

# Extended School Enrichment (ESE)

## GEORGETOWN INDEPENDENT SCHOOL DISTRICT

603 Lakeway Drive, Georgetown, TX 78628 512/943-5087 FAX 512/943-5088

RE: Scholarship Assistance

Dear Scholarship Applicant:

Enclosed you will find Extended School Enrichment's Income Verification form as requested for scholarship assistance. Instructions for completion are at the top of the form. You must include two of your most recent check stubs and proof of additional household income and or school schedule. You must also include previous year's income tax return. Also included is the Scholarship Agreement form. All parents / guardians in the household must fulfill and abide by the terms of the Scholarship Agreement.

Please remember, all applicants must apply for CCMS to be considered for scholarship assistance. The CCMS process may take up to three weeks for processing. Those forms are attached to the application for your convenience.

Incomplete or false information will result in immediate disqualification.

Return original documents to the Extended School Enrichment office, attention Candace Montgomery.

The ESE Office hours are Monday through Friday, 8:00 A.M. to 4:00 P.M.

Parents must reapply for Scholarship Assistance every semester and summer. Co-pays are subject to change. Scholarships Assistance is subject to availability.

If you have any questions, do not hesitate to call our office.

Sincerely,

Candace Montgomery  
Administrative Assistant of Student Services  
Extended School Enrichment  
512 943-5087

Physical Address:  
1700 Laurel Street  
Purl Elementary  
Portable 55

Mailing Address:  
Extended School Enrichment  
603 Lakeway Drive  
Georgetown, TX 78628

## Extended School Enrichment 2009-2010 Tuition Assistance Application

### Applicant Information

Please print clearly. Fill out completely.

<b>Name (Last, First, M.I.)</b>			<b>Home Phone</b>
<b>Address</b>			<b>Cell Phone</b>
<b>City</b>	<b>State</b> Texas	<b>Zip</b>	<b>Work Phone</b>
<b>Employer/School</b>	<b>Employment/School Status:</b> Part Time    Full Time	<b>Daily Work/School Schedule</b>	
<b>Pay Schedule:</b> Weekly   Bi-Weekly   Monthly	<b>Hourly Wage \$</b> <b>Salary Wage \$</b>	<b>Average Hours of Work/School per Week:</b>	

### Spouse or Other Wage Earner Information

<b>Name (Last, First, M.I.)</b>			<b>Cell Phone</b>
<b>Employer/School</b>	<b>Employment/School Status:</b> Part Time    Full Time	<b>Daily Work/School Schedule</b>	<b>Work Phone</b>
<b>Pay Schedule:</b> Weekly   Bi-Weekly   Monthly	<b>Hourly Wage \$</b> <b>Salary Wage \$</b>	<b>Average Hours of Work/School per Week:</b>	

List **ALL** persons living in your household **starting with yourself**. Check the children registered for ESE.

Name	Relation	Date of Birth	Age	Disability/ Special Need	Race	In ESE

#### Monthly Family Income:

Household Wages:	
Worker's Comp:	
Food Stamps:	
Unemployment:	
Social Security or SSI:	
Child Support:	
Other Income:	
<b>Total:</b>	

#### Monthly Family Expenses:

Rent/Mortgage:	
Food:	
Transportation:	
Child Care:	
Medical:	
Utilities:	
Other (credit debt, etc.):	
<b>Total:</b>	

List special circumstances that you feel should be taken into consideration during review of this application.

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# Tuition Assistance Terms and Agreement

List all children registered for ESE services. Circle enrollment status.

Child's Name \_\_\_\_\_ Campus \_\_\_\_\_

Child's Name \_\_\_\_\_ Campus \_\_\_\_\_

Child's Name \_\_\_\_\_ Campus \_\_\_\_\_

Enrollment Status: AM only      PM only      AM & PM

## Terms:

- **All parents/guardians must be employed full time (minimum of 30 hours per week) or attending school full time.**
- **2 most recent check stubs and/or school schedule per semester must be attached to application.**
- **Previous year's Income Tax return must be attached to application.**
- **All parents / guardians must apply for CCMS (1-866-518-0577 extension 3037) (Child Care Management Services) for after school care funding before applying for tuition assistance with Extended School Enrichment.**
- **Parent / Guardian must notify Extended School Enrichment immediately of any changes in income or other provided information in order to avoid termination of tuition assistance.**
- **All recipients will be required to re-qualify as often as every 3 months and at the beginning of each semester and summer camp.**

I certify that the information I have provided on all tuition assistance forms is true and correct to the best of my knowledge. I understand that giving false information may constitute fraud and could result in prosecution and / or the repayment of money for services for which I was not entitled.

