

original **SOUTH CENTRAL WDC WIA APPLICATION FOR CHILD CARE**

modification (attach a completed W-9 form with child care application) **SUBCODE**

Training Component: _____ Total Contract Period: _____ to _____.

Date: _____ Name: _____ SSN: _____-_____-_____

Address: _____

Name & Location of Training Site: _____

Daily Schedule of Training Hours: _____

(*payment will include 1hr. of travel time added to daily scheduled hours for drop off and pick up allowance)

If you are living with a spouse, are they currently employed? NA Yes No

(_____ **can not** provide daycare assistance if spouse is unemployed and living in the home)

Is child care to be provided by a licensed Day Care ? Yes No

If no, state rationale why licensed facility will **not** be used: _____

IF NOT LICENSED:

Is child care to be provided in child's home? Yes No

Provider's Name: _____ Phone# _____ SSN# _____-_____-_____

Address: _____

What is their relationship to you? _____

IF LICENSED DAY CARE CENTER:

Name: _____ Phone: _____ TAX# _____

Address: _____

Cost of day care. List rates for hourly & daily for each child. Payment will follow time sheet completion and does **NOT** include any **non training days**.

How many hours constitutes a daily rate? _____

(the hourly rate paid should never be more than the maximum daily rate allowed)

I am requesting Day Care payments for the following children at the listed rates:

<u>Name of Child</u>	<u>Age</u>	<u>Hourly rate</u>	<u>Daily rate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

"I certify the answers I have given are true to the best of my knowledge. I understand any false or misleading information may incur REPAYMENT liability. I understand payment for daycare is paid only for scheduled hours of WIA training as documented by timesheets and that child care can be terminated due to non attendance or failure to deliver necessary documents."

Participant Signature _____ Date _____ Day Care Provider Signature _____ Date _____

If modification, complete: Mod. I II III. Start date of **original** _____. Total (\$) obligated: Orig.\$_____, Mod I \$_____, Mod II \$_____, Mod III \$_____. YTD Grand Total \$_____.

Obligated Amount: (Dates) Start: _____ End _____. Rate of \$_____ per day multiplied by _____ total training days = \$_____.

Approved Disapproved / Reason: _____

Supervisor Signature

Date

Case Manager Signature

YAB No. 12 Attachment 2

Date