

Crawford County Kids Association Childcare Gap Scholarship Program April 1, 2025

Program Goal: To support families and enable them to work or gain qualifications to work.

Purpose: The CCKA Scholarship Program assists families who cannot afford childcare and do not qualify for CCAP due to their income level. The intent is to support families financially strained due to childcare costs that result in workers leaving the workforce or being unable to accept employment. Assistance will be determined through a qualification process based on need and funding.

Applicants must be seeking childcare services from a licensed childcare provider in Crawford County. Eligibility for assistance is based on the criteria outlined within this document. CCAP's maximum monthly income is currently set at 225% of federal poverty guidelines. It is the intention that the Gap Scholarship maximum monthly income range always be an additional 50% above CCAP (for example, 225%-275%) and will adjust as CCAP adjusts. Applicants must be nominated for the CCKA program by a Crawford County licensed provider and be ineligible to receive CCAP assistance during their term in the program. A link to the Crawford County licensed childcare providers is here:

<https://sunshine.dcf.illinois.gov/Content/Licensing/Daycare/ProviderLookup.aspx>

Family participation in the scholarship program is limited to a 2-year maximum term, with annual renewals required based on continued eligibility and sufficient scholarship funding. A 3-month notice will be given to families if benefits are being terminated for reasons other than 1, and 2-year renewals. Families must self-declare any income changes that may occur before the next eligibility renewal determination. A job loss or break in activity must be reported within 30 days to remain part of the Crawford County Childcare Scholarship Program.

Financial Assistance: Applications will be accepted during an established period (approx. 30 days). Recipients will be selected based on prioritized needs, subject to the availability of funds in the "Crawford County Kids Association Scholarship Fund." Eligible families will receive financial assistance for childcare expenses. Scholarship funds will be sent directly to a licensed childcare provider to be credited to each family's outstanding balance. Any remaining balance will be due to the childcare provider by the family as agreed. Qualifying for financial assistance does not guarantee funds will be available to fund outstanding balances or services. A waitlist of eligible, interested families will be maintained.

SECTION A – WILL YOU QUALIFY?

To qualify for the CCKA Scholarship and receive assistance, you must meet specific requirements:

1. You must first apply for and be denied by the Illinois Child Care Assistance Program (CCAP) within the past 60 days, with the reason being that your income is over the maximum monthly income limit set by CCAP. (Links to apply for CCAP below.) In the event that the 60-day CCAP denial is unavailable, applicants are encouraged to submit their pay stubs with this application to initiate the grant processing.
2. Your account must be in good standing with the licensed Crawford County childcare provider with no past-due payments.
3. Household gross income (parent/s and/or guardian/s) must fall within the range provided in the table below:

Amounts below as of July 1, 2024:

Household Size	CCAP Maximum Monthly Income @ 225% of Federal Poverty Guidelines (<i>Gross Before Taxes</i>)	CCKA Childcare Gap Maximum Monthly Income @ 275% of Federal Poverty Guidelines (<i>Gross Before Taxes</i>)	CCKA Childcare Gap Maximum Annual Income @ 275% of Federal Poverty Guidelines (<i>Gross Before Taxes</i>)
2	\$3,833	\$4,684	\$56,308
3	\$4,841	\$5,917	\$71,004
4	\$5,850	\$7,150	\$85,800
5	\$6,859	\$8,383	\$100,596
6	\$7,868	\$9,616	\$115,312
7	\$8,876	\$10,775	\$129,300
8	\$9,885	\$11,014	\$132,168
9	\$10,894	\$11,254	\$135,048
10	\$11,493	\$11,493	\$137,916

CCAP Application Link & Information:

Eligibility/How to Apply?

IDHS - CCAP Family Eligibility Guidelines (see link): <https://www.dhs.state.il.us/applications/ChildCareEligCalc/eligcalc.html>

To qualify for the program, an applicant must:

- Live in Illinois
- Be employed and/or attend an eligible educational activity (High school, trade school, undergraduate college, etc.)
- Have family income below CCAP allowable limits.
- CCAP application may be accessed here. www.projectchild.net

WHEN CAN I APPLY FOR THE CCKA GRANT SCHOLARSHIP?

CCKA will have two rolling waves of applications

Wave 1 | April 1 – May 1, 5 p.m. CST

Wave 2 | June 1 – July 1, 5 p.m. CST

Application processing time is estimated to be approximately 30 days.

SECTION B – MONTHLY SUPPORT LEVELS & FUNDING GUIDELINES:

The initial amount will range from \$200-\$300 per month for each family with a child under age 6 (and not yet kindergarten eligible) receiving full-time childcare. Crawford County Kids Association Scholarship Board will have the

discretion to modify the final monthly scholarship amount based on the number of applications, future funding levels, continued interest in the program, etc., however, funding will not exceed \$300 per month per child.

Program Funding Support Levels Defined:

Age Category	Monthly Funding Amount
Infants: 6 weeks – 24 months	\$300/month
Wobblers: 24 months – 36 months	\$250/month
3+ years old through <6 years of age	\$200/month

Families must arrange payment for any remaining balance after financial assistance is applied. Failure to make payment arrangements and maintain payment arrangements on the final balance will remove the family from the program.

The Crawford County Provider must submit monthly attendance reports signed by the provider and parent/guardian. Upon receipt of the completed monthly attendance report, payment will be issued to the Crawford County licensed provider, and notification will be issued to the provider and the parent/guardian.

A template Monthly Attendance Report Form and a monthly funding letter are attached for provider and parent/guardian use.

Reporting Timeline:

- The Monthly Attendance Report must be completed and submitted by the 10th of the subsequent month. For example, a July report must be received by the end of the day on August 10.
- All reports are to be emailed to:

CCKA Scholarship Program
Attn: Roselene Quick
300 West Main Street
Robinson, IL 62454
Email: rquick@roe12.org

- Monthly funding payment will be issued on the 15th of the following month.
- If a full month of participation is not reported, funding will be prorated accordingly.
- The CCKA program does not follow individual child care provider attendance guidelines for payment and attendance.
- CCKA offers this program on a first-come, first-served basis. Once the funding for the program has been issued in full, no other funds will be issued; this may apply to partial payments that could be issued at the program's close.

SECTION C – PERSONAL & FINANCIAL INFORMATION

Guardian Name #1: _____, Guardian Name #2: _____

Address: _____

City, State & Zip: _____

Phone: _____ Email: _____

Have you applied for the program before? _____ If yes, when? _____

Children currently (or planning on) attending daycare with date of birth: _____,
_____, _____, _____, _____

Childcare Provider Name: _____

Total family size: _____

Please indicate preferred communication method: _____ email _____ USPS mail

SECTION D – DESCRIBE YOUR SITUATION

Check the application type that best describes your situation:

- ☐ Return to Workforce ☐ Remain in Workforce ☐ Further Education for Future Workforce

In your own words describe your family/work situation: _____

SECTION E – DOCUMENTATION CHECKLIST

- ☐ Copy of CCAP application and denial letter dated within 60 days of submission of application
- ☐ Completed Crawford County Childcare Scholarship Program application
- ☐ Household income verification (last two pay stubs or, in the case of new employment, a letter from the employer)
- ☐ Attest that you are employed in Crawford County.
- ☐ Attest that you are in good standing with CCAP through DCFS (Project Child).
- ☐ Attest that you will provide income verification within 15 days in the event of a CCAP eligibility change or a CCKA Gap maximum monthly income increase.
- ☐ I attest that I agree to the release of data information solely to support the scholarship program.
- ☐ W-9 Form from Crawford County licensed provider
- ☐ Monthly Attendance Reports must be signed by the provider and parent/guardian and submitted promptly for monthly funding to be issued.

SECTION F – DECLARATIONS AND AGREEMENTS

No family is entitled to receive financial assistance, either by their tenure of attendance or by contributions to the CCKA Scholarship Program. Financial assistance will not be given before the completion and submission of all required documentation.