*I have read and understand the above terms. I agree to comply with these terms as set forth by Extended School Enrichment. I understand that failure to comply with these terms could result in immediate disqualification of tuition assistance.*

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

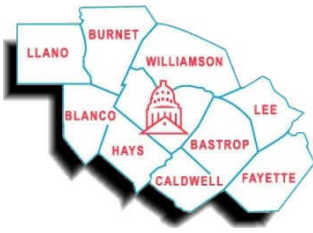
Office Use Only

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Monthly Tuition Co-Pay Amount: \$ \_\_\_\_\_

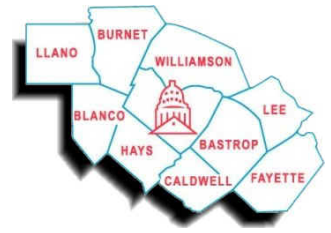
Full Day Co-Pay Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
ESE Office Approval Signature

\_\_\_\_\_  
Date



## RURAL CAPITAL AREA CCMS APPLICATION FOR CHILD CARE SERVICES



Serving: Bastrop, Blanco, Burnet, Caldwell, Fayette,  
Hays, Lee, Llano, and Williamson counties

### PLEASE KEEP FOR YOUR RECORDS

**At this time, the Rural Capital Area CCMS program is operating under a waitlist for services.**

- 1.) Please fill out the attached Application for Child Care Services.
- 2.) Applications will be screened for general eligibility. If eligible, your name will be placed on the waitlist.
- 3.) A letter will be sent to you with the date you were placed on the waitlist. This process may take several weeks.
- 4.) You must report changes of your address, phone number, household income and size to CCMS immediately.
- 5.) When your name is pulled from the waitlist, a letter will be mailed and attempts will be made to contact you at the telephone numbers you provide. If no contact is made your name will be removed from the waitlist.
- 6.) If services are still needed you must re-apply.

#### **Eligibility criteria and other requirements for CCMS services**

- Parent(s) must be working, attending school, training, other educational program, or combination of these, a minimum of 25 hours a week.
- Meet income guidelines based on family size.
- Live within the nine service counties listed above.
- Participate with the Attorney General's office if applicable.
- Self employed individuals must supply income documentation quarterly.
- Gross earnings reported will be matched to the wage earnings submitted by employers to the UI Wage Earning System at the Texas Workforce Commission
- All self-arranged relative child care providers (adult siblings, aunts, uncles, grandparents, and great-grandparents) will be screened against the Texas Sex Offender Registry.

#### **Additional Information:**

If you are **not** the parent of the child(ren) you are seeking service for, you will need to provide documentation of *loco parentis*.

- 1.) Reason the parent is not available
- 2.) Documentation verifying reason parent is not available
- 3.) Documentation verifying caretaker is responsible for the child(ren).

#### **Examples:**

- 1.) Military Deployment, Military Orders, and Military Power of Attorney appointing the caretaker as the guardian of the child.
- 2.) Incarceration, "Commitment" order with date of incarceration and anticipated release date, and Notarized Power of Attorney or sworn affidavit of caretaker's temporary custody/guardianship of the child(ren).

#### **Return Completed Application To:**

**RC-CCMS  
P. O. Box 1269 (or)  
202 S. CM Allen Pkwy  
San Marcos, Texas 78667  
Phone: (512) 754-6706 ext. 3037  
Toll-Free (866) 518-0577 ext. 3037**

## **Helpful Tips and Other Options That May Allow You to Pay for Child Care by Yourself**

### Budgeting

- Budget your monthly expenses before each month begins. Remove costs that are not necessary like: cable television, cell phone, magazine subscriptions, eating out, etc.

### 2-1-1 Texas

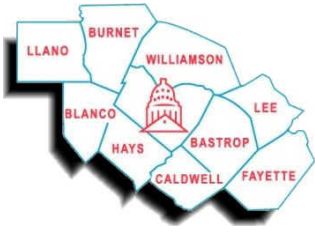
- Dial 2-1-1, from any phone, Monday through Friday, 8:00 a.m. to 8:00 p.m. Central Time, for information and referrals to a wide range of organizations and agencies offering different types of help. They are also available on-line at [www.211texas.org](http://www.211texas.org), or through a toll free alternate access number at: 1-877-541-7905.

### State Benefits

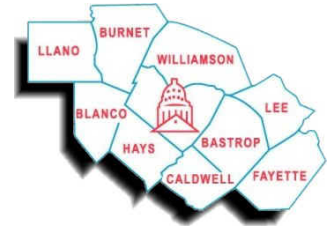
- Medicaid, Children's Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF), Food Stamps (Lone Star Card), and Family Services can all be applied for on-line at [www.yourtexasbenefits.org](http://www.yourtexasbenefits.org), or by calling 2-1-1.
- You can locate your local Health and Human Services Commission benefit offices, to apply in person, with the website listed above or by calling 2-1-1.
- WIC – The Women, Infants, and Children Program is a nutritional and supplemental food program for pregnant women, new mothers, and children up to 5 years of age. For information on how to apply, call the Department of State Health Services toll free at: 1-800-942-3678.

