



Youth Enrichment Services  
A NON-PROFIT ORGANIZATION

1215 Country Club Lane  
Fort Worth, Texas 76112  
Phone: (817) 923-9888  
Fax: (817) 507-0348  
www.claytonyes.org

Dear Financial Assistance Applicant:

Thank you for considering **Clayton Youth Enrichment Services** for your childcare needs. We are glad to be able to offer this type of assistance to help reduce the cost of childcare and hope you will be able to use our services.

**Funding is very limited; therefore, you should read the following policies and procedures very carefully to help speed up the application process.**

### **CHILD CARE MANAGEMENT SERVICES, (CCMS)**

If you are receiving Food Stamps or AFDC, you may be eligible for state funding through the **Child Care Association**. Please call **CCMS** at **817-831-0374** immediately to see if you qualify, if there are funds available or if you will need to be placed on a waiting list. A call must be made every 30 days to keep you on the waiting list. They should be able to process your application over the phone and inform you of your status. If you are awarded these funds, **CCMS** will contact us.

You may complete the application process below if you are placed on the **CCMS** waiting list.

### **APPLICATION PROCESS**

Applications are processed **within ten (10) working days from the date received** by the Financial Assistance Specialist. When your application has been processed you will receive notification by mail or phone.

Applications with incomplete information or missing appropriate documentation cannot be processed. **Therefore, if your child or children attend our program before assistance has been awarded, you will be responsible for the full weekly fee.**

Completed applications must be submitted along with the following documentation:

1. **Verification of earned income** (dated within 10 days of submission to us) for all working adults. See application for more details.
2. **Verification of child support** amount received/not received from The Attorney General's Office. Obtain statement by calling 817-926-7197.

Because funds are very limited, assistance will be awarded on a first-come, first-serve basis for new applicants. If there are no funds available, you will be placed on a waiting list until funds become available. You will be notified as soon as your name can be removed from the waiting list for assistance.

Thank you for your help and cooperation in following these policies and procedures. We are looking forward to meeting your childcare needs. If you have any questions regarding the application process, please feel free to contact the Client Service Representative at the Corporate Office.

Thank you,  
Financial Assistance

# CLAYTON YOUTH ENRICHMENT SERVICES

1215 Country Club Lane ∪ FORT WORTH, TEXAS 76112 ∪ 817-923-9888 ∪ FAX: 817-507-0348

## APPLICATION FOR FINANCIAL ASSISTANCE

**SECTION "A": PARENT/GUARDIAN INFORMATION** - All Information Must Be Completed For Application To Be Processed.

PLEASE CHECK ONE:  SINGLE PARENT FAMILY  BOTH PARENTS IN HOME  FOSTER CARE FAMILY

**I. APPLICANT'S NAME & EMPLOYMENT INFORMATION:** Must be person in charge of account.

MR/MRS/MS \_\_\_\_\_ SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EXT \_\_\_\_\_

PAY PERIOD: (Check One)  WEEKLY  EVERY 2 WEEKS  TWICE PER MONTH  MONTHLY

HOURS PER WEEK: \_\_\_\_\_ HOURLY RATE: \$ \_\_\_\_\_ GROSS INCOME BEFORE DEDUCTIONS: \_\_\_\_\_

**II. SPOUSE/OTHER ADULT & EMPLOYMENT INFORMATION:** All adults living, as part of the same household must be reported.

MR/MRS/MS \_\_\_\_\_ SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EXT \_\_\_\_\_

PAY PERIOD: (Check One)  WEEKLY  EVERY 2 WEEKS  TWICE PER MONTH  MONTHLY

HOURS PER WEEK: \_\_\_\_\_ HOURLY RATE: \$ \_\_\_\_\_ GROSS INCOME BEFORE DEDUCTIONS: \$ \_\_\_\_\_

**III. OTHER ADULT DEPENDENTS:** (Income information for ALL adult living as part of the same household must be reported).

NAME OF ADULT: \_\_\_\_\_ GROSS MONTHLY INCOME: \$ \_\_\_\_\_

NAME OF ADULT: \_\_\_\_\_ GROSS MONTHLY INCOME: \$ \_\_\_\_\_

**IV. UNEMPLOYED ADULTS:** Complete appropriate information below for ALL adults living as part of the same household who are attending a college, university or jobs training program. Verification of educational status must accompany this application.

