

# Application for Child Care Financial Assistance

This information is important. If you do not understand it, please take it to your local office for help.  
We can also provide free translation services. Tell us if you need an interpreter for any language.

**French** - Ces informations sont importantes. Si vous ne les comprenez pas, apportez-les à votre bureau local pour recevoir de l'aide.

**Russian** - Это важная информация. Если она Вам непонятна, возьмите это письмо и обратитесь за помощью в местное отделение.

**Serbo-Croatian** - Ovaj dopis je važan. Ukoliko je nerazumljiv za vas onda ga ponesite i obratite se lokalnoj kancelariji za pomoć.

**Spanish** - Esta información es importante. Si no la entiende, llévela a su oficina local para solicitar ayuda.

**Swahili** - Maelezo ya barua hii ni muhimu. Kama huielewi, ichukue, uende nayo katika ofisi yako ya karibu kwa msaada zaidi.

**Vietnamese** - Thông tin này rất quan trọng. Nếu quý vò không hiểu nội dung trong này, hãy đem tờ này đến văn phòng tài trợ của quý vò để được giúp đỡ.

## Section One: Applicant Information

Complete all fields; incomplete applications will be returned.

Last Name of Applicant \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix (eg. Jr., Sr., II) \_\_\_\_\_

Home Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

U.S. Citizen:  Yes  No If no, please indicate status:  Refugee  Immigrant  Asylee  Permanent Resident

Marital Status:  Married  Civil Union  Legally Separated  Divorced  Single  Single with Domestic Partner  Widow or Widower

Gender:  Female  Male Single-Parent Household:  Yes  No Primary Language: \_\_\_\_\_

Race (check all that apply):

American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

Ethnicity:  Hispanic  Non-Hispanic

Please enter all phone numbers and check your preference for contact:

Phone:  Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_  Message \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address (if different from address above) \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Section Two: Need for Care

Reason services are needed (check all that apply).

- |   |   |
|---|---|
| <input type="checkbox"/> Employment                             | <input type="checkbox"/> Reach Up   |
| <input type="checkbox"/> Self-Employment                        | <input type="checkbox"/> Special Health Need - Parent   |
| <input type="checkbox"/> Seeking Employment                     | <input type="checkbox"/> Special Health Need - Child  |
| <input type="checkbox"/> Training                               | <input type="checkbox"/> Family Support (i.e., extreme stress your family is experiencing in areas such as shelter, safety, emotional stability, substance abuse, and children's behaviors) |
| <input type="checkbox"/> Education                              |   |
| <input type="checkbox"/> Both Employment and Training/Education |   |

Child Care Resource  
181 Commerce St.  
Williston, VT 05495  
Phone: (802)863-3367  
Fax: (802)863-4202



AGENCY OF HUMAN SERVICES  
DEPARTMENT FOR CHILDREN & FAMILIES

**Section Three - Other Household Members**

**List all other household members, including a second parent if applicable (use additional page if needed).**

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Last Name	First Name	Middle Name	Suffix (eg. Jr., Sr., II)
<hr/>			
Date of Birth (mm/dd/yyyy)	Social Security Number	Primary Language	Relationship to Applicant
<hr/>			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs person under age 19 requiring child care? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Last Name	First Name	Middle Name	Suffix (eg. Jr., Sr., II)
<hr/>			
Date of Birth (mm/dd/yyyy)	Social Security Number	Primary Language	Relationship to Applicant
<hr/>			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs person under age 19 requiring child care? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Last Name	First Name	Middle Name	Suffix (eg. Jr., Sr., II)
<hr/>			
Date of Birth (mm/dd/yyyy)	Social Security Number	Primary Language	Relationship to Applicant
<hr/>			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs person under age 19 requiring child care? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Last Name	First Name	Middle Name	Suffix (eg. Jr., Sr., II)
<hr/>			
Date of Birth (mm/dd/yyyy)	Social Security Number	Primary Language	Relationship to Applicant
<hr/>			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs person under age 19 requiring child care? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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**Section 1: Applicant's Need for Care**

**Complete this section about yourself.**

Employed at \_\_\_\_\_ Flexible schedule?  Yes  No Scheduled work hours per week \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Indicate your work hours: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Start \_\_\_\_\_

End \_\_\_\_\_

Do you have a Bachelor's Degree?  Yes  No Does your employer give you money towards child care?  Yes  No

