

# Westchester Works Child Care Scholarship Program 2024

The Westchester Works scholarship is being provided by the Westchester County Department of Social Services (DSS) and administered by the Child Care Council of Westchester, Inc. It is available to working Westchester County, NY families to help cover the costs of child care for their children.

You have 30 days from your application submission date to provide all required documents and start your child in care with an approved provider.

The scholarship is a monthly award, based on your child's age, the type of provider, and the number of days in care. See below for Scholarship Award Breakdown.

The scholarship does not pay for the full cost of care; you are responsible to pay your provider the difference between the scholarship award amount and what your provider charges. If the provider charges less than the scholarship award, we will only pay up to the amount the provider charges.

The scholarship will begin the first day of the month the application is received through December 31, 2024, as long as you and your provider are approved and remain eligible.

Note: Your information may be shared with the Westchester County Department of Social Services Child Care Assistance Unit to determine that you are not already receiving or eligible for child care assistance through their program.

**Please note you will receive emails from [scholarships@cccwny.org](mailto:scholarships@cccwny.org) about your approval, denial or need for additional documents. These emails often go into the junk/spam folder. Be sure to check these folders.**

## Eligibility Requirements

1. Apply no more than 60 days prior to care starting.
2. Applicants (all parents in household) must live in Westchester County, be employed at least 10 hours per week, earning at least minimum wage, and use child care while working (if applicable both parents need to be working similar hours.)
3. Children must be under 13 years old or under 18 years old with a documented special need
4. Child care provider must be located in Westchester County
5. Child care must be in an OCFS regulated child care program, Dept. of Health camp with valid permit, or an exempt/informal provider
  - a. An exempt/informal provider can be a friend, family, neighbor who would need to complete some requirements to become a scholarship-approved informal provider. The care can be in the child's home or the provider's home. Payment will go to the provider.
6. This scholarship is open to applicants who do not receive and are not eligible for any other financial assistance for child care through any public or state program.
7. Your total gross household annual income must be within the income eligible guidelines listed below. Your household income includes all income, such as wages/salary, business income, self-employment income, child support, etc. If they are below, you may be eligible for Child Care Assistance through another program.

Family Size	Income Range		
2	\$67,490	to	\$98,600
3	\$83,370	to	\$124,300
4	\$99,250	to	\$150,000
5	\$115,130	to	\$175,700

## Required Documents:

1. Proof of income:
  - a. One month of paystubs. If there is a \$50 difference between paystubs for the month, submit three months of pay stubs. If it is a two parent household income must be submitted for both parents and both parents must be working during the same hours.
  - b. All income to the family must be submitted.
  - c. If paid in cash, verification of income form or letter from employer stating gross income and work schedule (email [scholarships@cccwny.org](mailto:scholarships@cccwny.org) to request a verification of income form).
  - d. If self-employed, self-employment worksheet and when applicable, quarterly tax business statements or 1040C tax statement. (Email [scholarships@cccwny.org](mailto:scholarships@cccwny.org) to request a self-employment worksheet form).
  - e. Additional documentation may be requested to clarify or determine eligibility. Not all eligibility requirements are listed on the application.
2. Proof of home address
  - a. Copy of your lease, electric, cable, or phone bill.
  - b. If none of the above, contact [scholarships@cccwny.org](mailto:scholarships@cccwny.org) for other options.
3. Proof of child's citizenship
  - a. Birth certificate, US passport, etc.

# Westchester Works Child Care Scholarship Program

## Applicant Information

<b>PRINT LEGIBLY!</b>	<b>Both parents and/or spouse must be listed on the application if they live in the household.</b>
Legal First Name (parent #1)	
Legal Last Name (parent #1)	
Legal First Name (parent #2 or spouse)	
Legal Last Name (parent #2 or spouse)	
Street Address	
City, ST ZIP Code	
Cell Phone (phone # is required)	
Home/Work Phone	
E-Mail Address	
Mailing Address, if different	

## Marital Status

Are you?

