

Step Up to WAGE\$ ARKANSAS Enrollment Application



Make sure all sections of your application are complete and all required documentation is included.

Incomplete applications will be rejected.

Application Checklist

<input type="checkbox"/> Complete application.	<input type="checkbox"/> All questions must be answered completely. <input type="checkbox"/> The applicant will complete pages 2-4. <input type="checkbox"/> Page 5 must be completed by the director, owner, or person authorized to provide employment verification.
<input type="checkbox"/> Request official transcripts. Complete applications must include official transcripts for ALL college coursework completed at a regionally accredited college or university. Copies of diplomas and unofficial transcripts cannot be accepted. Internet transcripts cannot be accepted unless obtained directly by the Step Up to WAGE\$ Arkansas staff. Workshops and training hours are not acceptable documentation. For national CDA, a copy of a valid CDA certificate from the Council for Professional Recognition is required.	Select the option that applies to your application: <input type="checkbox"/> Official transcripts are being sent directly from college(s). Please list colleges that will be sending us transcripts: _____ _____ <input type="checkbox"/> Official transcripts are enclosed in original sealed envelopes with the official college stamp and/or registrar's signature. <i>You will be processed based on the education submitted. If you do not indicate all college transcripts, you may be awarded at the wrong level. You must request colleges to send us all relevant transcripts.</i> Include any name(s) that could be associated with your official transcript on your application.
<input type="checkbox"/> Verify income.	Select the option that applies to your application: <input type="checkbox"/> If employee: A current paystub is attached that accurately reflects a typical schedule for employee. <input type="checkbox"/> If center owner: The most recent tax documentation is attached which includes Form 1040 and all supporting documents. <input type="checkbox"/> If family child care provider: The most recent 1040 Schedule C is attached.
<input type="checkbox"/> Read the Responsibilities of Each Party and sign the Statement of Affirmations.	See page 4 of this document.
<input type="checkbox"/> Send the application and documentation.	Send your completed application and required documentation to: Step Up to WAGE\$ Arkansas Arkansas Early Childhood Association P.O. Box 2520, Bentonville, AR 72712 OR by email to wages@arkansasearlychildhood.org . Need help? Contact Step Up to WAGE\$ staff at 479-802-8342 or wages@arkansasearlychildhood.org.

Step Up to WAGE\$ Arkansas is a demonstration program of Child Care Services Association and is based on the Child Care WAGE\$® Program.



Application Information

Indicate correct options with a check mark.

Date of application	County of residence	Social Security Number ____ - ____ - _____
Name as shown on your income tax return (first, middle, and last)		Maiden/Previous name (if applicable)
Mailing address (street, city, state, and zip)		
Home phone	Cell phone	Email address
Date of birth (mm-dd-yyyy)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer
Ethnicity (optional) <input type="checkbox"/> Prefer not to answer		
Do you consider yourself Hispanic? <input type="checkbox"/> Yes (this includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish) <input type="checkbox"/> No		
Do you consider yourself...? <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino, or other Asian) <input type="checkbox"/> Native Hawaiian or Pacific Islander (includes Samoan, Chamorro, or other Pacific Islander) <input type="checkbox"/> Other, two or more races <input type="checkbox"/> Other _____		

Educational Background

Degrees Earned	Major	Colleges attended	Year graduated
<input type="checkbox"/> Coursework completed but no degree earned yet			
<input type="checkbox"/> Associate Degree			
<input type="checkbox"/> Bachelor's Degree			
<input type="checkbox"/> Master's Degree			
<input type="checkbox"/> National CDA (include a copy of valid Council certificate)			
Have you earned any college credit that is not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below.			

Ownership Status

All applicants: **Mark the box of the ownership category which best reflects your current situation** and follow the instructions listed for the category you choose. Income from ownership and wages will be considered to determine eligibility.