NAME OF ADULT: \_\_\_\_\_ SCHOOL ATTENDING: \_\_\_\_\_

NAME OF ADULT: \_\_\_\_\_ SCHOOL ATTENDING: \_\_\_\_\_

**V. SOURCES OF OTHER INCOME (Child Support must be confirmed see attached letter):** Please provide ALL sources of income for applicant, child, children or anyone else claimed as part of the same household may be receiving.

| <u>SOURCES OF INCOME</u> | <u>PERSON RECEIVING ASSISTANCE</u> | <u>MONTHLY BENEFITS RECEIVED</u> |
|--------------------------|------------------------------------|----------------------------------|
| CHILD SUPPORT            | _____                              | \$ _____                         |
| GOVERNMENT ASSISTANCE:   |                                    |                                  |
| AFDC                     | _____                              | \$ _____                         |
| FOOD STAMPS              | _____                              | \$ _____                         |
| SSA/SSI BENEFITS         | _____                              | \$ _____                         |
| OTHER: (Please Explain)  | _____                              | \$ _____                         |

If applies circle one: CCMS Waiting List: YES or NO if yes, when on the list? \_\_\_\_\_ How Long? \_\_\_\_\_

**VERIFICATION OF EMPLOYMENT & EARNED INCOME FOR ALL ADULTS LISTED ABOVE  
MUST BE RETURNED ALONG WITH THIS APPLICATION.**

Please Submit One for Each Adult:  PAY STUB  EARNINGS STATEMENT  
 LETTER FROM EMPLOYER ON COMPANY LETTERHEAD

**Verification Must Be Dated Within 10 Days of Submitting to This Agency.**

**FINANCIAL ASSISTANCE APPLICATION**

**SECTION "B": FAMILY SIZE INFORMATION** - ALL information Must be completed for each child living in the same household.

\*Ethnicity – Black/African American, Hispanic/Latino, White/Caucasian, or list other:

| NAME OF CHILD(REN) | ETHNICITY* | DATE OF BIRTH | GRADE | PLEASE CHECK <input checked="" type="checkbox"/> ONE |                                 |
|--------------------|------------|---------------|-------|--|---------------------------------|
|                    |            |               |       | <input type="checkbox"/> Male                        | <input type="checkbox"/> Female |
|                    |            |               |       | <input type="checkbox"/> Male                        | <input type="checkbox"/> Female |
|                    |            |               |       | <input type="checkbox"/> Male                        | <input type="checkbox"/> Female |
|                    |            |               |       | <input type="checkbox"/> Male                        | <input type="checkbox"/> Female |
|                    |            |               |       | <input type="checkbox"/> Male                        | <input type="checkbox"/> Female |
|                    |            |               |       | <input type="checkbox"/> Male                        | <input type="checkbox"/> Female |

**SECTION "C": ATTENDANCE INFORMATION** - Must be completed for each child to be enrolled in Clayton Child Care.

| NAME OF CHILD OR CHILDREN | CENTER LOCATION | ATTENDANCE PLANS: Please Check <input checked="" type="checkbox"/> One |                                       |                                 |
|---------------------------|-----------------|--|---------------------------------------|---------------------------------|
|                           |                 | <input type="checkbox"/> Before & After School                         | <input type="checkbox"/> After School | <input type="checkbox"/> Summer |
|                           |                 | <input type="checkbox"/> Before & After School                         | <input type="checkbox"/> After School | <input type="checkbox"/> Summer |
|                           |                 | <input type="checkbox"/> Before & After School                         | <input type="checkbox"/> After School | <input type="checkbox"/> Summer |
|                           |                 | <input type="checkbox"/> Before & After School                         | <input type="checkbox"/> After School | <input type="checkbox"/> Summer |
|                           |                 | <input type="checkbox"/> Before & After School                         | <input type="checkbox"/> After School | <input type="checkbox"/> Summer |

**SECTION "D": ADDITIONAL COMMENTS:** Please explain any special circumstances that would help us determine/justify need.

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I certify that all of the above information is true and complete to the best of my knowledge and that all income has been reported. I agree to abide by all of Clayton Youth Enrichment’s policies. I understand that failure to comply with these policies may result in the termination of any assistance I may receive. I also understand that any false information provided may result in denial or loss of assistance.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE APPLICATION COMPLETED

**APPLICATION MUST BE SUBMITTED ALONG WITH...**

- Completed Enrollment Paperwork
- Verification of Earned Income (dated within 10 days) for working adults
- Verification of child support received – Statement from The Att. Gen. Office
- All areas must be completed with information or "N/A" for Not Applicable