



# Child Care Assistance Application

## Scarborough Community Services

P.O. Box 360, Scarborough, ME 04070-0360

207.730.4150

### DO I MEET THE REQUIREMENTS TO USE THIS APPLICATION?

Complete the checklist to determine your eligibility to use this form.

- I am currently a Scarborough resident and can provide proof of residency.  
*(e.g., driver's license, rent/lease agreement, utility bill)*
- I do not have an outstanding balance with the Town of Scarborough or Scarborough Community Services.
- All responsible parties are employed and each work at least 25 hours per week.
- OR --**
- One parent satisfies the employment requirement above AND the other parent is currently enrolled in a job training or school program.
  - *Must be enrolled in at least 9 credit hours.*
  - *Must be required to physically attend classes in person or by computer at a regularly-scheduled time.*
  - *Must provide proof of enrollment/class schedule.*
  - *There is not another parent at home available to take care of the child/ren.*
  - ***In the case of a parent with sole custody, assistance will be available to those who are enrolled in a job training or school program as part of the ASPIRE or TANF program requirements.***
- OR --**
- One parent satisfies the employment requirement above AND the other parent has a documented disability which renders him/her unable to care for child/ren and unable to work.
  - *Must provide supporting documentation from the Social Security Administration (SSA) or MaineCare's Medical Review Team (MRT) indicating disability.*
  - ***In the case of a parent with sole custody, assistance will be available to those who can provide the proper documentation as stated above.***
- I can provide a copy of last year's tax returns from all responsible parties.
- I am able to present the balance of all responsible parties' checking and/or savings accounts.
- I am able to provide proof of income for all responsible parties
  - **Last two paycheck stubs** -- OR -- **income verification letter from employer.**
  - **Self Employed:** Year-to-date profit and loss statement.
  - **Student:** All monies received for educational funding.
  - **Unearned Income:** *Includes child support/alimony income; pension/retirement benefits and annuities; Social Security benefits (pensions, survivor's benefits, permanent disability insurance payments); assistance from SSL, TANF, and PaS; veteran's benefits; unemployment insurance and worker's compensation; regular income received from earned interest, dividends, royalties, estates, and trusts; income from ownership of rental property/capital gains; regular general assistance cash payments; regular money contributions from persons not considered family members; lottery/sweepstakes income.*

**Income Eligibility:** To be eligible on the basis of income, applicants' gross income (i.e., before taxes are withheld, including unearned income) must fall at or below 185% of the U.S. Poverty Income Guidelines. Please see below for income guidelines and the formula we use to determine financial assistance:

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2021 to June 30, 2022)			
Household Size	Annual	Monthly	Weekly
1	\$23,828	\$1,986	\$459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589

**Scarborough Community Services'  
Assistance Formula**

\$          / \$          =          x 100 =          %  
A B C D

*Divide A (your gross income) by B (income eligibility guideline from chart) and multiply C (the difference) by 100 to get D (your percentage).*

If your percentage falls between . . .

**25-49% .....75% off**

**50-74% .....50% off**

**76-100% .....25% off**

If your income is higher than the given income eligibility guideline, you do not qualify for financial assistance through our program. You may still complete Pages 4 and 5 of this application so we may seek additional outside aid on your behalf.

# Child Care Assistance Application

## Instructions and Requirements

### Instructions

Please read instructions carefully before completing application.

- This application is specifically for our child care programs (before-school/after-school care during school year and summer day camp program during the summer). If you qualify for assistance through this application, we can extend the same assistance amount toward Community Services-run programs (e.g., fall soccer, basketball, indoor soccer, mini kicks, mini hoops, mini hits), if requested.
- Approval for financial assistance is recommended prior to registering for any programs; we do not refund the difference if a registration was already completed and paid for.
- All programs eligible for assistance are also pursuant to the Community Services Refund Policy; there will be no refunds for withdrawal from a program.
- Once approved, your award will be valid for one year and will require reapplication and review each year going forward.
- Community Services is willing to provide some assistance; however, we reserve the right to deny or further reduce the assistance amount awarded after a period of support.
- Please do not fax this completed application or any pertinent documents.
- Once we have received and reviewed the full application with supporting documentation, we will be in touch to set up a private appointment and registration session.

### Required Documentation

Please check each appropriate box acknowledging your informational attachments with this application.

- Proof of Residency** - Copy of driver's license  
Provide ONE - Utility bill  
- Rent/lease agreement
- Proof of Income** - The last two paycheck stubs for all parents/guardians.  
Provide ALL that apply - If self-employed, we require a year-to-date profit and loss statement.  
- If a student, please show proof of enrollment and all monies received for educational funding.  
- If disabled, please provide supporting documentation from SSA or MaineCare indicating disability.
- Tax Return(s)** A copy of last year's recent tax returns from all responsible parties.
- Account Balances** A print-out or visual presentation (from phone or computer) of checking and/or savings account balances.
- Completed Personal Record Preference form.**

All supporting documentation will be returned to the applicant or shredded after an assistance determination has been made. Please complete our *Personal Record Preference* form below.

## Personal Record Preference

Please select your preference, sign and date this form, and return with your application. Thank you.

- I prefer that Community Services shreds all supporting documentation once a determination has been made. ***This will be done within one week of the date Community Services informs me of its decision.***
- I prefer to pick up all supporting documentation. ***I agree to pick up this documentation within one week of Community Services informing me of its decision. If it is not picked up within the week, Community Services will shred the documents.***

I agree to comply with the policies and procedures as noted in this application packet.

Signature

Print Name

Date

# Child Care Assistance Application

Scarborough Community Services

P.O. Box 360, Scarborough, ME 04070-0360

207.730.4150

For Community Services Staff:

Year

%

## Adult Applicant/Household Information

Name of Applicant (Parent/Guardian) \_\_\_\_\_  Single  Married  Divorced  Sig Other

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

P.O. Box (if applicable) \_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

How many reside in your household full-time (including you)? Adults \_\_\_\_\_ Children \_\_\_\_\_

Names of all people living in household full-time:

*These names must include any parents or other adults who live at this address.*

Age

Relationship to Applicant

Names of all people living in household full-time:	Age	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you run out of space for your information anywhere within this application, please turn to Page 5 for additional space.

Is there shared custody of student/s? (Please circle)  Y  N If yes, please attach that parent's tax returns and paycheck stubs.

Name of Other Custodial Parent \_\_\_\_\_  Single  Married  Divorced

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

P.O. Box (if applicable) \_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Employment Information

Employer of Applicant \_\_\_\_\_ Work Telephone \_\_\_\_\_

Employer Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Spouse Name and Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_

Spouse Employer Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Financial Information *Please include information for all responsible parties for child.*

### Monthly Earned Income:

Applicant Gross Income \$ \_\_\_\_\_ Spouse Gross Income \$ \_\_\_\_\_ Child Support Income \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Yearly Income Total: \$ \_\_\_\_\_

**\*PLEASE NOTE:** If you are self-employed, please give net income.

### Monthly Unearned Income/Assistance

Are you in the process of applying for DHHS assistance? (Please circle)  Y  N

<input type="checkbox"/> DHHS Child Subsidy Program	\$ _____ Amount	<input type="checkbox"/> ASPIRE	\$ _____ Amount	<input type="checkbox"/> _____	\$ _____ Amount
<input type="checkbox"/> DHHS Food Assistance	\$ _____ Amount	<input type="checkbox"/> Transitional	\$ _____ Amount	<input type="checkbox"/> _____	\$ _____ Amount
<input type="checkbox"/> TANF	\$ _____ Amount	<input type="checkbox"/> Project GRACE	\$ _____ Amount	<input type="checkbox"/> _____	\$ _____ Amount

