

**Student Parent Child Care Funding Program**

**2017/18 Undergraduate Student Application For Community Based Care Grant (CBCG)**

To request funding for child care expenses, please first review the fact sheet provided at the [program website](#), then complete the following steps. Please type or print legibly.

1. Complete **Section A**. If two UCD students, complete both Adult/Parent 1 and 2. If not, only UCD student information is needed *in this section*.
2. Complete **Section B**. Your provider must sign this section. Use separate forms if you employ more than one provider.
3. Complete **Section C**. You must have filed a FAFSA or Dream Act Application. Both adults/parents' financial information is required to determine eligibility. If both adults/parents are not reflected in the FAFSA or Dream Act Application, adult/parent 2 information must be provided in this section.
4. Complete and sign **Section D**. Submit this form along with any supporting documentation to the WorkLife and Wellness office. You may fax, scan/email, or hand deliver your application materials.

<b>SECTION A: Student Parent Information</b>	
<b>Adult/Parent 1:</b>	Student ID #:
Address:	
Telephone:	Email:
Please indicate your Department and Major:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Are you an international student? <input type="checkbox"/> Yes * <input type="checkbox"/> No
Terms you will be enrolled at UC Davis and for which you are requesting funding. You may apply for current and/or upcoming terms within the academic year as long as you maintain enrollment and meet SAP. <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	
<b>Adult/Parent 2 (if UCD student also requesting grant):</b>	Student ID #:
Please indicate your Department and Major:	
Email:	Are you an international student? <input type="checkbox"/> Yes * <input type="checkbox"/> No
Terms you will be enrolled at UC Davis and for which you are requesting funding. You may apply for current and/or upcoming terms within the academic year as long as you maintain enrollment and meet SAP. <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	

<b>SECTION B: Child Care Information (Signature of Child Care Provider required—one form per provider)</b>			
Child Care Provider's Name:			
Address:			
Telephone:		Email:	
Name of Dependent Requiring Care	Child's Date of Birth	Total Amount/Fees(\$) Per Month	Terms for Which Care is Contracted
			<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
			<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
			<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
<b>By signing below, I certify that the above information is true and correct.</b>			
Child Care Provider's Signature: _____			Date: _____

**SECTION C: Financial Need**

Because CBCG is based on financial need, all adults who are financially responsible for the child(ren) listed on the application must be identified/disclosed in this form. All household/family income will be counted for eligibility. Listed children must be in the physical custody of the student requesting aid at least 50% of time. ***If the second adult/parent is reflected in your FAFSA or Dream Act Application you may simply provide your My Awards Page or Student Aid Report (SAR) instead of completing this section.*** If the second adult/parent of the child(ren) for which you are requesting funds is not included in the FAFSA/Dream Act, you ***must*** provide their financial information. If answer is zero please enter "0" on the appropriate line...do not leave blanks. ***If the second adult/parent does not contribute financially to the children listed please specify:***

- I certify that adult/parent 2 is not financially responsible for listed child(ren) and provides no child support.
- I certify that adult/parent 2 is financially responsible for listed child(ren), but has no income. List joint assets if applicable.

Adult/Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Non-US resident students** (not eligible to complete a FAFSA or Dream Act) **must submit the *International Student Supplemental Application For Community Based Care (CBCG)* (on website) and a copy of their I-20 or DS-2019 instead of Section C below.**

Resources	Adult/Parent # 1	Adult/Parent # 2/Not UCD student
<b>Financial Aid:</b> Please list the total amount awarded for grants, scholarships and fellowships. Do not include loans. <b>Attach your "My Awards Page" or "Student Aid Report" (SAR).</b>	\$ _____	Complete this column only if parent 2 is <b>not</b> reflected in FAFSA or Dream Act (If you filed as married, parent 2 <b>is</b> reflected)
<b>Wages/Taxes:</b> (attach 2016 W2 ) 1. Total Gross Income from 2016: 2. Total 2016 income tax paid:  If 2016 is not reflective of your current situation please provide an explanation and statement of earnings ( <i>paystubs</i> ) reflective of past 12 months.		1. \$ _____  2. \$ _____
<b>Assets:</b> (Documentation may be requested but is not required to submit at this time) 1. Current value of cash, savings and checking accounts. 2. Current net worth of investments including real estate.		1. \$ _____  2. \$ _____
<b>Other</b> (attach documentation): Support from relatives, child support or child care subsidies		\$ _____
<b>Total Financial Resources (Annual):</b>	\$ _____	\$ _____

**SECTION D: Statement of Understanding (Completed by adults/parents listed in section C)**

- I/we certify that I/we meet all the eligibility criteria required.
- I/we certify that it is my/our responsibility to pay funds received to the child care provider noted.
- I/we understand that it is my/our responsibility to report to the WorkLife and Wellness office any changes in my/our financial resources, student status, child care arrangements or costs during the awarded period.
- I/we certify that all statements relating to this application are complete and correct to the best of my/our knowledge, and I/we understand that intentional misrepresentation may result in cancellation and repayment of any child care funding received.

WARNING: Purposely giving false or misleading information on this form may result in fines and/or jail time.

Adult/Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult/Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_