Childcare Employee Hiring Bonus Application

Turn in this application by emailing the completed application to kelly@northedgefinancing.org or mailing/dropping off at the North Edge office 707 K St. Eureka, CA 95501 Attention: Kelly McGowan. If you have any questions about this application or the program, you can reach Kelly at (707) 798-6132 ext. 219

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

Did you begin your current position on or after January 1, 2023 ? Yes ☐ No ☐

Have you been employed by this employer for at least 90 days? Yes ☐ No ☐

CURRENT CHILDCARE EMPLOYMENT

Child Care Facility Name:_____

Hire Date: _____ Job Title: _____

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

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

Employee Signature: _____Date: _____

SECTION 3: EMPLOYMENT ATTESTATION

Please have the site supervisor fill out and sign this section.

Child Care Facility Name: _____

Facility License Number: _____

Site Supervisor Name: _____

Email Address: _____ Phone Number: _____

Is this employee funded by CSPP? Yes ☐ No ☐

I certify that this employee was hired on or after January 1, 2023 and has remained employed for a minimum of 90 days. Additionally, I certify that the information provided by the employee is correct and I agree verify the information as needed.

Supervisor Signature: _____ Date: _____