

**Child Care Assistance Program  
JULY 2020 EMPLOYEE APPLICATION FORM**

**A. Employee Information**

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

Address: \_\_\_\_\_

Town/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Are you a benefit eligible, full-time or part-time, non-union employee? [ ] yes [ ] no

Have you been employed at UMMS for more than three months? [ ] yes [ ] no

Adjusted gross family income (as listed on most recent federal income tax form): \$ \_\_\_\_\_  
(Include all family members, even if you file separately.)

What grade will your youngest child be entering in Sept. 2020? \_\_\_\_\_ Child(ren)  
in pre-kindergarten or younger:

Full name:	Date of Birth	Is child listed as a dependent on your income tax return? If no, please explain:
------------	---------------	---

1. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] yes [ ] no \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] yes [ ] no \_\_\_\_\_

**B. Child Care Provider Information**

Name of Provider: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please check one: [ ] Child Care Center [ ] Family Child Care Home

**Child Care Assistance Program JULY 2020  
EMPLOYEE PARTICIPATION AGREEMENT**

Name of Employee: \_\_\_\_\_

Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

1. Employees at UMMS have full responsibility for any childcare costs beyond the amount provided by the child Care Assistance Program. The amount provided by the Program will be determined by Benefit Office.
2. Employees must inform UMMS within 30 days of any changes in their adjusted gross family income.
3. Employees must inform UMMS within 30 days if they withdraw from the childcare provider to whom Child Care Assistance Program payments are directed.
4. Child Care Assistance payments are available to benefit eligible full-time and part-time non-union employees only while they are employed by UMMS.
5. UMMS may verify employees adjusted gross family income.
6. In the event that the information provided by an employee is not correct or complete, UMMS retains the right to terminate that employee's participation in the Child Care Assistance Program.
7. Employees at UMMS have full responsibility for choosing the childcare provider. UMMS Benefit Department assumes no liability for this choice.
8. The employee hereby releases and hold harmless UMMS and Benefit Office and their employees, and staff from all claims, obligations and liability of any kind arising out of the employee's children's use of and participation in the Child Care Assistance program, including but not limited to transportation to and from and participation in outdoor and off premises activities. The employee hereby agrees to indemnify and hold harmless UMMS and Benefit Office from and against any and all claims, injury, loss and liability arising from the acts of the employee's children.

I have read the above conditions and agree to the provisions therein. I certify that all information provided is factually correct to the best of my knowledge.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach:**

1. **A copy of the birth certificate for each eligible child.**
2. **A copy of the federal income tax return (1040, 1040A, or 1040EZ) for each wage earner in your household. If you do not have a copy of your tax return available, please submit one month of your most recent paystub(s) and most recent paystubs of your partner/spouse (if applicable).**
3. **A copy of your childcare provider's EEC approval (i.e. operating license or certification).**
4. **A copy of your childcare provider's fee schedule.**