Does anyone in your household/other parent receive public assistance? (Please circle)  Y  N

Circle any of the following that your household/other parent receives:

AFDC   SSI   Food Stamps   Free/Reduced School Lunch   Other \_\_\_\_\_

\$ \_\_\_\_\_ **Unearned Income Total**

**Monthly Expenses**

Please list monthly expenses here:

\$\_\_\_\_\_ Food                      \$\_\_\_\_\_ Utilities  
 \$\_\_\_\_\_ Rent/Mortgage      \$\_\_\_\_\_ Vehicle Payments

List other expenses here (cellphones, gas, internet, etc.)

\$\_\_\_\_\_                      \$\_\_\_\_\_                      \$\_\_\_\_\_                      \$\_\_\_\_\_                      \$\_\_\_\_\_                      \$\_\_\_\_\_

Do you have any debts (i.e., bank loans, car payments, credit cards)? (Please circle)      Y      N  
 If yes, list below name of institution, purpose money was borrowed, and amount.

Name of Institution	Purpose	Total Amount	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Program Assistance Request**

Name of Student \_\_\_\_\_  
 \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_

**Programs Requested** (Please check all that apply and circle days/weeks, if applicable)

Before-School M T W TH F       Summer Day Camp M T W TH F  
 After-School M T W TH F       School Vacation Weeks FEB APRIL  
 Community-Services Sports Programs (Fall soccer, basketball, indoor soccer, mini programs)

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Name of Student \_\_\_\_\_  
 \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_

Name of Student \_\_\_\_\_  
 \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_

Name of Student \_\_\_\_\_  
 \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_

**Additional Requests/Needs**

Scarborough Community Services works with other local agencies to seek additional assistance on behalf of our residents. Sometimes families do not qualify for our assistance program but still need help. Others may not need help with child care services or recreational programs but with basic needs, like food, gas, groceries, help with the holidays, etc. Please let us know of some outstanding needs you are experiencing so we may assist you further:

- Clothing Needs**
  - Winter Gear (coats, hats, mittens, snow pants, boots)
  - Summer Gear (shorts, T-shirts, swimsuits, towels)
- Nutritional Needs**
  - Snacks for school/after school
  - Healthy foods (fruits, veggies)
- Household Needs**
  - Home repairs
  - Home heating
  - Household products (i.e., hygiene products)
- Vehicle/Transportation Needs**
  - Gas for vehicle(s)
  - Vehicle repairs
  - Transportation for appointments/job/school
- Miscellaneous Needs**
  - Holiday expenses (gifts, food)
  - School supplies
  - Financial planning/tax assistance
  - Insurance
  - Mental health/family counseling
  - Addiction recovery assistance

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**Assistance Request Explanation/Additional Space**

Scarborough Community Services realizes that sometimes the “numbers” do not tell the whole story. We want to provide space for you to fully explain your unique situation so we may get a better idea as to why you are in need of assistance. You may also use this space for information overflow from previous pages.

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**Waiver/Signature Required**

I hereby affirm that the facts in this application are true, correct, and complete, and that I have not knowingly withheld any information. I understand that Community Services has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it will result in my not being eligible to receive assistance; therefore, I authorize Community Services to contact town/state welfare officials or others to determine financial aid. All fees are subject to change, and Scarborough Community Services reserves the right to periodically re-evaluate the percentage of financial assistance. I further understand that failure to make payments may result in termination of financial assistance.

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

\_\_\_\_\_  
Date

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**For Community Services Staff Only (Staff Instruction – Please complete):**

Please date and initial upon receipt.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials

Cost of program at receipt date \_\_\_\_\_

Returned to applicant because of incomplete application (date) \_\_\_\_\_

CS Director:

Assistance:

Approved \_\_\_\_\_

Denied \_\_\_\_\_

% \_\_\_\_\_

or

\$ \_\_\_\_\_

\_\_\_\_\_  
Scarborough Community Services Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date contacted applicant