



CITY OF WEST PARK CHILDCARE ASSISTANCE PROGRAM APPLICATION

PLEASE RETURN COMPLETED APPLICATION INCLUDING ALL REQUIRED SUPPORTING DOCUMENTATION TO:

The City of West Park
Community & Economic Development Department
1965 South State Road 7
West Park, Florida 33023

APPLICATION NO. _____ (Office Use)

NAME OF CHILDCARE SERVICE APPLICANT _____

APPLICANT ADDRESS _____

CONTACT PHONE NUMBER _____

HAS PROOF OF RESIDENCY BEEN PROVIDED WITH THIS APPLICATION? YES ___ NO ___

HAS PROOF OF EMPLOYMENT/INCOME BEEN PROVIDED WITH THIS APPLICATION? YES ___ NO ___

NAME & ADDRESS OF SELECTED CHILDCARE PROGRAM _____

HAS A LETTER OF CHILDCARE ACCEPTANCE & COMPANY FEE SCHEDULE BEEN INCLUDED? YES ___ NO ___

WILL YOU BE AVAILABLE DURING THE DAY TO BE CONTACTED BY CITY STAFF? YES ___ NO ___

BEFORE ME, the undersigned authority, personally appeared _____, who being duly sworn under oath deposes and states that:

I/we _____, request assistance through the City of West Park Childcare Assistance Program to enroll my sibling in a local childcare program. I certify that I am a resident of the City of West Park. I understand that all approved childcare services will be contracted between myself and the selected contractor childcare service provider and that the City of West Park is not a party to the actual contracting or performance of childcare services. I understand that the Childcare Assistance Program will assist in providing the cost for authorized childcare services. I understand that the City will provide a reimbursement for childcare services for a predetermined time period (excluding taxes). The City will also have the option to disburse final payment directly to the childcare service company providing childcare services. Payment to the childcare service organization is my responsibility. In return for participation in this program, I agree to indemnify and hold harmless the City of West Park and its agents, officers, employees, from and against all claims, damages, losses and expenses, which may arise from or result from the childcare services herein described. I have reviewed and understand all policies and procedures governing the Childcare Assistance Program.

FURTHER THE AFFIANT SAYETH NAUGHT

Property Owner/Applicant Signature(s)

Date Signed

The foregoing instrument was acknowledged before me this _____ day of _____, 2021, by _____, affiant, who is either personally known to me or who presented to me the identification shown below.

Notary Public, State of Florida

Name: _____ Personally known ___ or produced Identification _____

Identification produced: _____ My Commission Expires: _____



CITY OF WEST PARK
CHILDCARE ASSISTANCE PROGRAM
NOTIFICATION OF ELIGIBILITY

FOR OFFICE USE ONLY: (APPLICATION COMPLETION CHECKLIST)

1. Does application include a letter of acceptance from the selected childcare service provider? YES NO
2. Does application include a fee schedule from the selected childcare service provider? YES NO
3. Is the selected childcare service provider licensed or locally operating provider? YES NO
4. Has the applicant submitted proof of West Park residency with application? YES NO
5. Has the applicant submitted most recent tax return or pay stubs verifying household income? YES NO
6. Has a completed signed and notarized application been submitted by the applicant? YES NO

(APPLICATION ELIGIBILITY DETERMINATION)

7. Provide total amount of residents residing in household _____
8. Provide total household income amount \$ _____
9. Is total household income within the eligible “low income” program threshold? YES NO
10. Is name on the application the same as property owner’s name listed on the BPA webpage YES NO
11. Indicate name of licensed or locally operating childcare organization _____
12. Indicate total funding amount and days recommended for approval \$ _____; _____ Days

Based on whether all responses to questions 1-12 are affirmative, please indicate below whether

APPLICATION NO. _____ has been approved or disapproved. If application has been approved, in comment section below please indicate total amount approved and corresponding days for childcare service. If the application has been disapproved, please indicate reason for disapproval. If application is incomplete, please clearly indicate what items are required from the applicant to complete the application.

APPLICATION APPROVED _____ **APPLICATION DISAPPROVED** _____

Reviewer Comments: _____

 Reviewer’s Signature

 Date Reviewed

If all affirmative responses have been provided on Questions 1 thru 12, the attached childcare service application should be recommended for approval. Written notification including the attached eligibility notification form should be provided to the applicant indicating the total funding amount approved including total days of approved services; and a notice to proceed with authorized childcare services .



CITY OF WEST PARK

CHILDCARE ASSISTANCE PROGRAM

REQUIREMENTS

The City of West Park Childcare Assistance Program was established to assist eligible “low income” families in obtaining childcare services. The program is designed to assist families in obtaining childcare services from licensed and locally operating childcare service providers. Funding is available to West Park residents on a limited, first-come, first-serve basis. There are several childcare agencies currently operating in the City of West Park and depending on applicant preference, the program also provides assistance to attend other licensed or locally operating programs in Broward County and surrounding areas. The maximum program award per applicant is up to \$600.

Program Eligibility

- 1) To be considered for funding assistance, applicants must reside in the City of West Park;
- 2) A property owner’s gross household income may not exceed the below listed Broward County maximum income levels for “low income” residents:
 - Household Size of 1 - Maximum Eligible Income Level = \$40,600
 - Household Size of 2 - Maximum Eligible Income Level = \$46,400
 - Household Size of 3 - Maximum Eligible Income Level = \$52,200
 - Household Size of 4 - Maximum Eligible Income Level = \$58,000
 - Household Size of 5 - Maximum Eligible Income Level = \$62,650
 - Household Size of 6 - Maximum Eligible Income Level = \$67,300
 - Household Size of 7 - Maximum Eligible Income Level = \$71,950
 - Household Size of 8 - Maximum Eligible Income Level = \$76,600

Source: Broward County and Florida Housing Finance Corporation

- 2) Assistance is available to “low income” families to obtain childcare services from licensed or locally operating childcare service organizations in the City of West Park and in the surrounding Broward County area.

Application Submittal Requirements

- 3) Residents applying for childcare assistance must submit a completed application to the City of West Park’s Community & Economic Development Department at 1965 South State Road 7, West Park, Florida 33023, (305) 989-2688, Extension 222;
- 4) Residents applying for childcare assistance must be working at least 20 hours per week. Documentation of employment must be provided in the form of weekly or bi-weekly payments indicating total hours worked.

- 5) In order to verify City of West Park residency, applicants must provide proof of residency in the form of a State of Florida driver's license, State of Florida identification card or other acceptable forms of proof of West Park residency;
- 6) In order to verify eligible household income, applicants must submit a copy of their most recent federal income tax return or most recent pay stubs or social security payment verification for review by the City personnel;
- 7) A letter of acceptance from a licensed or locally operating childcare service facility including all applicable childcare service fees and services provided from a West Park childcare facility or other childcare facility located in Broward County;
- 8) If the childcare service request is determined to be eligible based on the guidelines of the Childcare Assistance Program, a copy of the childcare service approval notification will be provided to the program applicant. A copy of the approval notification must also be provided to the selected childcare organization as proof of West Park Childcare Assistance Program eligibility. City personnel will coordinate with the selected childcare service organization to confirm assistance payment terms;
- 9) West Park Childcare service program recipients will not be able to attend the City's proposed funding portion of childcare service until payment confirmation has been provided.

If you have any questions or concerns regarding the City of West Childcare Assistance Program, please feel free to contact the City of West Park at 954-989-2688, Extension 222.