<input type="checkbox"/> Married	<input type="checkbox"/> Single or Separated	<input type="checkbox"/> Other
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## Household Information

**LIST EVERY PERSON WHO LIVES WITH YOU. LIST YOURSELF ON THE FIRST LINE.**

First Name	Last Name	Relationship to You	Date of Birth	Needs Child Care Scholarship? Yes or No

**Your Income Information**

Your Name:			
Employer:			
Occupation:			
How much are you paid (gross income before taxes)?	\$		
How often are you paid?	<input type="checkbox"/> <b>Weekly</b>	<input type="checkbox"/> <b>Bi-weekly (every other week)</b>	<input type="checkbox"/> <b>Bi-monthly (twice a month)</b>
How many hours do you work <b>a week</b> ?			
Do you have any other jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes please provide the same information as above		

**Check if you do not have a spouse**  
 **Check if the 2<sup>nd</sup> parent does not live in the same household as the child**

**Income Information – Spouse or Parent #2; if living in same household as child**

Spouse/Parent #2 Name:			
Employer:			
Occupation:			
How much are they paid (gross income before taxes)?	\$		
How often are they paid?	<input type="checkbox"/> <b>Weekly</b>	<input type="checkbox"/> <b>Bi-weekly (every other week)</b>	<input type="checkbox"/> <b>Bi-monthly (twice a month)</b>
How many hours do they work <b>a week</b> ?			
Do they have any other jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes please provide the same information as above		

**Child Care Assistance**

<b>Department of Social Services (DSS)</b>	<b>Yes/No</b>	<b>If yes, enter date approved or denied, or date you submitted your application.</b>	<b>The Council will contact DSS with your information, to confirm that you have not been approved. Confirmation needs to be received before we can approve you for the scholarship.</b>
Are you receiving child care assistance formerly known as subsidy?	___ No ___ Yes		
Did you apply for child care assistance with the Department of Social Services?	___ No ___ Yes		

**Other Income Information**

<b>Income</b>	<b>Yes/No</b>	<b>If yes, how much &amp; how often (weekly/monthly)?</b>
Do you current receive child support?	___ No ___ Yes	\$
Do you have any other income?	___ No ___ Yes	\$

**How Did You Hear About the Scholarship?**

**Child Care Program/Provider**

I do not have child care, Please contact me to help me find child care

**LIST EVERY CHILD WHO NEEDS THE SCHOLARSHIP.**

<b>Child's First Name</b>	<b>Program/Provider Name</b>	<b>Program Address (Enter address where the care is being provided)</b>	<b>Provider's Email</b>	<b>License # if using an OCFS regulated provider</b>	<b>Start Date in Care</b>	<b>Is the child enrolled?</b>
						___ No ___ Yes
						___ No ___ Yes
						___ No ___ Yes

**Share your story**

Optional: Please give us any additional understanding of your family that you may want to share.

## Self-Attestation and Signature

I certify that the information provided in this application is true and correct to the best of my knowledge, and that I have not withheld information. I understand that falsification of the information shall result in termination of the scholarship.

I understand that I have 30 days from the application submission date to provide all required documents and have my child in care. If I do not meet these requirements, I will have to re-apply for the scholarship.

I understand that by submitting this application form, I agree to inform the Child Care Council (CCC) immediately of any change in my needs, income, living arrangement, or address to the best of my knowledge or belief.

I agree to inform CCC immediately of any change in child care arrangements, including where child care is provided, who is providing care, and provider's fees. The scholarship cannot be split between more than one provider per month.

I understand that, regardless of my eligibility, this scholarship is only available until December 31, 2024. I understand that the scholarship does not fall within the provisions of New York State Social Services Law (SSL), therefore families have no fair hearing right and there is no appeal process.

I understand that by submitting this application, I agree to cooperate fully with any request to verify or confirm the information I have given or any other request in connection to this child care scholarship. I will provide additional information if it is requested. This may include but is not be limited to submission of documentation such as additional paystubs of parents and/or guardians living in the household, other documents substantiating household income, as well as residency, and children's birth certificates. I will provide such information upon request.

