



4600 Euclid Avenue, Suite 500, Cleveland, Ohio 44103
Starting-Point.org

UNIVERSAL PREKINDERGARTEN (UPK) SAFETY NET SCHOLARSHIP PROGRAM APPLICATION FOR FINANCIAL ASSISTANCE

Dear Family,

Invest in Children provides the Universal Prekindergarten (UPK) Safety Net Scholarship Program to allow your child to continue participation in the UPK program should you unexpectedly lose your publicly funded child care benefits, or when an emergency or unforeseen circumstance has impacted your family's ability to pay for preschool. The UPK Safety Net Program is administered by Starting Point. Your UPK provider made a referral to Starting Point for assistance for your family upon fulfillment of the following criteria and requirements:

FAMILY ELIGIBILITY REQUIREMENTS:

- Family resides in Cuyahoga County and have a child participating in Cuyahoga County's UPK Program. Current publicly funded child care (PFCC) benefits through Cuyahoga Job and Family Services (CJFS) are terminated.
- Other unforeseen circumstances that impact a family's ability to pay for services will also be considered.
- Termination of PFCC benefits is not the result of failure to complete and return required documentation to CJFS in time for annual benefits redetermination of eligibility.
- Termination of PFCC because family income exceeds 300% of the Federal Poverty Level (FPL) will not be enrolled onto the Safety Net Scholarship. Family may qualify for UPK Scholarship up to 400% the FPL, and can apply at UPK site.
- Application for scholarship must be submitted within 15 business days of termination of benefits.
- For special circumstance requests, the family must have a child enrolled in a UPK Program for at least two months, and has made efforts to pay their fees in full each month.
- Special circumstance requests must be documented. Family must provide documentation to support current "unforeseen circumstances" – such as unemployment statement or statement from medical professional. The family has the responsibility of ensuring that complete and accurate information and documentation is provided.
- Parent/Guardian is responsible for a parent fee, which is determined at the time of enrollment onto the Safety Net Scholarship Program.
- Each application is reviewed on a case-by-case basis by authorized UPK Safety Net representatives (Invest in Children, Starting Point, and/or UPK program staff).
- All applications will be processed within 30 days. All required documents must be received within 30 days of submission of application in order to be eligible for scholarship.

Please complete the application (part one is to be completed by UPK site administrator/director) and return to your UPK Provider. Also attached is the Safety Net Attendance Policy. Please note that your child will be required to meet the guidelines for attendance if enrolled on the UPK Safety Net Scholarship. If you require any additional assistance, or if you have any questions, please contact me at (216) 575-0061, extension 535. Thank you.

Sincerely,

Natasha Needs

Natasha Needs
Scholarship Program Coordinator



UNIVERSAL PREKINDERGARTEN (UPK) SAFETY NET SCHOLARSHIP PROGRAM
APPLICATION FOR FINANCIAL ASSISTANCE

NOTICE OF APPLICATION PROCESS:

Starting Point will process all UPK Safety Net applications within thirty days of receiving application. Application must be signed and all requested documentation must be received within **thirty days of initial application**. If the required documentation is not received, the application will not be approved. A new application may be submitted, however, the scholarship cannot be backdated.

The Scholarship Program Coordinator will contact the authorized representative (from the UPK Program) that submitted your application with any initial follow up requests. A timeline will be determined at that time. A second attempt will be made in writing and sent to both the parent and UPK provider, with a due date for submission of requested documentation. A third phone based follow up will be provided to the parent and UPK provider prior to denial of the application.

Submission of the scholarship application does not guarantee approval of the UPK Safety Net Scholarship Program. If you are approved for the scholarship program, a parent and provider agreement will be issued. Upon approval for scholarship, you will be informed of the terms of agreement, including parent fee and scholarship start date.

RETURN COMPLETED APPLICATION TO:

MAIL TO:

NATASHA NEEDS
STARTING POINT
4600 EUCLID AVENIUE, SUITE 500
CLEVELAND, OHIO 44103

EMAIL:

NATASHA.NEEDS@STARTING-POINT.ORG

FAX:

216-575-0102



UNIVERSAL PREKINDERGARTEN (UPK) SAFETY NET SCHOLARSHIP PROGRAM ATTENDANCE POLICY



UPK SAFETY NET SCHOLARSHIP PROGRAM ATTENDANCE POLICY:

This policy is strictly enforced and subject to change at any time. If this policy is revised, you will be given a 30 day notice. The attendance policy applies to all children receiving the UPK Safety Net Scholarship. Please read carefully and if you have any questions, contact Starting Point (Natasha Needs, 216-575-0061 extension 535).