### Child Care & Educational Programs

- Early Head Start (ages 0-3) and Head Start (ages 3-5) are supportive child development programs. Contact the Texas Head Start State Collaboration Office, toll free at: 1-866-282-7780, to see how to qualify.
- Pre-Kindergarten programs are offered in many school districts. The program serves children that are 3 or will turn 4 on or before September 1st of the current school year. Contact your school district or neighborhood school to apply.
- After-school programs are also offered in many school districts, for Kindergarten and up, and fees are usually on a sliding scale. Contact your school district or neighborhood school to apply.
- Child care providers might be able to offer flexible payment plans, such as weekly or bi-monthly payments, if you speak with them about it.
- Family Connections is a local child care resource and referral agency. There is a sliding scale fee to use the service and service is available, Monday through Friday, 9:00 a.m. to 4:00 p.m. To use the service call: 512-327-7660, or toll free 1-877-433-2057.



# RURAL CAPITAL AREA CCMS APPLICATION FOR CHILD CARE SERVICES



Serving: Bastrop, Blanco, Burnet, Caldwell, Fayette,  
Hays, Lee, Llano, and Williamson counties

### Return Completed Application To:

P. O. Box 1269 (or) 202 S. CM Allen Pkwy, San Marcos, Texas 78667  
Phone: (512) 754-6706 ext. 3037 Toll-Free (866) 518-0577 ext. 3037

### Applicant Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:  Male  Female County of Residence: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ x: \_\_\_\_\_ Alternate or Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Are you a Federal Qualified Veteran or Spouse?  Yes  No

Were you or are you a Foster Youth?  Yes  No

Are you a Teen Parent in High School?  Yes  No

Do you receive CPS services?  Yes  No

Do you or have you received TANF in the past 30 days?  Yes  No

### Applicant Activities

Check all that apply:  Are you working?  In school  Attending training Do you have a Bachelor's Degree?  Yes  No

Name of Employer: \_\_\_\_\_ School or Training facility: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Pay rate: \$ \_\_\_\_\_ (Hourly Weekly Monthly) Commission: \$ \_\_\_\_\_ (Weekly Monthly)

Tips: \$ \_\_\_\_\_ /Week

Overtime Hours: \_\_\_\_\_ /Week

Type of school or training:  College/University  Certificate Program  Vocational  Job Training  Other \_\_\_\_\_

Current credit hours: \_\_\_\_\_ School/Training schedule (Ex: MWF 8-2p or M-F 9a-2p): \_\_\_\_\_

### Spouse or Other Parent of Child(ren) Activities

**\*\*Write N/A if this section does not apply\*\*** \_\_\_\_\_

Please check all that apply:  Are you working?  In school  Attending training Do they have a Bachelor's Degree?  Yes  No

Name of Employer: \_\_\_\_\_ School or Training facility: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Pay rate: \$ \_\_\_\_\_ (Hourly Weekly Monthly) Commission: \$ \_\_\_\_\_ (Weekly Monthly)

Tips: \$ \_\_\_\_\_ /Week

Overtime Hours: \_\_\_\_\_ /Week

Type of school or training:  College/University  Certificate Program  Vocational  Job Training  Other \_\_\_\_\_

Current credit hours: \_\_\_\_\_ School/Training schedule (Ex: MWF 8-2p or M-F 9a-2p): \_\_\_\_\_

### Family Information

(please include all members of your household)

First and Last Name	Relationship to You	Date of Birth	Social Security Number	Days/Hours Child Care Needed

Do you have a child(ren) with a disability?  Yes  No *If yes, please explain & provide documentation* \_\_\_\_\_

Child with disabilities -- A child who is mentally or physically incapable of performing routine activities of daily living within the child's typical chronological range of development. A child is considered mentally or physically incapable of performing routine activities of daily living if the child requires assistance in performing tasks (major life activity) that are within the typical chronological range of development, including but not limited to, caring for oneself; performing manual tasks; walking; hearing; seeing; speaking; breathing; learning; and working.

### Other Income:

Child Support: \$ \_\_\_\_\_ /Month SSI: \$ \_\_\_\_\_ /Month Social Security: \$ \_\_\_\_\_ /Month Other: \$ \_\_\_\_\_ /Month

**\*\*\* PLACEMENT ON THE WAITLIST IS NOT A GUARANTEE OF SERVICES \*\*\***

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

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