



79 Maple Street | Summit, NJ 07901 | 908.273.4242 | (fax) 908.273.6812 | TheConnectionOnline.org

GUIDELINES FOR FINANCIAL ASSISTANCE- CHILD CARE

Please read BEFORE completing Scholarship Application

- Application must be completed in full with ALL questions answered and must include **all forms listed below**. Incomplete applications will **NOT** be considered.
- Written income verification **must** be included with application. First preference for financial assistance will be given to applications including a household 1040 tax form. Second preference will be given to applications including current pay stubs for **all** employed adults in household. If the only documentation available is a letter from employer, financial assistance **will be limited to 40%**. Applications without written income verification can **NOT** be considered.
- Preference will be given to first-time applicants.
- Applicants will be notified of a financial assistance decision date once the Summit school district provides the school schedule for the 2021-22 school year (in person vs remote learning).

FINANCIAL ASSISTANCE CHECKLIST –Afterschool Program and Connection Preschool– **Connection Staff to complete – do not accept without ALL of the following:**

- ___ Scholarship Application (completed in full)
- ___ Income Verification
- ___ Intake Form
- ___ Monthly Budget
- ___ Flex Fund Authorization Form (only signature is needed)
- ___ Connection Afterschool or Preschool registration forms (no deposit required)

Date Accepted by Front Desk _____
Initials: _____

Scholarship Application

Application **CAN NOT** be accepted without written income verification.
 1040 tax form will be given first preference and current pay stub second preference.

All questions **MUST** be completed in full.

The information on this application will be kept confidential.

Date: _____

APPLICANT INFORMATION:

Name of applicant: _____ Date of Birth: _____

Address: _____

Phone: _____ Male Female

E-mail address: _____

Emergency contact: _____ Phone #: _____

LIST ALL MEMBERS IN HOUSEHOLD:

Name	Relationship (e.g. parent, child)	Age (if under 18)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

***Number of adults employed: _____

HOUSEHOLD INCOME: **Please attach 1040 tax form and/or current pay stub for each adult.*

____ I/we do not have tax documents from the previous year.

* If you do not have tax documentation or pay stub, please include a letter from your employer verifying your employment and salary

- Salaries, tips, wages (gross) \$ _____ per _____
- Child support/alimony \$ _____ per _____
- AFCD/Public Assistance \$ _____ per _____
- Pension/Social Security \$ _____ per _____

Have you ever received scholarship assistance at The Connection? YES _____ NO _____

If yes, when? _____

List any extraordinary medical expenses or any other factors you consider relevant in requesting financial assistance:

Program/class desired: (Limit one aquatics and one non-aquatics class per term per person. Maximum 4 weeks of summer camp)

Program 1: (first choice) _____

(second choice) _____

Program 2: (first choice) _____

(second choice) _____

*If enrolling in ESL: I am a parent/grandparent/guardian of a current Summit Public School Student YES ___ NO ___

*** If application is approved, Connection membership fees must be paid in full before your program/class registration is complete*****

Name of referral source/agency: _____

I am willing to submit a quote about or share my experience at The Connection to be used in print and on the web.
Please note—only first names will be used, and quotes can be anonymous if preferred.

Signature of applicant (parent/guardian if minor)

Date

For Connection Use Only:

Connection membership information:

New member: _____ Renewing member: _____

We reviewed this application in accordance with Connection Scholarship guidelines and recommend approval in the amount of:

\$ _____ % _____ For: _____

Date: _____ Program _____

Participant owes \$ _____ for class/program fee,

Plus \$ _____ Membership fee

Total due: \$ _____

Received: _____
Date Initials

Paid by: check _____ cash _____ Date: _____

Visa Master Card Account # _____ Exp. date: _____

Cardholder name: _____

We cannot approve this application at this time

Notes relevant to decision: _____

Date



FAMILY SUPPORT AND PREVENTION

INTAKE FORM

Date: _____

Primary Information:

Name: _____

Gender: () Male () Female Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone number: _____ Cell number: _____

Race: _____

Language(s) spoken: _____

Marital Status: () Married () Single () Living w/partner () Widowed () Separated

Family Information:

How many children under the age of 18 live in your household _____

Child's Name _____ Date of Birth _____ () Male () Female

Child's Name _____ Date of Birth _____ () Male () Female

Child's Name _____ Date of Birth _____ () Male () Female

Child's Name _____ Date of Birth _____ () Male () Female

Family Concerns/Challenges: () Education () Health () FLEX FUNDS
() Utility Assistance
() Rental Assistance
() Other