I understand that this scholarship is only available to Westchester County residents and Westchester County providers.

I understand that if I choose a family, friend or individual to care for my child, they have to be approved as a scholarship-approved informal provider.

I understand that the provider must submit attendance and if it is not provided within 30 days of the month end, the scholarship will not be paid for that month and you will be responsible for that monthly payment.

I understand that if my provider does not fulfill their requirements, within the appropriate timelines, I may lose my scholarship and will have to reapply. The provider may be required to return the scholarship already paid.

The application does not cover all the requirements or how the income will be processed – we follow DSS child care assistance regulations regarding the process of income, work requirements, etc.



**Self-Attestation and Signature - Continued**

Name (printed) of Parent #1	
Signature of Parent #1	
Date of Parent #1	
Name (printed) of Parent #2	
Signature of Parent #2	
Date of Parent #2	

Checklist of attached required documents:



**Check off the items you are submitting that are required to complete your application.**

<p><input type="checkbox"/> I have answered all questions and completed all sections pages 4 thru 9</p>	<p><input type="checkbox"/> I have submitted <b>Proof of Current Address</b></p> <ul style="list-style-type: none"> <li>— Acceptable proof includes an electric, cable, and/or phone bill, which list full address and my name. (driver's license and passports are not accepted)</li> </ul>
<p><input type="checkbox"/> I have read and signed the agreement on page 9</p>	
<p><input type="checkbox"/> I have submitted a <b>Proof of Income</b> for myself and if applicable, for my spouse and/or parent #2. One to three months of income that could include:</p> <ul style="list-style-type: none"> <li>— recent paystubs if paid weekly</li> <li>— Letter from employer</li> <li>— Verification of income form (paid in cash)</li> <li>— Self-employment worksheet and taxes</li> </ul>	<p><input type="checkbox"/> I have submitted <b>Proof of Child's Citizenship</b></p> <ul style="list-style-type: none"> <li>— Birth Certificates for all children applying for scholarship</li> <li>— If child was not born in this country proof that the child is legally in this country is required</li> </ul>

**Application can be emailed to [scholarships@cccwny.org](mailto:scholarships@cccwny.org) or**

**Faxed to (914) 886-0281 or**

**Mailed to Child Care Council of Westchester, Inc. 313 Central Park Avenue,  
Scarsdale, NY 10583 Attention: Scholarships**

**Questions: [scholarships@cccwny.org](mailto:scholarships@cccwny.org) or 914-761-3456 ext. 121**

## Scholarship Award Breakdown

Funds will be distributed to your child care provider based on the child's attendance:

- Full award is paid when child's attendance reaches 16 days or more a month.
- Partial award is paid when child's attendance is less than 16 days a month.
- No payment will be issued if the child does not attend that month.

### Centers, School Age Programs, & Camps

Number of days in care for the month	Infants/under 2 yrs	Toddler/ 2 yrs	Preschoolers/3 & 5 yrs	School-Age/ 6 yrs & over
16 or more days	\$995	\$925	\$850	
Less than 16 days	\$500	\$465	\$425	
16 or more days	School Year			\$765
Less than 16 days	School Year			\$385
16 or more days	July & August			\$865
Less than 16 days	July & August			\$435

### Family Child Care & Group Family Child Care

Number of days in care for the month	Infants/under 2 yrs	Toddler/ 2 yrs	Preschoolers/3 & 5 yrs	School-Age/ 6 yrs & over
16 or more days	\$820	\$805	\$780	
Less than 16 days	\$410	\$405	\$390	
16 or more days	School Year			\$655
Less than 16 days	School Year			\$330
16 or more days	July & August			\$755
Less than 16 days	July & August			\$380

### Informal Providers/ Family, Friend, or Neighbor (FNN) Care

Number of days in care for the month	Infants/under 2 yrs	Toddler/ 2 yrs	Preschoolers/3 & 5 yrs	School-Age/ 6 yrs & over
16 or more days	\$535	\$525	\$505	
Less than 16 days	\$270	\$265	\$255	
16 or more days	School Year			\$390
Less than 16 days	School Year			\$195
16 or more days	July & August			\$490
Less than 16 days	July & August			\$245

## Frequently Asked Question and Answer Sheet

How is family size determined?

