



### Program Requirements:

- Be an NAU student (taking at least 6 credits during Fall or Spring semesters)
- Demonstrate financial need (determined through application process)
- Be the parent/s or legal guardian/s of a child/children and have associated childcare expenses
- Authorize staff to verify grades
- Attend mandatory parent meetings and complete supplementary activities / assignments
- Participate in program assessments, interviews, focus groups
- Utilize a nationally certified childcare provider and provide proof of licensure

# NAU Childcare Voucher Program

Office of Student Life    P.O. Box 6015    Flagstaff, AZ 86011  
(928) 523-5181    [childcare@nau.edu](mailto:childcare@nau.edu)

## How it Works

The goals of the program are to assist student parents with affordable, quality childcare, and to promote graduation from NAU. The voucher program provides parents with an award amount per week per child, depending on their demonstrated financial need. Vouchers may be used along with other forms of child care assistance such as DES and tribal assistance. Applications are accepted throughout the academic year but dependent upon funds available.

Award letters are emailed and mailed to applicants notifying them of the amount and effective dates of the award. Parents are responsible for all deposits, registration fees and purchase of consumable items, such as diapers and formula. Award amounts may be reassessed if a family is not using the voucher on a regular basis. Participation in the voucher program may impact financial aid appeals for additional funds. Once a student is awarded the subsidy, it continues throughout the academic year, unless the student's status changes. All participants must reapply each academic year and complete a letter of intent to participate during summer session/s.

Students are encouraged to explore other helpful resources for you and your family throughout the Flagstaff community and NAU. Some of these resources include on-campus housing, WIC, DES programs, and Tribal care programs. The voucher program is just one form of help for families with financial need.

## Providers and Participants

*The voucher program serves NAU families whose children are registered at one of the following eligible providers\*:*

### Flagstaff Cooperative Preschool-

<http://www.flagstaffco-op.org/>

1. Marshall Elementary School  
850 N Bonito St  
Flagstaff AZ 86001  
(928) 779-1441
2. Puente de Hozho  
3401 N 4th St  
Flagstaff AZ 86004  
(928) 226-1209
3. Murdoch Center  
203 E. Brannen  
Flagstaff, AZ 86001  
(928) 774-3491

### NAU Summer Youth Programs

<http://www.nau.edu/SummerYouth>

### YMCA

1001 N. Turquoise Road  
Flagstaff, AZ 86001  
(928) 556-9622  
<http://flagstaffymca.org/>

### Foresight Learning Center

8245 Koch Field Road  
Flagstaff, Arizona 86004  
(928) 527-8337  
<http://www.foresightlearningcenter.com>

### Haven Montessori Child Care

621 West Clay Avenue  
Flagstaff, AZ. 86001  
(928) 522-0985  
<http://havenmontessori.org>

### FACTS (F.U.S.D. Afterschool Program)

<http://www.fusd1.org/Page/294>

*\*Please contact the Childcare Voucher Program Director, Deborah Harris, at [Deborah.Harris@nau.edu](mailto:Deborah.Harris@nau.edu) if you are interested in utilizing an accredited child care center that is located outside of the Flagstaff area.*

# NAU Childcare Voucher Program

Page 1

## Family Information—Please print clearly

Today's Date: \_\_\_\_\_

Applicant Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

NAU ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ **NAU E-mail Address:** \_\_\_\_\_

If married or partnered, do both parents attend NAU? \_\_\_\_\_

Spouse/Partner Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Spouse/Partner NAU ID#: \_\_\_\_\_

### Complete the following for the children you wish to receive child care subsidy funding for:

Child's Name	Age	Date of Birth	Childcare Provider	Cost/Week

Day of Week	Self- work schedule (if applicable)	Spouse/Partner- work schedule (if applicable)
<b>Sunday</b>		
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday</b>		

If currently employed, who is your employer? \_\_\_\_\_ How many hours/week do you work? \_\_\_\_\_

If currently employed, who is your spouse's employer? \_\_\_\_\_ How many hours/week do they work? \_\_\_\_\_

#### FOR OFFICE USE ONLY

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

☐ Approved

☐ Denied:

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

# NAU Childcare Voucher Program

Page 2

## NAU Information– Please print clearly

Which semester/s are you applying for the child care subsidy? ☐ Fall 20\_\_ ☐ Spring 20\_\_ ☐ Summer 20\_\_

**Class standing:** ☐ freshman ☐ sophomore ☐ junior ☐ senior ☐ graduate Major: \_\_\_\_\_ Graduation date: \_\_\_\_\_

**Spouse/Partner's class standing:** ☐ freshman ☐ sophomore ☐ junior ☐ senior ☐ graduate Major: \_\_\_\_\_

Partner's graduation date: \_\_\_\_\_

Have you participated in the NAU Childcare Voucher or CCAMPIS Grant program before? If so, when? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

## Budget Exercise

This budget exercise demonstrates your level of financial need for the sliding scale. Please be as accurate as possible

**1. First, begin with calculating your monthly financial aid amount for each student in household:**

Yearly Financial Aid Calculator:	<u>Applicant</u>	<u>Spouse / Partner (If enrolled in college classes)</u>
<b>Yearly Financial Aid Award</b>	\$ _____	\$ _____
<b>Subtract</b> yearly tuition payment	- (\$ _____)	- (\$ _____)
<b>Subtract</b> yearly approximate cost of books	- (\$ _____)	- (\$ _____)
<b>Balance</b>	\$ _____	\$ _____
<b>Now, divide by 12 months</b>	= \$ _____	= \$ _____
(use this monthly financial aid amount for income information below)		

**2. Add your monthly financial aid amount into income information below. Complete the monthly income and monthly expenses tables. Do not underestimate your expenses!**

### Monthly Income:

(A) **Self**.....

