

WVU DIVISION OF HUMAN RESOURCES – BENEFITS ADMINISTRATION

PO Box 6640 • One Waterfront Place • Morgantown, WV 26506 • Phone: (304) 293-5700 x 4 • Fax: (304) 293-7532

Child Care Assistance Application

Complete and return to the address above

Please Print or Type

Employee Name—Last, First & Middle Name				Spouse's Name—Last, First & Middle Name							
Employee Social Security No				Spouse's Social Security No							
Employee Address—Number & Street				Spouse's Address—Number & Street							
City		State	Zip Code	City		State	Zip Code				
Employee Work Phone #		Employee Home Phone #		Spouse's Work Phone #		Spouse's Home Phone #					
Employee Appointment: <input type="checkbox"/> *9 mo. <input type="checkbox"/> *10 mo. <input type="checkbox"/> 12 mo.				Spouse's Employer							
Employee Department		Employee Campus Address			**Qualifying Children-Total #						
1. **Qualifying Child's Name			2. **Qualifying Child's Name			3. **Qualifying Child's Name					
Birth Date	Age	Social Security #		Birth Date	Age	Social Security #		Birth Date	Age	Social Security #	
***Qualifying Child Care Center Name			***Qualifying Child Care Center Name			***Qualifying Child Care Center Name					
Address—Number & Street			Address—Number & Street			Address—Number & Street					
City, State and Zip Code			City, State and Zip Code			City, State and Zip Code					
Phone #			Phone #			Phone #					
Federal Employer Identification Number (FEIN #)			Federal Employer Identification Number (FEIN #)			Federal Employer Identification Number (FEIN #)					
Date Enrolled in this Center			Date Enrolled in this Center			Date Enrolled in this Center					
<input type="checkbox"/> Full Time	<input type="checkbox"/> Before/After School	<input type="checkbox"/> Summer Only		<input type="checkbox"/> Full Time	<input type="checkbox"/> Before/After School	<input type="checkbox"/> Summer Only		<input type="checkbox"/> Full Time	<input type="checkbox"/> Before/After School	<input type="checkbox"/> Summer Only	

* Employee must be working and receiving wages in the month of reimbursement.

** A qualifying child is 6 weeks old thru age 12 **AND** attending any state-licensed child care center prior to enrolling in this program.

*** To qualify for this program, a Child Care Center must meet all state/federal guidelines and have 13 or more children enrolled.

Please Read Before Signing and Submitting:

Completed application must be accompanied by a copy of your previous year Federal Income Tax Return (1040 or 1040A) for both parents, with the exception being a single parent where only the tax return of the WVU-employed parent who lists the child as a dependent need be submitted. Federal law requires dependent status knowledge. WVU Employee Child Care Assistance Program is separate from the Student Child Care Assistance Program (SCCAP) for eligible students managed by Child Development and Family Support Services. Employees who are also students may not participate in both WVU sponsored programs. Applicants are encouraged to explore both programs and participate in the one that best meets their family needs. This application will be considered for eligibility but does not guarantee participation in the program. Your signature indicates that this is a true and complete statement of information. WVU reserves the right to cancel this program.

WVU Employee Signature

Date

WVU Human Resources Use Only

Rejected Approved: Amount \$ _____ Check Point #: _____ Assignment #: _____

Salary Arrears Effective Date: _____

Approval Signature

Date