<input type="checkbox"/> Single family child care home	<p>I own my own child care home and work as a teacher/operator. I do not own any other child care facility or home. Verify your income by submitting Schedule C from your most recent tax return.</p> <p>Date you became owner (mm-dd-yyyy) _____</p>
<input type="checkbox"/> Single child care center	<p>I own my own child care center and work as director/teacher, or I am listed as an office holder of the incorporated business and work as director/teacher. I do not own or hold an office in any other child care facility. Please supply your most recent 1040 Tax Form, all supporting schedules and any W-2 forms issued. (If you file jointly, the W-2 forms from both parties must be submitted). Additional business tax documentation may be requested if necessary.</p> <p>Date you became owner (mm-dd-yyyy) _____</p>
<input type="checkbox"/> Multiple site ownership	<p>I own or am listed as an office holder with more than one child care center or home. I have listed them below. Please supply your most recent 1040 Tax Form, all supporting schedules and any W-2 forms issued. (If you file jointly, the W-2 forms from both parties must be submitted). Additional business tax documentation may be requested if necessary.</p> <p>Date you became owner (mm-dd-yyyy) _____</p> <p>Please list site names here:</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> No ownership	<p>I am employed by my child care program. I do not own any child care facility. If you are not an owner, please supply documentation of your pay rate such as a paystub or employer wage statement to verify income.</p>

Responsibilities of Each Party – Read carefully before signing.

The Arkansas Early Childhood Association/Step Up to WAGE\$ Arkansas agrees to:

- A. Provide wage supplements to eligible early educators as an initiative to reward teacher education and continuity of care, thereby providing children ages birth to five more stable relationships with better educated teachers.
- B. Provide IRS-1099 forms at the end of the year to recipients as mandated by current tax law.

The Step Up to WAGE\$ Arkansas recipient agrees to:

- A. Acknowledge that receiving the full annual supplement is contingent upon completion of two six-month periods. An installment will be issued after each period, based on the education level and the work schedule of the recipient over the six-month period completed. No portion of the award will be issued if the participant leaves her/his program prior to completing the entire six-month commitment period. Time out for leave or summer breaks cannot be counted toward the completion of a commitment period. New applicants need to be employed at the time of the employment confirmation. Employment is verified after a commitment period is complete and when funding is available. The time of confirmation may be delayed due to funding issues, but the applicant must still be employed when money is available to be eligible.
- B. Allow her/his employer to release employment information including date of employment, position in center, age level of children in care, current salary or hourly rate and the number of hours worked each week.
- C. Allow Step Up to WAGE\$ Arkansas staff to release information about participation, including education, to director and/or owner.
- D. Acknowledge that the funding for this program is provided from a grant from the Arkansas Department of Education Office of Early Childhood. Payments are contingent upon available funding and the recipient's employer is not responsible for providing the supplement should funds no longer be available. AECA may discontinue the program at any time for any reason including availability of funds.
- E. Report and pay any taxes due on annual supplements as required by law.
- F. Acknowledge that Arkansas Early Childhood Association reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- G. Acknowledge that reimbursement to the Step Up to WAGE\$ Arkansas Program will be required by the recipient should a salary supplement be issued incorrectly for any reason.
- H. Acknowledge that falsifying application information or documentation may result in the inability to be a participant on this program and the recipient consents to employer and program funder notification if participation is terminated due to failure to comply with documentation requirements.

Statement of Affirmations

I, _____ (applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I have read and understand the Responsibilities of Each Party.

I understand that I am requesting to be considered for Step Up to WAGE\$ Arkansas and acknowledge that I must continue to meet the eligibility requirements of that program to receive ongoing supplements.

To be considered for a Step Up to WAGE\$ Arkansas supplement, I understand that my contact and participation information may be released to our partners. Information may also be shared with the T.E.A.C.H. Early Childhood® Scholarship Program as needed to support my participation. I authorize and consent to the release and sharing of such information by Arkansas Early Childhood Association to the third parties described. I hereby release Arkansas Early Childhood Association from any liability or damages that may result from the release or sharing of such information, including inaccuracies, errors or omissions.