Income from Work	\$ _____
Income from Financial Aid	\$ _____
(Use amount from Financial Aid calculator above)	
Miscellaneous Income	\$ _____
Source & Amount:	_____
(AFDC, Food Stamps, Government, Child Support, etc.)	
<b>Total Self</b>	\$ _____

(B) **Spouse/Partner**.....

Income from Work	\$ _____
Income from Financial Aid	\$ _____
(Use amount from Financial Aid Calculator above)	
Miscellaneous Income	\$ _____
Source & Amount:	_____
(AFDC, Food Stamps, Government, etc.)	
<b>Total Spouse/Partner</b>	\$ _____

**Total Combined Monthly Income (A +B)** \$ \_\_\_\_\_

### Monthly Expenses:

Rent / Mortgage (circle one)	\$ _____
Food expenses	\$ _____
Household items (inc. diapers)	\$ _____
Gas/Transportation	\$ _____
Utilities/Electric/Phone	\$ _____
Car Payment	\$ _____
Car/Home Insurance	\$ _____
Medical Insurance	\$ _____
Childcare	\$ _____
Clothing	\$ _____
Credit Cards	\$ _____
Medical/Dental Fees	\$ _____
Entertainment	\$ _____
Other, please explain	\$ _____
Other, please explain	\$ _____
<b>Total Monthly Expenses:</b>	\$ _____

**3. Finally, determine your total monthly balance.**

### Total Monthly Balance:

Combined Total Monthly Income (Self + Spouse/Partner)	\$ _____
-Less Total Monthly Expenses	-( \$ _____ )
<b>Total Monthly Balance</b>	= \$ _____

Once eligible, I understand and agree to the following: *(please initial next to each statement)*

- ☐ **Attend mandatory parent meetings and complete supplementary activities/ assignments**
- ☐ **Participate in surveys, assessments, evaluations, and interviews as required by funding agencies**
- ☐ **Maintain at least 6 credits/semester**
- ☐ **Communicate in writing any changes in the information provided here within 10 days of the change to Student Life**

## Student Release of information:

As a condition of my participation in the NAU Childcare Voucher/CCAMPIS Grant Program, I hereby grant permission for representatives of the NAU Childcare Committee and/or the Office of Student Life to access my student records to verify enrollment as a student, review financial aid records, and determine academic standing, in order to determine eligibility for subsidy funding. In addition, I release NAU Childcare Voucher/CCAMPIS Grant Program representatives to verify my child's enrollment with the child care provider stated on the application and to share information on weekly child care expenses incurred by program recipients.

Signature: \_\_\_\_\_

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

## Application packet checklist:

- ☐ Completed **notarized** application including monthly budget and contact information (Have application notarized at Gateway Center or University Union- **Do not sign until you are with the Notary Public!**)
- ☐ Most recent NAU Financial Aid Award Letter for applicant and spouse / partner
- ☐ Applicant and spouse / partner's NAU class schedule *(printed from LOUIE)*
- ☐ Proof of income (most recent employment check stub, including spouse/partner income if applicable)
- ☐ A brief, narrative statement that describes your need to receive child care expense assistance. Married or partnered students must provide affidavits of their spouses / partners income and contribution to family budget.
- ☐ Documentation of AFDC, DES award, Government, and / or Tribal Support *(if applicable)*
- ☐ Child Support Allocation Letter *(if applicable)*
- ☐ Make a copy of the completed application for your own records
- ☐ Bring completed application to the Office of Student Life, room 105, the University Union or mail to Student Life/Childcare Program, Box 6015, Flagstaff, AZ 86011-6015.

## Notary Box

By my signature and notarization of the this form, I verify that all of the information on this application is complete and truthful.

SIGNATURE: \_\_\_\_\_ **(Sign in front of Notary Public)**

State of Arizona )

) SS

County of Coconino )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed the same.

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

## FOR OFFICE USE ONLY

### STUDENT:

Number credit hours enrolled: fall \_\_\_\_ spring \_\_\_\_ summer \_\_\_\_

Student is Pell Grant Eligible ☐ YES—amount: \_\_\_\_\_ ☐ NO

### SPOUSE/PARTNER:

Number credit hours enrolled: fall \_\_\_\_ spring \_\_\_\_ summer \_\_\_\_

Student is Pell Grant Eligible ☐ YES—amount: \_\_\_\_\_ ☐ NO