The PROVIDER may be reimbursed for days that a child is not in attendance. However, if a child has two consecutive unexcused absences, a reason for the absences must be documented in ChildPlus and in the child's file. Payment will be made through the last week of active attendance when a child is withdrawn from the program, regardless of notice given to the provider. However, the parent may still be liable to the center per their billing policy.

The UPK Safety Net scholarship shall not be granted to any family whose child fails to attend the program for at least 80% of the days in a billing month with the following exceptions:

- Hospitalization of the child or parent with appropriate documentation
- Illness requiring home-stay as documented by Ohio Revised Code and/or medical provider
- Death in the immediate family with appropriate documentation (i.e. obituary, death certificates)
- Court ordered visitation with appropriate documentation (i.e. court order)

In addition, any month a child is absent 100% of the days, scholarship will not be applied, regardless of reason.

The PROVIDER maintains sole responsibility for collecting outstanding payments from a family in the event that a family is denied the UPK Safety Net scholarship for any given month. A family's eligibility for the UPK Safety Net scholarship shall be restored during the month the child's attendance rate returns to 80%. In order for the provider to be reimbursed for services, a child's attendance must be entered into ChildPlus by the 7th day of the month, following the month of service.

EVERYDAY COUNTS:

PLEASE BRING YOUR CHILD DAILY AND INFORM YOUR PROVIDER OF ABSENCES.

UNIVERSAL PREKINDERGARTEN (UPK) SAFETY NET SCHOLARSHIP PROGRAM

APPLICATION FOR FINANCIAL ASSISTANCE – PAGE ONE

PART ONE: COMPLETED BY UPK PROVIDER

APPLICATION DATE: _____ TYPE OF APPLICATION: TERMINATED BENEFITS SPECIAL CIRCUMSTANCE **UPK**

PROVIDER NAME/CHILD CARE PROGRAM: _____

PERSON MAKING REFERRAL: _____
NAME TELEPHONE NUMBER EMAIL

PARENT/GUARDIAN NAME: _____

NUMBER OF CHILDREN IN UPK: _____ BEGIN DATE (DATE OF ENROLLMENT): _____

1. CHILD'S NAME: _____ DATE OF BIRTH: _____

CURRENT STATUS: ATTENDING PROGRAM NOT ATTENDING PROGRAM, LAST DAY OF ATTENDANCE: _____

2. CHILD'S NAME: _____ DATE OF BIRTH: _____

CURRENT STATUS: ATTENDING PROGRAM NOT ATTENDING PROGRAM, LAST DAY OF ATTENDANCE: _____

CUYAHOGA JOB & FAMILY SERVICES CASE WORKER: _____

CASE WORKER TELEPHONE NUMBER: _____

IS THE IMPORTANT CHILD CARE NOTICE FROM OHIO DEPARTMENT OF JOB & FAMILY SERVICES INCLUDED WITH THIS APPLICATION?

YES

NO. IF NO, WHY? _____

REASON FOR REFERRAL TO UPK SAFETY NET SCHOLARSHIP PROGRAM:

TERMINATION OF CHILD CARE BENEFITS FROM CUYAHOGA JOB AND FAMILY SERVICES, EFFECTIVE DATE: _____

* SHOULD INCLUDE USE OF BENEFITS EXTENSION FOR PUBLICLY FUNDED CHILD CARE- UP TO 13 WEEKS, OR TO BENEFIT AUTHORIZATION END DATE

OTHER, PLEASE EXPLAIN: _____

CHILD CARE FEES, PER WEEK: _____ OR WEEKLY PARENT COPAYMENT: _____

HAS THIS PARENT PAID IN FULL FOR THE LAST TWO MONTHS (COPAYMENT OR PRIVATE PAY FEES)?

YES

NO, BALANCE DUE: \$ _____ AS OF (DATE) _____

I verify that to the best of my knowledge, the information I have provided is an accurate and true accounting of this family's circumstances.

ADMINISTRATOR SIGNATURE

PRINT NAME

DATE

UNIVERSAL PREKINDERGARTEN (UPK) SAFETY NET SCHOLARSHIP PROGRAM

APPLICATION FOR FINANCIAL ASSISTANCE – PAGE TWO

PART TWO: COMPLETED BY FAMILY

PARENT OR GUARDIAN NAME: _____ PHONE NUMBER: _____

ADDRESS: _____
STREET NO. STREET NAME APT # EMAIL

CITY: _____ ZIP CODE: _____

STATUS (PLEASE CHECK ONLY ONE): SINGLE MARRIED DIVORCED WIDOWED SEPARATED

TOTAL NUMBER IN FAMILY:

CHILDREN NEEDING CARE:

NAME	AGE	DOB
1.		
2.		
3.		

