

# CCAMPIS

## "Child Care Access Means Parents in School Program"

ISU Child Care &amp; Family Resources

### **Complete and return the application to:**

Family Resource Center, 2623 Bruner Drive, Suite 1010, Ames, IA, 50010

OR scan and send electronically to [ccfamily@iastate.edu](mailto:ccfamily@iastate.edu)

(515) 294-8827 or (515) 294-3149

***If you are not married but living with the other parent of the child receiving services, you must provide his/her financial information.***

### SECTION I – DEMOGRAPHIC INFORMATION

#### -Parent 1: ISU student applying for assistance-

University ID#	First Name	Last Name	Gender ___ Male ___ Female	Date of Birth
US Postal Address		City	State	Zip Code
Phone		ISU Email		
Single ___ Not married and dependent on parent(s) ___ Head of Household ___ Father/Mother of the child lives with us (Partner)		___ Married	Member of the Military ___ Self ___ Spouse/Partner ___ N/A	
Are you a citizen of the U.S.? ___ YES ___ NO	If no, what is your immigration status? _____ Country _____			
Race/Ethnicity ___ American Indian or Alaskan Native ___ Asian ___ Black or African-American ___ Hispanic or Latino ___ Hawaiian or Other Pacific Islander ___ White ___ Two or More Races				

#### -Parent 2: spouse or father/mother of the child that lives with you-

First Name	Last Name	Is Parent 2 a student? ___ YES ___ NO If yes, at what college/university? _____
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### SECTION II – ISU ACADEMIC INFORMATION

Student Status ___ Full-time ___ Part-time	Number of ISU credits enrolled in	Cumulative ISU credits to date _____ ___ This is my first semester
Major	Minor	Anticipated Date of Graduation
Classification ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Master's ___ PhD ___ Professional	Semester ISU GPA _____ Cumulative ISU GPA _____ ___ This is my first semester	
Are you a transfer student? ___ YES ___ NO	If yes, from what college/university? _____	
Have you completed a FAFSA? ___ YES ___ NO	Do you receive a Pell Grant? ___ YES ___ NO	
Amount you receive from the following (per academic year) Grants \$ _____ Scholarships \$ _____ Student Loans \$ _____		

**SECTION III – CHILD CARE INFORMATION**

*If funding is available, multiple children enrolled in campus child care services may be eligible for CCAMPIS funding*

Total family size, including all adults and children _____		
Child's Name to receive the grant	Child's Gender ___ Male ___ Female	Child's Date of Birth
Please list names and ages of additional children under the age of 18 who reside with you in your home		
Child's Name	Child's Date of Birth	
Current Child Care Provider ___ UCCC @VM ___ UCC ___ CD Lab School ___ Other (please specify) _____		
How long has your child(ren) been enrolled in their current program?	How much do you pay for child care per month?	
Have you applied to the Department of Human Services to receive child care subsidy? ___ YES ___ NO		
Do you receive child care assistance from the Department of Human Services? ___ YES ___ NO If yes, how many units per week? _____		

**SECTION IV – HOUSEHOLD FINANCIAL INFORMATION**

INCOME RESOURCES	PARENT 1 Student applying for assistance	PARENT 2 Spouse or father/mother of the child that lives with you
Are you currently employed?	___ YES ___ NO	___ YES ___ NO
Who is your employer?		
Work hours per week		
Annual income from work (gross)	\$_____/yr	\$_____/yr
Income from graduate assistantship	\$_____/mo	\$_____/mo
Child support	\$_____/mo	\$_____/mo
Supplemental Security Income (SSI)	\$_____/mo	\$_____/mo
Unemployment	\$_____/mo	\$_____/mo
Amount expected from relatives, parents, or friends	\$_____/mo	\$_____/mo
Additional income not listed above	\$_____	\$_____
Balance in savings account(s)	\$_____	\$_____
Current services you receive ___ DHS Child Care Assistance ___ DHS Food Assistance ___ Medicaid ___ FIP ___ TANF ___ Welfare to Work ___ Other government funding _____		

