



ALABAMA
A Program of Alabama Partnership for Children

TEACH Early Childhood® Alabama Retention Incentive Program

GENERAL INFORMATION:

Social Security Number: _____ - _____ - _____ Date: _____

Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: Home: () _____ Cell: () _____

Email Address: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Gender: Female Male Other

Including *yourself*, how many family members live in your household: _____

- Family Type: Single, no children Married, no children
 Single parent Married parent

Are you of Hispanic, Latino or Spanish origin?

- No Yes, Cuban
 Yes, Mexican, Mexican American, Chicano Other Hispanic, Latino or Spanish
 Yes, Puerto Rican

Do you consider yourself...?

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian: _____ |
| <input type="checkbox"/> Black, African American | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific Islanders: _____ |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Race: _____ |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | |

EDUCATIONAL BACKGROUND:

Are you a current TEACH Early Childhood® Alabama scholarship recipient? Yes No

Have you participated in TEACH in the past? Yes No

Education level completed:

Year Awarded

BA/BS Early Childhood Ed/Child Development/HDFS

BA/BS Other: _____

AAS Early Childhood Ed/Child Development

AAS Other: _____

PLEASE SUBMIT A COPY OF YOUR DIPLOMA OR COLLEGE TRANSCRIPTS

EMPLOYMENT STATUS:

Child Care Center/Home/School Name: _____

(If you work at a Head Start or multi-site child care program, please be specific as to which site)

Child Care Center/Home/School Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Director's Name: _____

Director's Email: _____

Phone Number: () _____ **Fax Number:** () _____

What is your current job title?

Teacher

Administrator

Non-Teaching Professional Staff

Assistant Teacher

Family Based Professional

Non-Teaching Support Staff

What age groups do you teach? (Please check all that apply)

Infants (0-12 months)

Preschool (37 Months-Pre-K)

Toddlers (13-36 Months)

School Age

How long have you worked in the field of early childhood?

Less than 2 Years

6-10 Years

2-5 Years

10+ Years

How many children are in your classroom or child care home? _____

How many hours per week do you work? _____

(Hourly rate for directors and family home providers is calculated using accompanying worksheet)

How many months per year do you work? _____

Beginning date of employment at your current facility? _____

What is your current hourly wage? _____

Is your center an Alabama First Class Pre-K site? _____

Are you a teacher in an Alabama First Class Pre-K classroom? _____

PLEASE SUBMIT A COPY OF YOUR MOST RECENT PAY STUB (CENTER STAFF ONLY)

Center Owner/Family Child Care Provider Monthly Income Worksheet

Complete this form only if you are a family childcare provider/ center owner and are applying for a scholarship for yourself.

Instructions: This sheet is to help you determine your monthly earnings from your child care center/family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.

Remember, you must include income verification such as copies of receipts for each of the children in your care or a statement detailing your weekly rate and number of children in your care and subsidy payments.

Example: bank statements/check stubs for Head Start, childcare subsidy, or food subsidy program payments.

1. What is the total amount paid to you by parents each week? _____
2. Total monthly parent fees—weekly fees x 4.33 (weeks per month) _____
3. How much was your Child & Adult Care Food Program Reimbursement? (*Attach copy of check stub or proof of EFT*) _____
4. How much was your Department of Human Resources or Child Care Management Agency subsidy for children in your care? (*Attach copy of check stub or proof of EFT*) _____
5. **Total monthly revenue (add lines 2, 3, and 4)** _____

How much did you spend for children in your child care center/family child care home last month on:

6. Food _____
7. Toys _____
8. Assistant/Substitute Care _____
9. Crafts/Supplies _____
10. Transportation (\$0.25/mile) _____
11. Training Fees _____
12. Gifts for Children/Families _____
13. Other (Specify): _____
14. **Total monthly expenses (add lines 6-13)** _____

_____ minus _____ equals _____
Revenue (line 5) Expenses (line 14) Monthly Earnings

INITIAL EMPLOYMENT VERIFICATION:

(To be completed by Director, Authorized School Personnel or Family Child Care Home Provider)

Employee/Applicant name: _____

Name of center/school: _____

Dept. of Human Resources License #: _____ N/A- Alabama First Class Pre- K

County: _____

Position of employment: _____

Ages of children in the care of this employee/applicant: *(Please check all that apply)*

- Infants (0-12 months) Preschool (37 Months-Pre-K)
- Toddlers (13-36 Months) School Age

Hours worked per week: _____ **Current hourly rate of pay:** _____

Employee's start date: ____/____/____

How many months per year is your program in operation:

- 9 months 10 months 12 months Other _____

How many months per year does the employee/applicant work?