OTHERS LIVING IN THE HOME:

NAME /AGE	RELATIONSHIP
1.	
2.	
3.	
4.	
5.	
6.	

PLEASE CHECK ALL THAT APPLY:

REASON FOR APPLICATION FOR ASSISTANCE (EXPLAIN IN COMMENTS, PAGE 4):

- LOSS OF EMPLOYMENT
- MEDICAL EMERGENCY
- LOSS OF OTHER INCOME
- MARRIAGE
- MATERNITY LEAVE
- OTHER _____

RACE: AFRICAN AMERICAN WHITE HISPANIC ASIAN OTHER: _____

PARENT/GUARDIAN EDUCATION LEVEL: HIGH SCHOOL GED COLLEGE OR TECHNICAL DEGREE

THE FOLLOWING PAGE OF THE APPLICATION WILL ASK ABOUT YOUR EMPLOYMENT OR SCHOOL INFORMATION.

Please disclose all sources of income and provide complete information. In order to complete the application process, you will need to provide proof of income (one month paycheck stubs), or unemployment information.

If you are a student: a copy of school enrollment/class schedule should be submitted. If child care benefits were terminated from Cuyahoga Job and Family Services, Please include a copy of your Notice of Termination.

Special circumstance applicants must disclose the nature of the "special circumstance", and include documentation to support that request.

All information must be submitted in order to process application.

Application will be denied if proper documentation is not submitted within 30 days of submission.

UNIVERSAL PREKINDERGARTEN (UPK) SAFETY NET SCHOLARSHIP PROGRAM

APPLICATION FOR FINANCIAL ASSISTANCE – PAGE THREE

APPLICANT: EMPLOYMENT AND EDUCATION INFORMATION:

EMPLOYMENT STATUS:

CURRENTLY EMPLOYED TERMINATED/LAID OFF, LAST DATE EMPLOYED: _____

COMPANY NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

AMOUNT OF HOURS WORKED PER WEEK: _____

PAY PERIODS:

- WEEKLY
 BI-WEEKLY
 TWICE A MONTH (15TH & 31ST)

INCOME AMOUNT:

MONTHLY GROSS \$ _____
CHILD SUPPORT \$ _____
OWF \$ _____
UNEMPLOYMENT \$ _____

IF UNEMPLOYED, HAVE YOU FILED FOR UNEMPLOYMENT BENEFITS?

YES. WHEN? _____ No

SCHOOL/COLLEGE ATTENDING: _____

HOURS PER WEEK: _____ **ANTICIPATED COMPLETION DATE:** _____

CERTIFICATION/DEGREE PROGRAM: _____

SPOUSE OR OTHER ADULT IN HOUSEHOLD : EMPLOYMENT AND EDUCATION INFORMATION

EMPLOYMENT STATUS:

CURRENTLY EMPLOYED TERMINATED/LAID OFF, LAST DATE EMPLOYED: _____

COMPANY NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

AMOUNT OF HOURS WORKED PER WEEK: _____

PAY PERIODS:

- WEEKLY
 BI-WEEKLY
 TWICE A MONTH (15TH & 31ST)

INCOME AMOUNT:

MONTHLY GROSS \$ _____
CHILD SUPPORT \$ _____
OWF \$ _____
UNEMPLOYMENT \$ _____

IF UNEMPLOYED, HAVE YOU FILED FOR UNEMPLOYMENT BENEFITS?

YES. WHEN? _____ No

SCHOOL/COLLEGE ATTENDING: _____

HOURS PER WEEK: _____ **ANTICIPATED COMPLETION DATE:** _____

CERTIFICATION/DEGREE PROGRAM: _____

UNIVERSAL PREKINDERGARTEN (UPK) SAFETY NET SCHOLARSHIP PROGRAM

APPLICATION FOR FINANCIAL ASSISTANCE-PAGE FOUR

STATEMENT REQUESTING FINANCIAL ASSISTANCE

Please use this section to relay any important information about your case. If this is a special circumstance request: explain why you are requesting financial assistance to keep your child in his/her UPK program. Please be as specific to your individual situation and be as detailed as possible. Attach additional comments to application if necessary. All information will be handled discreetly and kept confidential.

I verify that the information I have provided is an accurate and true accounting of my family's circumstances. I give permission for Starting Point to share my application with the UPK Safety Net funder: Cuyahoga County Office of Early Childhood, Invest in Children, to make a determination regarding this application.

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE