

# Childcare Employee Retention Bonus Application

Turn in this application by emailing the completed application to [jade@aedc1.org](mailto: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?

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**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: \_\_\_\_\_