

Application Checklist



**We will NOT process your application if any of the required documentation is missing.**

**Do you have each of the following items required to process your application?**

- Complete Application (Page 4 is to be filled out and signed by the center director/owner)
- W-9 Form or (1040 if center owned and supporting documents)
- 2 Current pay stubs
- WAGES Direct Deposit Form
- Voided check or bank note
- Official Transcript (See below for education documentation)

**Official Transcripts**

- Supplements are based on the education documents submitted with your application. Be sure all college course work is completed at a **regionally** accredited college or university. Quality assured and community-based workshops and training hours are **not accepted** as documentation.
- **Official transcripts are enclosed in an envelope sealed with the college stamp sent by the registrar's office.** Please send official transcript to:  
ATTN: WAGE\$ Counselor  
262 Chapman Rd, Suite 104  
Newark, DE 19702
- Electronic official transcripts can be sent to [eyoo@deaeyc.org](mailto:eyoo@deaeyc.org)

**Please sign to give deaeyc's Child Care WAGES® Program authorization to open your official transcripts:**

X \_\_\_\_\_  
Applicant Signature

**Return the application**

Send your completed application and required documentation to:

ATTN: WAGE\$ Counselor  
262 Chapman Rd, Suite 104  
Newark, DE 19702

Or you may scan and e-mail at [eyoo@deaeyc.org](mailto:eyoo@deaeyc.org) or by fax 302-475-7400 (no photos please).

Need help? Contact the WAGES® Counselor at 302-764-1500 ext. 105 or e-mail at [eyoo@deaeyc.org](mailto:eyoo@deaeyc.org)

**1. Applicant Information**

Date of application		County of residence		Social Security number	
First name		Middle name		Last name	
Maiden name (if applicable)					
Mailing address				City	
State		Zip			
Home phone ( ) ( )		Cell phone ( ) ( )		Email address	
Date of birth ..... / ..... / .....			Gender <input type="radio"/> Male <input type="radio"/> Female		
Ethnicity (optional)					
<input type="radio"/> Black/African America		<input type="radio"/> Asian American/Pacific Islander		<input type="radio"/> American Indian	
<input type="radio"/> White/European American		<input type="radio"/> Hispanic American/Latino/Latina		<input type="radio"/> Biracial	
<input type="radio"/> Other					

## 2. Educational Background

Degrees earned ( <i>check all that apply</i> )	Major	Colleges attended	Year graduated
<input type="radio"/> Coursework completed but no degree earned			N/A
<input type="radio"/> AA/AAS			
<input type="radio"/> BA/BS			
<input type="radio"/> MA/MS			

Have you earned any college credits that are not listed above?  Yes  No *If yes, please list:*

.....

.....

.....

Are you currently participating in the T.E.A.C.H. Early Childhood® DELAWARE Scholarship program?  Yes  No

## 3. Ownership Status

All applicants: Please 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="radio"/> <b>Family Child Care</b>	<p>I own my child care home and work as teacher/operator. I have one (1) to a maximum of six (6) children aged birth thru five and may have up to three (3) additional school-aged children. I do not own any other child care facility or home.</p> <p><i>Verify your income by completing the Family Child Care Provider Income Worksheet.</i></p> <p style="text-align: right;">Date you became owner ..... /..... /.....</p>
<input type="radio"/> <b>Large Family Child Care</b>	<p>I own my child care home/center and work as director/teacher or I am listed as an office holder of the incorporated business and work as director/teacher. I have one (1) to a maximum of twelve (12) children aged birth thru five and may have up to three (3) additional school-aged children. I do not own or hold an office in any other child care facility.</p> <p><i>Verify your income by completing the Family Child Care Provider Income Worksheet.</i></p> <p style="text-align: right;">Date you became owner ..... /..... /.....</p>
<input type="radio"/> <b>Single Child Care Center</b>	<p>I own my 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.</p> <p><i>Please supply your most recent 1040 Tax Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Forms from both parties must be submitted). Additional business tax documentation may be requested if necessary.</i></p> <p style="text-align: right;">Date you became owner ..... /..... /.....</p>
<input type="radio"/> <b>Multiple Site Ownership</b>	<p>I own or am affiliated with more than one child care center or home, and have listed them below.</p> <p><i>Please supply your most recent 1040 Tax Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Forms from both parties must be submitted). Additional business tax documentation may be requested if necessary.</i></p> <p><b>Please list site names here:</b> <span style="float: right;"><b>Date you became owner:</b></span></p> <p>..... <span style="float: right;">.....</span></p> <p>..... <span style="float: right;">.....</span></p>
<input type="radio"/> <b>No Ownership</b>	<p>I am employed by my child care program. I do not own any child care facility.</p> <p><i>If you are not an owner, please supply documentation of your pay rate such as a pay stub or employer wage statement to verify income.</i></p>

