation may be requested if necessary.*

If the description you selected best explains your situation but is not entirely accurate, please write any additional information here:

I attest to the fact that the above information is true and accurate.

Signature: _____ Date: _____

Name Printed: _____ County (where you work) _____

Participant Agreement

Child Care Aware[®] of Missouri agrees to:

- a) Provide wage supplements to eligible early educators as part of a special initiative to reward compensation for retention based on education level fostering more stable relationships and well-educated teachers for children ages birth to kindergarten entry (age five).
- b) Provide IRS-1099 MISC forms at the end of the year to recipients as mandated by current tax law.
- c) Communicate with participants regarding the availability of funding for this program.

Child Care WAGES[®] Missouri Participant agrees to:

- a) Acknowledge that receiving the full annual supplement is contingent upon completion of two eligible six-month periods. An installment will be issued after each period, based on the education level, hourly pay rate and the work schedule of the participant over the consecutive six-month commitment period. No portion of the award will be issued if the participant leaves their 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 complete and while 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 to be eligible.
- b) Continue employment in a licensed or license-exempt child care program in St. Louis County and meet eligibility requirements.
- c) Allow their employer to release employment information, including date of employment, position in the child care program, age level of the children in care, current salary or hourly rate and the number of hours worked each week.
- d) Allow Child Care WAGES[®] Missouri staff to release information about participation, including education, to director and/or owner.
- e) Acknowledge that funding for Child Care WAGES[®] Missouri is through Saint Louis County and because of this, information regarding participants, supplement amounts received, and place of employment are public records. Information may also be shared with partner agencies and the community in aggregate form.
- f) Participate in surveys or feedback opportunities as requested by Child Care WAGES[®] Missouri.
- g) Acknowledge that the funding for this program is provided by Saint Louis County. Payments will depend upon available funding, and the participant's employer is not responsible for providing the supplement should funds no longer be available. These funds are time limited.

- h) Acknowledge that the Child Care WAGE\$® Missouri salary supplement is earned income and eligibility for government programs may be affected.
- i) Report and pay any personal income taxes due to annual supplements as required by current tax law.
- j) Acknowledge Child Care WAGE\$® Missouri reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- k) Acknowledge that reimbursement to Child Care WAGE\$® Missouri will be required by the participant should a salary supplement be issued incorrectly for any reason.
- l) Acknowledge that falsifying application information or documentation may result in the inability to be a participant of this program, and the participant consents to employer and program funder notification if participation is terminated due to failure to comply with documentation requirements.

Statement of Affirmation

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

I understand that I am requesting to be considered for Child Care WAGE\$® Missouri and acknowledge that I must continue to meet the eligibility requirements of that program to receive ongoing supplements.

To be considered for a Child Care WAGE\$® Missouri supplement, I understand that my contact and participation information may be released to Saint Louis County or other partners. Information may also be shared with the TEACH Missouri Scholarship Program as needed to support my participation. I authorize and consent to the release and sharing of such information by Child Care Aware® of Missouri to the third parties described. I hereby release Child Care Aware® of Missouri from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions.

Signature: _____

Date: _____



Employer Information and Verification

This section must be completed by the director, owner or person authorized to provide employment verifications. A signature confirming the information's validity is required.

Applicants Name: _____ County: _____

License Number: _____ Child Care Program Name: _____

Program Mailing Address: _____

City: _____ State: _____ Zip: _____

Program Phone: _____ Program Email Address: _____

Position of Employment: _____

Does the applicant work in a Head Start classroom? Yes No

Ages of children in care of this applicant (if applicable)

0 1 2 3 4 5 Pre-K

Total Hours worked per week _____

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

If the applicant fulfills duties of more than one position, please state how many hours are worked in each.

Applicant Start Date: _____

Months per year your program is in operation: 12 months 10 months Other

How often is the applicant paid: Weekly Biweekly (every 2 weeks)

Semi-monthly (two times per month) Monthly

How many months per year is the applicant paid?

9 months 10 months 12 months Other

How many months per year does the applicant work?

9 months 10 months 12 months Other

Current Annual Gross Salary: _____ Current Hourly Rate: _____

In addition to the employment verification above, please verify that you have read and understand the expectations below. Your signature on this application indicates your agreement to:

Provide Child Care Aware® of Missouri with information on employed educators and directors who have applied for a salary supplement. This information shall include: date employment began, employee’s position in center, status of employee, 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.

Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a salary supplement. Child Care WAGE\$® Missouri 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 form is true and accurate to the best of my knowledge.

Signature of director, owner or person authorized to provide employment verification

Print Name: _____ Position: _____ Date: _____

Signature: _____