In school or training at \_\_\_\_\_ Flexible schedule?  Yes  No Scheduled hours per week \_\_\_\_\_

Indicate your hours:	Hours: Start to End	Hours: Start to End	Hours: Start to End
Sunday	_____ to _____	_____ to _____	_____ to _____
Monday	_____ to _____	_____ to _____	_____ to _____
Tuesday	_____ to _____	_____ to _____	_____ to _____
Wednesday	_____ to _____	_____ to _____	_____ to _____
Thursday	_____ to _____	_____ to _____	_____ to _____
Friday	_____ to _____	_____ to _____	_____ to _____
Saturday	_____ to _____	_____ to _____	_____ to _____

Training through Reach-Up. The Reach-Up worker is \_\_\_\_\_

Working with Family Services. The social worker is \_\_\_\_\_

Not able to care for the children due to a special health need or family support issue  Seeking employment

**Section 2: Second Parent's Need for Care**

**Complete this section for a second parent in the household. If there is none, go to page 4.**

Name: \_\_\_\_\_

Employed at \_\_\_\_\_ Flexible schedule?  Yes  No Scheduled work hours per week \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does he/she have a Bachelor's Degree?  Yes  No Does his/her employer contribute money towards child care?  Yes  No

Indicate his/her work hours: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Start \_\_\_\_\_

End \_\_\_\_\_

In school or training at \_\_\_\_\_ Flexible schedule?  Yes  No Scheduled hours per week \_\_\_\_\_

Indicate hours:	Hours: Start to End	Hours: Start to End	Hours: Start to End
Sunday	_____ to _____	_____ to _____	_____ to _____
Monday	_____ to _____	_____ to _____	_____ to _____
Tuesday	_____ to _____	_____ to _____	_____ to _____
Wednesday	_____ to _____	_____ to _____	_____ to _____
Thursday	_____ to _____	_____ to _____	_____ to _____
Friday	_____ to _____	_____ to _____	_____ to _____
Saturday	_____ to _____	_____ to _____	_____ to _____

Training through Reach-Up. The Reach-Up worker is \_\_\_\_\_

Working with Family Services. The social worker is \_\_\_\_\_

Not able to care for the children due to a special health need or family support issue  Seeking employment

**Section Six: Requested Provider**

**Your provider must be registered, licensed, or certified by the Child Development Division to receive payment.**

Child's Name \_\_\_\_\_ Indicate hours needed: Hours: Start to End Hours: Start to End  
Name of school if attending \_\_\_\_\_ Sunday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Provider's Name \_\_\_\_\_ Monday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Provider's Address \_\_\_\_\_ Tuesday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Wednesday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Child Care Start Date \_\_\_\_\_ Saturday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Will this provider be applying to be a legally exempt provider?  Yes  No

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Child's Name \_\_\_\_\_ Indicate hours needed: Hours: Start to End Hours: Start to End  
Name of school if attending \_\_\_\_\_ Sunday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Provider's Name \_\_\_\_\_ Monday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Provider's Address \_\_\_\_\_ Tuesday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Wednesday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Child Care Start Date \_\_\_\_\_ Saturday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Will this provider be applying to be a legally exempt provider?  Yes  No

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Child's Name \_\_\_\_\_ Indicate hours needed: Hours: Start to End Hours: Start to End  
Name of school if attending \_\_\_\_\_ Sunday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Provider's Name \_\_\_\_\_ Monday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Provider's Address \_\_\_\_\_ Tuesday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Wednesday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Child Care Start Date \_\_\_\_\_ Saturday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Will this provider be applying to be a legally exempt provider?  Yes  No

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Child's Name \_\_\_\_\_ Indicate hours needed: Hours: Start to End Hours: Start to End  
Name of school if attending \_\_\_\_\_ Sunday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Provider's Name \_\_\_\_\_ Monday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Provider's Address \_\_\_\_\_ Tuesday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Wednesday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Child Care Start Date \_\_\_\_\_ Saturday \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Will this provider be applying to be a legally exempt provider?  Yes  No

**Section Seven: Household Income**

**Indicate household income by recipient and type of income.**

For each type of income you claim you must supply written evidence. Examples of documentation include two consecutive pay stubs, a copy of last year's income tax return for self-employment; a statement from your employer confirming wages for new employment, your Reach Up grant letter, and a copy of your court order for child support.

Family Member _____			Family Member _____		
Type of Income (select all that apply):			Type of Income (select all that apply):		
	Amount	Frequency		Amount	Frequency
<input type="checkbox"/> AmeriCorps Stipend	_____	_____	<input type="checkbox"/> AmeriCorps Stipend	_____	_____
<input type="checkbox"/> Child Support Received*	_____	_____	<input type="checkbox"/> Child Support Received*	_____	_____
<input type="checkbox"/> Dividend Income	_____	_____	<input type="checkbox"/> Dividend Income	_____	_____
<input type="checkbox"/> 3SquaresVT (formerly food stamps)	_____	_____	<input type="checkbox"/> 3SquaresVT (formerly food stamps)	_____	_____
<input type="checkbox"/> Housing Assistance	_____	_____	<input type="checkbox"/> Housing Assistance	_____	_____
<input type="checkbox"/> Interest Income	_____	_____	<input type="checkbox"/> Interest Income	_____	_____
<input type="checkbox"/> Medicaid	_____	_____	<input type="checkbox"/> Medicaid	_____	_____
<input type="checkbox"/> Military Pay-Active Duty	_____	_____	<input type="checkbox"/> Military Pay-Active Duty	_____	_____
<input type="checkbox"/> Military Pay-Reserve	_____	_____	<input type="checkbox"/> Military Pay-Reserve	_____	_____
<input type="checkbox"/> Other	_____	_____	<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> PSE Stipend	_____	_____	<input type="checkbox"/> PSE Stipend	_____	_____
<input type="checkbox"/> Reach Up <input type="checkbox"/> RU Child Only	_____	_____	<input type="checkbox"/> Reach Up <input type="checkbox"/> RU Child Only	_____	_____
<input type="checkbox"/> Rental Income	_____	_____	<input type="checkbox"/> Rental Income	_____	_____
<input type="checkbox"/> Self-employment Income	_____	_____	<input type="checkbox"/> Self-employment Income	_____	_____
<input type="checkbox"/> Social Security Benefit	_____	_____	<input type="checkbox"/> Social Security Benefit	_____	_____
<input type="checkbox"/> Spousal Maintenance Received	_____	_____	<input type="checkbox"/> Spousal Maintenance Received	_____	_____
<input type="checkbox"/> Supplemental Security Income	_____	_____	<input type="checkbox"/> Supplemental Security Income	_____	_____
<input type="checkbox"/> Tips, etc.	_____	_____	<input type="checkbox"/> Tips, etc.	_____	_____
<input type="checkbox"/> Trust Fund	_____	_____	<input type="checkbox"/> Trust Fund	_____	_____
<input type="checkbox"/> Unemployment Compensation	_____	_____	<input type="checkbox"/> Unemployment Compensation	_____	_____
<input type="checkbox"/> Veterans Benefits	_____	_____	<input type="checkbox"/> Veterans Benefits	_____	_____
<input type="checkbox"/> Vista Stipend	_____	_____	<input type="checkbox"/> Vista Stipend	_____	_____
<input type="checkbox"/> Wages	_____	_____	<input type="checkbox"/> Wages	_____	_____
<input type="checkbox"/> Worker's Compensation	_____	_____	<input type="checkbox"/> Worker's Compensation	_____	_____

\*If you are not receiving child support please explain \_\_\_\_\_

Does anyone in your household pay regular court-ordered child support?  Yes  No If yes, please provide verification.

If yes, who? \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

**Section Eight: Verification and Signature**

**You must sign and date your application in ink.**

- I understand that the Child Development Division will notify me in writing about its decision on my application.
- I certify that the information given on this form is true and correct to the best of my knowledge.
- I understand that I must report any changes that may affect my eligibility as soon as possible (e.g., changes in my household size; marital status; unemployment, employment, or training status; address, and income).
- If I am eligible, I understand that I must pay the difference between the child care financial assistance I receive and what my provider charges.
- I understand that I must pay for any child care costs I incur while I am not eligible for child care financial assistance.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## Required Documentation

If your application is not completely filled out, it will be returned. Required forms may be obtained either by contacting your community agency or by downloading them from <http://www.brightfuturesinfo.org>.

- Employment:** Enclose your last two pay stubs or have your new employer fill out a Verification of Employment Form—available from your community care specialist.
- Self-Employment:** Complete a self-employment business plan form. If you have been self-employed for more than one year, enclose a complete copy of your most recent tax return. If you have been self-employed for less than one year, a profit and loss form will be required.
- Other Household Income:** Include verification of all other household income such as SSI, Social Security, Veteran's Benefits, unemployment benefits, Worker's Compensation, interest income, stocks and bonds, and rental income. Include a copy of your check or a letter from the agency from which you receive compensation.
- Child Support Verification:** For each child, include a Court Order, payment history from the Office of Child Support, detailed letter of explanation if you are not receiving child support, verification of legal separation or divorce, verification of legal guardianship/custody, and verification of mutual agreement.
- In School or Training:** Complete a training plan, along with your course schedule including days and hours attending. If study time is needed, it may be granted at the rate of one hour per hour of class time. Upon completion of your classes, you will need to provide documentation of successfully completed coursework. *If you have a Bachelor's Degree, you are ineligible for financial assistance under this service need without a variance*
- Reach Up:** If you are eligible for Reach Up, ask your Reach Up worker to submit an authorization for child care to your community agency.
- Protective Services:** Please discuss your need for child care with your Family Services social worker. Your social worker will let you know what information is required.
- Special Health Need (Adult):** If you are medically incapacitated complete this application and submit a Special Health Need Adult form signed by an MD, Nurse Practitioner (NP), Physician Assistant (PA) or state licensed psychologist.
- Special Health Need (Child):** You must demonstrate that your child has a significant health or specialized developmental need as documented by one of the following: 1) a licensed physician; 2) a licensed psychologist; or 3) the assessment determining eligibility for Special Education or Early Intervention Services that includes child care as part of the child's development plan (IEP or IFSP).
- Seeking Employment:** If you are looking for work and receiving TANF, contact your Reach Up worker. If you are looking for employment and NOT on TANF, submit a work search plan form.
- Subsidized Adoption:** If you are a parent with an adoption subsidy agreement, you must enclose a copy of your adoption subsidy agreement with your application.

If you are found eligible, your child care financial assistance will begin on the date your completed application is received. If you have any questions regarding what information to send with this application or need help completing this application, please call your community agency. Failure to do so may delay the beginning of benefits.

**Return your completed form along with all required supporting documentation to:**

Child Care Resource  
181 Commerce St.  
Williston, VT 05495  
Phone: (802)863-3367  
Fax: (802)863-4202

# The Vermont Child Care Subsidy Program

## Child Development Division

Helping YOUR family pay for the child care you need.

Child Development Division  
 Department for Children and Families  
 Vermont Agency of Human Services  
 103 South Main Street, A Building  
 Waterbury VT 05671-5500  
 1-800-649-2642  
[www.CDDvt.org](http://www.CDDvt.org)

### Income Guidelines

Child Care Subsidy Based on Gross Monthly Income and Family Size.

Vermont establishes guidelines for income Eligibility based on gross monthly income and family size. Basic eligibility for any subsidy assistance is based on a maximum gross monthly income by family size as shown to the right.

\* A 100% subsidy from the state may be less than what a given provider charges. Providers may require payment for any of their fees not covered through the subsidy. If this is the case, it is your responsibility to work this out with your provider.

To be eligible for a child care subsidy, your family must:

1. Have a reason (or service need) for child care,
- and** 2. Meet certain income guidelines.

Any of the following conditions can make your eligible for child care assistance:

**EMPLOYMENT** – Employment is any activity for which you, as primary caretaker, receive wages at, or above, the minimum wage.

**SELF-EMPLOYMENT** – Self-employment is any approved business activity that nets a monthly income of at least \$100.

**SEEKING EMPLOYMENT** – Seeking employment is any activity recognized as necessary to obtain employment.

**TRAINING OR EDUCATION** – Training or education is any activity that is likely to lead to employment within one year of completion of the activity. Reach-Up activities are included, but volunteer work and post-baccalaureate education are not eligible activities.

**SPECIALIZED CHILD CARE** – Specialized child care is a prevention and early intervention service designed to reduce stress for your family and your children and to promote positive child development. The child care subsidy may be authorized after a confidential application has been completed and reviewed. Specialized child care includes services for children with special needs.