A monthly attendance report (template attached to this application) must be completed and signed by the parent/guardian and the licensed provider to document program participation before scholarship funding is issued to the licensed provider.

To receive scholarship funding under this program, the Crawford County licensed provider must be in good standing with the Department of Children and Family Services, Project Child, and Crawford County Kids Association (CCKA). Before program participation, all requested CCKA grant documentation must be completed.

The CCKA Scholarship Program's advisory board/committee will treat this application confidentially. Periodically, non-identifying statistical information may be reported to the advisory board/committee.

Applicants are expected to provide truthful and accurate information when completing the application for the program.

Your signature below certifies that the information provided is true and complete. It also authorizes the CCKA Scholarship Program to obtain and/or verify all information necessary to process this application and release the CCKA Scholarship Program from any liability associated with the application's rejection or funding.

Crawford County Employer: _____

Childcare Provider's Name (Print): _____ Childcare License
Number: _____

Childcare Provider's Signature: _____

Applicant Name (Print): _____ Date: _____

Applicant Signature: _____

Mail or email completed and signed application along with required documentation to:

**CCKA Scholarship Program
Roselene Quick
300 West Main Street
Robinson, IL 62454**

Email: rquick@roe12.org

Disclaimer: The CCKA Program reserves the right to change the rules and eligibility requirements as needed. Any change in the program will be communicated to current families who have previously qualified through mail or email. The CCKA Scholarship Program is being offered through funding from the Crawford County Board, The City of Robinson, Marathon Petroleum Company, Hershey Chocolate, Crawford Memorial Hospital, Crawford County Kids Association, and eligible grants and donations received from the community. Qualification in the scholarship program does not remove families from their financial obligations for any services received.

Crawford County Kids Association Scholarship Program

Monthly Attendance Form

Month: _____ Year: _____

Date Submitted: _____

Date	Child's Name	Present <input checked="" type="checkbox"/>	Absent <input type="checkbox"/>	Late <input type="checkbox"/>	Notes:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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31					

I certify the above Monthly Attendance Report is an accurate and complete summary for the attendance of (child's name) _____ who has been under my care for the month of _____.

Crawford County Licensed Provider Name:

Crawford County Licensed Provider Signature & Date:

Child's Parent/Guardian Name:

Child's Parent/Guardian Signature & Date:

[CCKA Letterhead]

[Date]

To: [Crawford County Licensed Provider]

CC: [Parent/Guardian of Enrolled Child]

Subject: Monthly Childcare Scholarship Fund Notification

Dear [Provider's Name],

The Crawford County Kids Association (CCKA) is pleased to inform you that [Child's Name] has been awarded a childcare scholarship for the month of [Month/Year]. This scholarship is intended to assist families in providing quality childcare while ensuring stability in early childhood education.

The scholarship amount for this month is **\$[Amount]**, which will be applied toward the childcare fees at [Provider's Name/Facility]. Please ensure that this funding is properly allocated toward [Child's Name] 's tuition.

Important Notes:

- The scholarship provides coverage for [specific details, e.g., tuition, meals, etc.].
- Parents or guardians remain responsible for any remaining balance beyond the scholarship amount.
- The provider must submit attendance records by [Due Date] to ensure continued funding.
- Any changes in childcare enrollment status must be reported immediately to the Crawford County Kids Association Scholarship Program.

The CCKA encourages participation in quality early childcare education through professional development and technical assistance opportunities with Project CHILD, funding opportunities through the Smart Start Workforce Grant, and food reimbursement programs, and through the Illinois quality recognition and improvement system, ExceleRate Illinois.

We appreciate your dedication to providing quality childcare services. If you have any questions or require further clarification, please get in touch with our office at [Contact Information]..

Sincerely,

[Your Name]

[Your Title]

Crawford County Kids Association

[Your Contact Information]

The Mission of the Crawford County Kids Association is to support better outcomes for childcare providers and the families they serve by ensuring all available resources are being leveraged to support the best outcomes for kids in Crawford County.