



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 (Optional): \_\_\_\_\_

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

Family Type: ☐ Single, no children

☐ Married, no children

☐ Single parent

☐ Married parent

Do you consider yourself...? Check all that apply. (Optional)

☐ American Indian or Alaska Native

☐ Native Hawaiian or Pacific Islander

☐ Asian

☐ White

☐ Black or African American

☐ Other: \_\_\_\_\_

☐ Hispanic or Latino

☐ Two or more races

☐ Middle Eastern or North African

### 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?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Teacher           | <input type="checkbox"/> Administrator             | <input type="checkbox"/> Non-Teaching Professional Staff |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Family Based Professional | <input type="checkbox"/> Non-Teaching Support Staff      |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Infants (0-12 months)   | <input type="checkbox"/> Preschool (37 Months-Pre-K) |
| <input type="checkbox"/> Toddlers (13-36 Months) | <input type="checkbox"/> School Age                  |

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

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Less than 2 Years | <input type="checkbox"/> 6-10 Years |
| <input type="checkbox"/> 2-5 Years         | <input type="checkbox"/> 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)** \_\_\_\_\_

_____	—	_____	=	_____
Revenue (line 5)	minus	Expenses (line 14)	equals	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 ( <b>Family Child Care Home Providers and Center Owners only</b> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Most recent tax documentation for self ( <b>Center Owners only</b> )	<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](mailto: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](http://AlabamaPartnershipforChildren.org)