

Childcare Employee Retention Bonus Application

Turn in this application by emailing the completed application to jade@aedc1.org or mailing/dropping off at the AEDC office 707 K St, Eureka, CA 95501 Attention: Jade Hoff. If you have any questions about this application or the program, you can reach Jade at 707-273-6907.

SECTION 1: APPLICANT INFORMATION

Applicant Name: _____

Residential Address: _____

Mailing Address (if different from Residential): _____

Phone #: _____

Email Address: _____

Preferred Method of Communication: Email Phone Text

APPLICANT RACE

Select all that apply

- American Indian/Alaska Native
- Asian
- Black/African America
- White
- Decline to State

APPLICANT ETHNICITY

- Latino
- Not Latino
- Decline to State

APPLICANT GENDER IDENTITY

- Female
- Male
- Non-binary
- Decline to State

APPLICANT INCOME LEVEL

- Under \$20,000
- \$20,001-\$34,999
- \$35,000-\$49,999
- Above \$50,000

APPLICANT FAMILY SIZE

- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight
- More than Eight

APPLICANT MILITARY OR VETERAN STATUS

- Active Duty
- Veteran
- Service-Disabled Veteran
- No military background

Are you interested in providing a testimonial about your experience with the Child Care Stabilization Fund program? These statements help us tell the story of the impact of these programs and may help us in securing future funding.

- Yes
- No

How did you find out about this program?

SECTION 2: ELIGIBILITY

Were you employed in the childcare industry as of July 1, 2021, and did you remain employed through June 30, 2022 (except for COVID-related or scheduled program closures)? Yes No

Please list all child care employers for the time period of July 1, 2021, to present.

CURRENT CHILD CARE EMPLOYMENT

Child Care Facility Name: _____

Dates of Employment: _____ Job Title: _____

Avg. Weekly Child Care Hours: _____ Avg. Weekly Admin Hours: _____

Site Director Name: _____

Site Director Email: _____ Phone Number: _____

PAST CHILD CARE EMPLOYMENT (if needed)

Child Care Facility Name: _____

Dates of Employment: _____ Job Title: _____

Avg. Weekly Child Care Hours: _____ Avg. Weekly Admin Hours: _____

Site Director Name: _____

Site Director Email: _____ Phone Number: _____

PAST CHILD CARE EMPLOYMENT (if needed)

Child Care Facility Name: _____

Dates of Employment: _____

Avg. Weekly Child Care Hours: _____ Avg. Weekly Admin Hours: _____

Site Director Name: _____

Site Director Email: _____ Phone Number: _____

I certify that all information I have provided in this application is true and accurate to the best of my knowledge.

Signature: _____ Date: _____