I understand that an overpayment for any reason may result in the required repayment to Arkansas Early Childhood Association. If I am a participant in the T.E.A.C.H. Early Childhood ARKANSAS scholarship program, I understand that any financial obligations to that program may be deducted from a Step Up to WAGE\$ supplement payment.

Applicant's Signature _____ Date _____

Printed Name _____ County where you work _____

Send your completed applications and required documents to:

Step Up to WAGE\$ Arkansas
Arkansas Early Childhood Association
PO Box 2520
Bentonville, AR 72712

OR by email to : wages@arkansasearlychildhood.org
Phone: 479-802-8342
www.arkansasearlychildhood.org

CHANGES IN INFORMATION:

For eligible applicants, wage supplements will be issued by check and mailed to the address listed on this application. Participants must notify us of any change to avoid delays in payments. If AECA stops payment and must reissue a check due to a failure to report an address change, the amount of the bank charge will be deducted from the wage supplement.

It is the applicant's responsibility to keep us informed of any changes in status, including but not limited to address, phone, email, additional education (official transcript required), employment status, job position and work hours. Send all changes to wages@arkansasearlychildhood.org.

Employment Information and Verification

This section must be completed by the director, owner, or person authorized to provide employment verifications. A signature confirming the information's validity is required. Applications cannot be processed without this completed page.

Applicant name	County facility is located in
Facility License #	Child Care Program Name
Child Care Program's Mailing Address	
Child Care Program's Telephone	Child Care Program's Email Address
Applicant's Position of Employment (Additional documentation of job duties may be requested.) <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Director <input type="checkbox"/> Assistant Director <input type="checkbox"/> Teacher/Lead Teacher <input type="checkbox"/> Assistant Teacher/Para/Aide <input type="checkbox"/> Owner/Director <input type="checkbox"/> Home Visitor/Home-based Educator <input type="checkbox"/> Floater	
What age(s) does the applicant work with? Check all that apply. <input type="checkbox"/> Infants <input type="checkbox"/> One's <input type="checkbox"/> Two's <input type="checkbox"/> Three's <input type="checkbox"/> Four's <input type="checkbox"/> Five's <input type="checkbox"/> School-age	Does the applicant work in an Early Head Start or Head Start classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average Total Hours Worked Per Week	Total Weekly Hours Spent in Direct Care of Children Birth to 5 years?
If the applicant fulfills the duties of more than one position (for example, kitchen/classroom), state how many hours are worked in each.	
Months per year your program is in operation. <input type="checkbox"/> 12 mos. <input type="checkbox"/> 10 mos. <input type="checkbox"/> Other _____ Explain _____	Applicant's start date (mm-dd-yyyy)
How often is the applicant paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (every 2 weeks) <input type="checkbox"/> Twice monthly <input type="checkbox"/> Monthly (10 months) <input type="checkbox"/> Monthly (12 months)	
How many months per year is the applicant paid? <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____	
How many months per year does the applicant work? <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____	
Current annual gross salary?	Current hourly rate?

In addition to the employment verification above, please verify that you have read and understand the expectations below.

Your signature on this application indicates your agreement to provide Arkansas Early Childhood Association with information on teachers and directors employed who have applied for a salary supplement. This information shall include date employment began, employee's position in center, status of employee (full or part-time, permanent, or temporary), age level of children in employee's care, the employee's current salary or hourly pay rate and the average number of hours worked each week. Programs must continue to give all staff any regularly scheduled raises regardless of whether they receive a salary supplement. A Step Up to WAGE\$ Arkansas supplement cannot be used as a reason to withhold an otherwise scheduled raise.

I attest that I am authorized to provide employment verification and all information provided on this form is true and accurate to the best of my knowledge. Failure to disclose or provide truthful information will result in permanent suspension from AECA programs.

Signature: _____
 (Director, owner, or person authorized to provide employment verification)

Date: _____

Printed name: _____

Position: _____