- Family size is determined by number of parents/guardian and children under the age of 21 that reside in the household. It does not include grandparents, aunts, uncles, nieces, nephews, etc.

What income do I need to report?

- Any & all income needs to be reported; such as work income, self-employment income, business income, child support, rental income, commission, Armed Forces Pay, tips, bonuses, overtime, etc.
- Supplemental Security Income (SSI) is excluded.

How is income determined?

- Income is based on gross income (before taxes), except for self-employment.
- Income is determined by the average of current paystubs provided times 52 weeks if paid weekly; 26 weeks if paid bi-weekly or 24 weeks if paid bi-monthly.
- Income is projected for the year based on current income (up to the most recent 3 months); it does not reflect back on past income, and cannot be determined based on tax returns.

What if I just started a job and do not have paystubs?

- Submit a letter from your employer on company letterhead. The letter needs to be signed, dated, indicate your start date, gross income, and the number of hours working per week. We do not accept offer letters.

What if I am paid in cash?

- Request an income verification form by contacting [scholarships@cccwny.org](mailto:scholarships@cccwny.org).

What if I am self-employed?

- Request a self-employment worksheet by contacting [scholarships@cccwny.org](mailto:scholarships@cccwny.org).
- Income is based on net income determined by the self-employment worksheet.
- Gross income minus expenses determines your net income.
- You need to be making minimum wage (\$16 an hour), which is determined by dividing your net income divided by the number of hours worked in a month.

What should you do if you disagree with our determination of eligibility?

- Contact the Scholarship Coordinator at [scholarships@cccwny.org](mailto:scholarships@cccwny.org). Explain why you are questioning the decision. The Scholarship Coordinator will review your application again based on the information provided and explain the new determination.
- If additional review is needed, you can contact the Director at [nicolem@cccwny.org](mailto:nicolem@cccwny.org).
- FYI: this scholarship does not fall within the provisions of New York State Social Services Law (SSL). Therefore, there is no formal appeal process or fair hearing.

When will my child care provider paid?

- Your child care provider has to submit a claim form by the 10<sup>th</sup> of each month for the previous month. It will then be paid as per the payment schedule, which is typically around the third Friday of the next month. (I.e. A claim for must be submitted by February 10<sup>th</sup>, for care provided in January to be paid).

How much will my provider be paid?

- The amounts are listed on the application and the terms and conditions you will receive when approved. The awards are based on the age of the child, the type of child care being used and the number of days your child is in care.

How long will the scholarship last?

- The specific date that your scholarship will end, will be listed on your approval letter. However, this will change when/if you have a change in circumstances that no longer makes you eligible; when/if income levels for child care assistance increase (typically this happens every June); if it is determined that the information you or your provider provided is not true or correct.
  - Please note if you are eligible for child care assistance based on these new income levels you will be notified to apply for child care assistance before your scholarship ends.
- You can be approved up to December 31, 2024.
- You will need to recertify annually. One year from the date of your initial application.

What if my provider wants me to pay up front and reimburse me once the scholarship pays them?

- That is between you and your provider.

My provider charges more than the scholarship pays. Do I have to pay the provider the difference?

- Yes. The scholarship is only a partial payment towards your child care. You are responsible for any child care costs that are not covered by this scholarship.

What do I do if I want to change child care providers?

- Contact us before the care begins, at [scholarships@cccwny.org](mailto:scholarships@cccwny.org). Provide us with the name, address, license # (if applicable) and start date at the new child care provider. .
- Please be aware, we cannot pay two different providers within the same month.

Please note that the OCFS NY Regulations, Title 18, Chapter II, Subchapter C, Article 1, Part 404 is utilized as guidance to determine some programmatic and financial eligibility. Specifically in determining annual income.