- 9 months 10 months 12 months Other _____

Center Type: Center Family Home Family Group Home

Center Auspices: Profit Nonprofit Head Start

Religious/Church Public School Pre-K

Number of children licensed/registered to care for: _____ **Number currently enrolled:** _____

Is your center accredited? Yes No **If yes, by whom?** _____

Program e-mail address: _____

In addition to the employment verification above, please verify that you have read and understand the expectations below. As an employer of staff participating on the TEACH Early Childhood® Alabama Retention Incentive program, your signature on this application indicates your agreement to the following:

Provide Alabama Partnership for Children with information on employees who have applied for the retention incentive program. This information shall include: date employment began, employee's position, status of employee (full or part-time, permanent or temporary), age of children in employee's care, the employee's current salary or hourly pay rate and the number of hours worked each week.

Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a TEACH Retention Incentive Program. The retention incentive should not be used as a reason to withhold an otherwise scheduled raise.

I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge:

Signature of authorized personnel: _____ **Date:** _____

Printed name of authorized personnel: _____ **Position:** _____

PLEASE SUBMIT A COPY OF YOUR CURRENT DHR LICENSE(IF APPLICABLE)

Participation Agreement

Alabama Partnership for Children agrees to:

- A. Provide retention incentive to eligible early educators as a special incentive to reward teacher education and continuity of care, thereby providing children ages birth to five more stable relationships with better educated teachers.
- B. Provide IRS-1099 forms at the end of the year to recipients as mandated by current tax law.
- C. Adhere to funder reporting requirements. The availability of scholarships/incentives is conditional upon the availability of funds.

The TEACH Early Childhood® Alabama Retention Incentive Recipient agrees to:

- A. Acknowledge that receiving the full annual retention incentive amount is contingent upon completion of two six-month periods. An installment will be issued after each period, based on the education level and the work schedule of the recipient over the six-month period completed. No portion of the award will be issued if the participant leaves her/his program prior to completing the entire six-month commitment period. Time out for leave or summer breaks cannot be counted toward the completion of a commitment period. Employment is verified after a commitment period is completed and when funding is available.
- B. Continue employment in a regulated program that meets the funder-specific eligibility requirements for the entire commitment period and notify TEACH Alabama staff of any change in eligibility.
- C. Allow her/his employer to release employment information including date of employment, current position, age level of children in care, current salary or hourly rate and the number of hours worked each week.
- D. Allow TEACH staff to release information about participation, including education, to director and/or owner.
- E. Acknowledge that individual application and participation information may be shared with funders or their designees.
- F. Acknowledge that payments will depend upon available funding and the recipient's employer is not responsible for providing the incentive should funds no longer be available.
- G. Report and pay any personal income taxes due on annual incentive as required by current tax law.
- H. Acknowledge that Alabama Partnership for Children reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- I. Acknowledge that reimbursements to TEACH Early Childhood® Alabama will be required by the recipient should a retention incentive be issued incorrectly for any reason.
- J. Acknowledge that falsifying application information or documentation may result in the inability to be a participant on this program and the recipient consents to employer and program funder notification if participation is terminated due to failure to comply with documentation requirements.

Statement and Signature of Applicant

I attest that the information that I have provided is true and accurate to the best of my knowledge. I understand that if the information I supplied in this application is found to be fraudulent, my participation in this program will be terminated. I have read and understand the Participation Agreement.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

TEACH Early Childhood® Alabama Retention Incentive Program Check List

In order to process your application, please answer all questions on the application and submit all of the required documentation.

Have you included each of the following items **REQUIRED** to process your application?

Completed Application (All questions must be answered)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Dept. of Human Resources License(If Applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completed Participation Agreement Statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Education documentation (See below for requirements)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completed Initial Employment Verification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income verification (See below for requirements)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income worksheet (Family Child Care Home Providers and Center Owners only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Most recent tax documentation for self (Center Owners only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education Documentation

The following forms of verification are required and must include the college name and applicant's name and/or social security number: a copy of your diploma **and** copy of your transcript from the college where your most advanced education level was achieved.

Income Verification

The following forms of verification are acceptable: Center Staff - a copy of your most recent pay stub or pay statement that accurately reflects your regular work schedule, the center's name and your name; Family Child Care Home Providers – complete the income worksheet and include documentation of child care subsidy and food program payments; Center Owners – complete the income worksheet and include tax documentation (1040 with supporting schedule and W2).

Return this application with required documentation to:

TEACH Early Childhood® Alabama
2595 Bell Road
Montgomery, Alabama 36117
Email: teach@apcteam.org Fax : 334-271-0315

If you have any questions, please call TEACH at 334-694-2400 or 334-271-0304.
AlabamaPartnershipforChildren.org