## 4. Participant Agreement

### Delaware Association for the Education of Young Children (deaeyc) agrees to:

- A. Provide wage supplements to early educators as a special 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 Child Care WAGES® DELAWARE 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 confirmations may be delayed due to funding issues, but the applicant must still be employed when money is available in order to be eligible.*
- B. Continue employment in a licensed program that meets state eligibility requirement for Star rating for the entire commitment period and notify the WAGES® Project of any change in licensure. If the license status falls below the required Star rating during a six-month commitment period, participation and supplement amount may be impacted.
- C. 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 (including bonuses received) and the number of hours worked each week.
- D. Allow WAGES® staff to release information about participation, including education, to director and/or owner.
- E. Acknowledge that individual application and participation information may be shared with funders (Delaware Office of Early Learning, etc) or their designees and that name and place of employment may be shared with local resource and referral offices or community colleges if needed.
- F. Acknowledge that the funding for this project is provided through sustainability funds designated to the Delaware Office of Early Learning. Payments will depend upon available funding and the recipient's employer is not responsible for providing the supplement should funds no longer be available.
- G. Report and pay any personal income taxes due on annual supplements as required by current tax law.
- H. Acknowledge that the Delaware Association for the Education of Young Children reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- I. Acknowledge that reimbursement to Child Care WAGES® DELAWARE will be required by the recipient should a salary supplement be issued incorrectly for any reason.
- J. 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.

## 5. Statement of Affirmation

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 Participant Agreement.

To be considered for a WAGES® supplement, I understand that my name, address, email, education level, supplement amount, employer name and employer address may be released to funders of the program or their designees. Information may also be shared with the T.E.A.C.H. Early Childhood® Scholarship Project as well Delaware First as needed to support my participation in any of the programs listed. I authorize and consent to the release and sharing of such information by the Delaware Association for the Education of Young Children (DAEYC) to the third parties described. I hereby release DAEYC from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions.

Applicant Signature..... Date.....

Printed Name ..... County where you work: .....

Send your completed application and required documentation to:

➔ **Child Care WAGES® DELAWARE**  
 deaeyc  
 262 Chapman Road  
 Suite 104  
 Newark, DE 19702.

Phone 302-764-1500 ext. 105  
 Fax 302-475-7400 www.deaeyc.org/WAGES



## 6. 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.

Applicant name		Child care program name	
County		Program email address	
Program mailing address			
Program phone ( )		Program fax ( )	
Position of Employment	<input type="radio"/> Family Child Care Provider		<input type="radio"/> Director
	<input type="radio"/> Administrator		<input type="radio"/> Assistant Director
	<input type="radio"/> Floater		<input type="radio"/> Teacher/Lead Teacher
		<input type="radio"/> Assistant Teacher/Aide	
		<input type="radio"/> Other (please give full position title) .....	
Does the program serve POC children? <input type="radio"/> Yes <input type="radio"/> No		Does the applicant work in a Head Start classroom? <input type="radio"/> Yes <input type="radio"/> No	
Ages of children in care of this applicant (if applicable)			
<input type="radio"/> Infants <input type="radio"/> Ones <input type="radio"/> Twos <input type="radio"/> Threes <input type="radio"/> Fours <input type="radio"/> Fives <input type="radio"/> School-age			
Total hours worked per week		How many hours per week are you included in the birth-to-five classroom ratios?	
If the applicant fulfills duties of more than one position, please state how many hours are worked in each.			Applicant start date ...../...../.....
Months per year your program is in operation <input type="radio"/> 9 months <input type="radio"/> 10 months <input type="radio"/> 12 months <input type="radio"/> Other			
How often is the applicant paid? <input type="radio"/> weekly <input type="radio"/> biweekly (every two weeks) <input type="radio"/> semi-monthly (two times a month) <input type="radio"/> monthly (12 months) <input type="radio"/> monthly (10 months) <input type="radio"/> monthly (9 months)			
Over how many months is the applicant paid? <input type="radio"/> 9 months <input type="radio"/> 10 months <input type="radio"/> 12 months <input type="radio"/> Other .....			
How many months per year does the applicant work? <input type="radio"/> 9 months <input type="radio"/> 10 months <input type="radio"/> 12 months <input type="radio"/> Other .....			
Current annual gross salary		Current hourly rate	
Program OCCL Number		Type of Program: <input type="radio"/> Early Care & Education Center <input type="radio"/> Family Child Care <input type="radio"/> Large Family Child Care <i>Check one</i>	
Program Star Level:		Date program became a two-star or higher: ...../...../.....	

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 the Delaware Association for the Education of Young Children 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 number of hours worked each week.

Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a salary supplement. WAGES® will not be used as the reason to withhold an otherwise scheduled raise. *I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge:*

Signature of director, owner or person authorized to provide employment verifications:

Signature: .....

Printed name: ..... Position ..... Date: .....