% of Subsidy Paid by State	Family Size 3 or fewer	Family Size 4	Family Size 5	Family Size 6 or more
100%	\$1,179.00	\$1,420.00	\$1,662.00	\$1,904.00
99%	\$1,224.00	\$1,475.00	\$1,725.00	\$1,977.00
98%	\$1,270.00	\$1,529.00	\$1,790.00	\$2,050.00
97%	\$1,316.00	\$1,584.00	\$1,854.00	\$2,125.00
96%	\$1,361.00	\$1,639.00	\$1,919.00	\$2,198.00
95%	\$1,422.00	\$1,713.00	\$2,005.00	\$2,297.00
90%	\$1,505.00	\$1,814.00	\$2,123.00	\$2,432.00
85%	\$1,590.00	\$1,914.00	\$2,239.00	\$2,566.00
80%	\$1,680.00	\$2,024.00	\$2,369.00	\$2,714.00
75%	\$1,771.00	\$2,134.00	\$2,497.00	\$2,860.00
70%	\$1,862.00	\$2,244.00	\$2,626.00	\$3,008.00
65%	\$1,954.00	\$2,354.00	\$2,754.00	\$3,155.00
60%	\$2,045.00	\$2,463.00	\$2,883.00	\$3,302.00
55%	\$2,136.00	\$2,574.00	\$3,011.00	\$3,449.00
50%	\$2,228.00	\$2,683.00	\$3,140.00	\$3,597.00
45%	\$2,319.00	\$2,794.00	\$3,268.00	\$3,743.00
40%	\$2,410.00	\$2,903.00	\$3,397.00	\$3,891.00
35%	\$2,502.00	\$3,013.00	\$3,525.00	\$4,039.00
30%	\$2,592.00	\$3,123.00	\$3,654.00	\$4,186.00
25%	\$2,683.00	\$3,233.00	\$3,782.00	\$4,332.00
20%	\$2,774.00	\$3,343.00	\$3,911.00	\$4,480.00
15%	\$2,866.00	\$3,453.00	\$4,039.00	\$4,628.00
10%	\$2,957.00	\$3,562.00	\$4,168.00	\$4,774.00

State Payment Rate Tables at 100% Subsidy,  
 Effective 07/09/06

### PAYMENTS TO CHILD CARE PROVIDERS

When your family becomes eligible for a child care subsidy, the state helps you by paying a portion of the cost of care directly to the child care provider on your behalf. In order to participate in the subsidy program, your child care provider must be a licensed child care center, a registered family child care home or an approved legally exempt child care giver (LECC) regulated by the state of Vermont.

You should be aware that not all child care providers accept state subsidy reimbursement payments, nor are they required to accept subsidies as payment in full for child care services. Child care providers establish their own rates. Ultimately your family is responsible for paying for child care services received. The Vermont Child Care Subsidy Program is designed to help your family to do so.

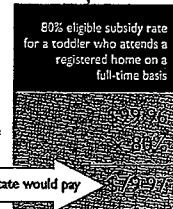
Reimbursement rates to providers are based on the setting in which child care is provided, the age of the child, and the number of hours the child is in care weekly. If your family is eligible for 100% of the subsidy, the state will reimburse providers based on the table below.

Type of Care	Provider Type: Registered Home			
	Infant	Toddler	Preschool	School Age
Part Time Weekly	\$58.14	\$57.12	\$51.00	\$51.00
Full Time Weekly	\$100.98	\$99.96	\$86.70	\$86.70
Extended Care Weekly	\$139.74	\$138.72	\$118.32	\$118.32

Type of Care	Provider Type: Licensed Provider			
	Infant	Toddler	Preschool	School Age
Part Time Daily	\$14.04	\$13.80	\$12.55	\$12.24
Part Time Weekly	\$70.05	\$69.00	\$62.73	\$61.20
Full Time Daily	\$25.09	\$24.89	\$22.16	\$21.69
Full Time Weekly	\$125.46	\$124.42	\$110.82	\$108.12
Extended Care Daily	\$34.29	\$33.69	\$29.91	\$29.17
Extended Care Weekly	\$171.46	\$170.42	\$149.51	\$145.86

#### EXAMPLE

If you are eligible for 80% of the subsidy rate and your toddler attends a registered home on a full-time weekly basis, the state would pay \$79.97, which is 80% times the state rate shown above.



If a child has special needs and the provider has a specialized child care services agreement with the Child Development Division, an additional 15% may be added to the state subsidy rate at the time of reimbursement.

Type of Care	Provider Type: Legally Exempt			
	Infant	Toddler	Preschool	School Age
Part Time Weekly	\$0.00	\$0.00	\$0.00	\$0.00
Full Time Weekly	\$0.00	\$0.00	\$0.00	\$0.00
Extended Care Weekly	\$0.00	\$0.00	\$0.00	\$0.00