(Please provide brief description of Concerns/Challenges): _____

Current Housing Situation:

- Permanent Temporary Living with Family/Friends Homeless
 Own Rent

Employment Status:

- Full-time Part-time Student Unemployed Disabled Retired
 Other (provide details)_____

Health Insurance Coverage: For Self Yes No For Children Yes No

Head of Household Name: (if not applicant):_____

Head of Household's Employment Status (if not applicant)

- Full-time Part-time Student Unemployed Disabled Retired
 Other (provide details)_____

Applicant Signature_____ Date_____

Family Outreach Worker Signature_____ Date_____

Additional Notes:_____



Flex Funds Monthly Budget Worksheet

Client Name: _____

Number of Children: _____

Basic Monthly Bills	
Rent/Mortgage	\$
Electricity/Gas/Heat	\$
Phone	\$
Water/Sewer/Garbage	\$
Cable/Internet	\$
Groceries	\$
Healthcare/Insurance	\$
Childcare	\$
Car Payment	\$
Car Maintenance/Gas	\$
Car Insurance	\$
TOTAL BASIC BILLS	\$

Current Monthly Income	
Net Wages	\$
Unemployment	\$
Workers' Compensation	\$
Disability (SSD)	\$
Social Security (SSI)	\$
TANF - Welfare	\$
Child Support	\$
Alimony	\$
Food Stamps	\$
General Assistance	\$
Other	\$
TOTAL NET INCOME	\$

Other Monthly Bills	
Credit Card(s)	
Loans (student, bank)	
Doctor/Hospital	
Other	
TOTAL OTHER BILLS	

Monthly Bills & Income Analysis	
TOTAL NET INCOME	\$
Total Basic	\$
Total Other	\$
TOTAL BILLS	\$

60% Median Income (Low-Mod)	<input type="checkbox"/>
50% Median Income (Low)	<input type="checkbox"/>
30% Median Income (Very low)	<input type="checkbox"/>

TOTAL Monthly Balance (Net income) – (total bills)	\$
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BY SIGNING BELOW, I VERIFY THAT ALL INFORMATION IS CORRECT AND CURRENT. I ALSO UNDERSTAND THAT ANY FALSE INFORMATION WILL BE CAUSE FOR AUTOMATIC DISQUALIFICATION FOR FUNDS, IN PERPITUITY.

CLIENT SIGNATURE: _____ **DATE:** _____

I CERTIFY THAT I HAVE REVIEWED THIS BUDGET AND COLLECTED PROOF OF ALL INCOME SOURCES. THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

AGENCY REP. SIGNATURE: _____ **DATE:** _____



Flex Funds Authorization Form - Other

Client Name: _____ Date: _____

Permanent Address: _____
Street City State

Name of Agency Intake Staff: Jayne Graepel

Please provide a brief description of the circumstances that caused the client to seek emergency aid.
 Working parent in need of affordable child care. Subsidy will cover 4 months of after school care which family would otherwise be unable to afford.

Total Amount of Bill: _____ Amount of Assistance Requested: _____
 (\$500.00 Max. unless approved by UWGUC)

Client Signature: _____ Date: _____

Agency Staff Signature: _____ Date: _____

Please have clients provide the following **REQUIRED** documentation:

<input type="checkbox"/>	U.S. Government-Issued Photo Identification	<input type="checkbox"/>	Completed Budget Worksheet
<input type="checkbox"/>	Social Security Cards (for all members of household)	<input type="checkbox"/>	Proof of <u>all</u> income sources (apart from food stamps)
<input type="checkbox"/>	Birth Certificates (for all household members under 18 years)	<input type="checkbox"/>	Demonstrated need

IN THE EVENT THAT ONE OF THE REQUIRED DOCUMENTS LISTED ABOVE IS NOT PRESENT, PLEASE HAVE CLIENTS PROVIDE **TWO OR MORE** OF THE FOLLOWING:

For Proof of Identity		For Demonstrated Need	
<input type="checkbox"/>	School or Employment ID	<input type="checkbox"/>	Invoice for approved service category
<input type="checkbox"/>	Change of Address Proof from MVC	<input type="checkbox"/>	Itemized and dated receipts from approved vendor
<input type="checkbox"/>	Foreign Passport or ID, Alien Registration card, Visa	<input type="checkbox"/>	Other, as approved by UWGUC
For Proof of Address		For Proof of Income	
<input type="checkbox"/>	Utility bill with Client's name	<input type="checkbox"/>	Notarized affidavit claiming, "no income" or "Loss of income"
<input type="checkbox"/>	Current Lease, with client's name clearly listed	<input type="checkbox"/>	Letter from Employer (on company letterhead or notarized by NJ state licensed Notary Public)

Client (or Caregiver, if under 18) By signing, you acknowledge that: a.) Funds are one-time only; b.) approval is not guaranteed in any way; c.) by signing, he/she agrees to ongoing case management; d.) funds can only be used for the service requested	UWGUC Community Impact Department (By initialing, I approve this request) _____	Request Approved: <input type="checkbox"/>
		Request Denied: <input type="checkbox"/>



Before & After School Child Care Program ENROLLMENT FORM 2021-2022

**Simply reserve your location now with a \$200 ~~deposit!~~
Choose your days & times by August 1, 2021.**

Programs and times are subject to change due to the Summit School district schedule (remote vs in-person learning) and requirements of our licensing agency, the Department of Children and Families.

Student's Name _____ Gender _____

School _____ Grade _____ Birth Date ____ - ____ - ____

Parent/Guardian Name _____

Address _____ City _____

Cell Phone _____

Home Phone _____ Work Phone _____

E-Mail Address (required) _____

Before School Care at The Connection (K-8th grade)

After School at The Connection (K-8th grade)

After School Program at _____ School

starting in Aug. 2021, excluding days the Summit Schools are closed for any reason.

The Connection's membership fee of \$60 is due at the time of registration.

I understand I can terminate this contract by notifying The Connection in writing, giving 30 days notice, and that failure to meet the terms of this payment agreement will jeopardize my child's place in the program.

I have enclosed a check, payable to The Connection.

Please charge to my VISA, AMEX, or MC *(see below)*.

CREDIT CARD INFORMATION

I hereby give authority to The Connection to use my charge account

Signed _____

Visa / MC / AMEX #: _____

Exp. Date: _____ Name on Card _____

Questions about our Enrichment Programs?

Email michelle.stelluto@theconnectiononline.org or call 908.273.4242 ext 123

Note: Financial Aid is available. For forms go to TheConnectionOnline.org under the Community Service drop down bar.



10 monthly charges will be billed in equal installments the first of the month, September through June.

Yearly payment options are also available.

Prices do not include holidays, vacation or single-session days.

The Connection does not provide care if schools are closed for any reason including snow days, unscheduled early dismissals or cancellation of after school activities.

Before School Care for Kindergarten-8th grade starting at 7am

Days per week	3	4	5
Monthly	\$166	\$210	\$260

A non-refundable deposit of \$50*, plus \$60 for The Connection's annual membership fee must accompany each Registration Form. *If you are participating in both the Before and After School Programs, only 1 deposit of \$200 is required.

After School Programs for Kindergarten - 8th grade, 12:30-3:30pm or 3 - 6:00pm

Days per week	2	3	4	5
Monthly	\$400	\$448	\$497	\$550

A non-refundable deposit of \$200, plus \$60 for The Connection's annual membership fee, must accompany each Registration Form.

After School Programs for Kindergarten - 8th grade, 12:30-6:00pm

Days per week	2	3	4	5
Monthly	\$616	\$736	\$800	\$875

A non-refundable deposit of \$200, plus \$60 for The Connection's annual membership fee, must accompany each Registration Form.

Holidays, Vacation & Single-Session Days

Held at The Connection and available only for children enrolled in any of our Before or After School programs.

Cost: Single-session 12:30 - 6:00pm, \$50 Full day 8am - 6:00pm, \$75

Space is limited and is offered on a first-come, first-serve basis. Transportation on single-session days is provided from the Summit elementary & primary schools. Online registration will be available at a later date.

Flexible Drop-In Care

Monday-Friday, 3-6:00pm at: Brayton, Jefferson, Jefferson Primary Center, Franklin, Lincoln-Hubbard, Washington and Wilson

Cost: \$42/day for After School \$18/day for Before School (credit card only).

Based on availability. Advanced reservations and completed registration forms are required at least 24 hours prior. **Reservations:** Please email michelle.stelluto@theconnectiononline.org or call 908-273-4242 ext 123 **Pickup time:** anytime until 6pm.