**SECTION V – INTERNATIONAL STUDENT STATUS**

**ONLY International students must complete this section**

If you are living with the other parent, does their immigration status allow them to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Amount expected from sponsors \$ _____/mo OR \$ _____/yr	
Please specify any additional money, assets, or property your family has in another country	
Resource	Amount
	\$ _____
	\$ _____
	\$ _____
In which country are these resources held? _____	

**ALL applicants MUST submit the following documents with each application (only complete applications will be processed)**  
**Please check the appropriate boxes**

- A current class schedule
- A copy of your most recent ISU college unofficial transcript (*this is found in AccessPlus*)
  - This is my first semester
- A copy of your Student Financial Aid Award Letter (*this is found in AccessPlus*)
  - I did not file a FAFSA – Reason: \_\_\_\_\_
- A copy of your most recently prepared income tax return, with **ALL Social Security Numbers BLACKED OUT** (*please provide the first 3 pages of this document*)
  - I did not file taxes
  - My parents claim me on their taxes
- A copy of your current Letter of Intent, if you and/or your spouse or partner has a graduate assistantship
  - N/A

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Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Student Documents on File <input type="checkbox"/> Class schedule <input type="checkbox"/> Transcripts <input type="checkbox"/> SFA award letter <input type="checkbox"/> Tax docs <input type="checkbox"/> LOI	Pell Grant Status <input type="checkbox"/> <b>R</b> -Receiving Pell Grant <input type="checkbox"/> <b>E</b> -Eligible but not receiving Pell Grant <input type="checkbox"/> <b>LIG</b> -Low Income Graduate Student <input type="checkbox"/> <b>LIF</b> -Low Income Foreign Student
Date Application Received _____	Received by _____

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**ESSAY**

*All applicants must complete this section.*

**Tell us your story**

Please include any information you would like our office to consider when reviewing your application (e.g., financial need, the impact that the CCAMPIS Grant Program would have on your education, and/or other extenuating circumstances). Feel free to use additional paper if needed.

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Signature of Student

Date

### CCAMPIS: Letter of Agreement

In order to receive the CCAMPIS grant assistance for child care services, ALL CCAMPIS recipients must participate in the University Family Resource Program designed to build knowledge and relationships. The program provides resources, workshops and discussion groups and may include topics such as parent child communication, early childhood education curriculum, discipline/guidance, developmental stages of childhood, managing family, work, and school, and other family activities.

**Married individuals not participating in the labor force - those neither employed nor unemployed and looking for work - are considered to be available for child care and will not be served by these grant funds.**

Please initial that you have read, understand and agree to the following:

\_\_\_\_\_ I understand that the goal of the CCAMPIS program is to assist me with child care expenses so that I can remain enrolled at ISU, and persist towards earning my degree.

\_\_\_\_\_ My participation in the program is dependent upon my successful completion of semester credits on a consistent basis towards earning my degree.

\_\_\_\_\_ If I drop classes during any given semester and fall below full-time status, I agree to contact the CCAMPIS Program Director immediately, and understand I will no longer be eligible for child care assistance.

\_\_\_\_\_ I understand I am immediately responsible for 100% of all child care fees charged by the center if I withdraw as a student from ISU.

\_\_\_\_\_ I understand that I will be required to complete regular program evaluations, which is essential to my ongoing funding through the CCAMPIS program.

\_\_\_\_\_ I understand I am required to attend University Family Resource Programs each semester that I am enrolled in the CCAMPIS program.

\_\_\_\_\_ I understand and give permission for ISU Child Care & Family Resources to access my personal financial and academic information through the ISU Student Financial Aid Office to determine eligibility of enrollment in the CCAMPIS program.

\_\_\_\_\_ I understand that aggregate information, but no personal information, will be shared with the U.S. Department of Education in Washington D.C., who funds this program.

I have read and understand the attached guidelines and hereby certify that the information in this application is complete and accurate to the best of my knowledge. I understand and accept the obligations of the program and will provide a written report to the Program Director of any changes in the information provided on this application within 10 days of the change. If I do not, I understand that I am financially responsible for all child care tuition costs charged by the child care center. Changes may include, but are not limited to, my ISU enrollment, credit hours, and ISU financial status.

I also give the office of ISU Child Care & Family Resources permission to disclose any information to the campus child care centers for the purposes of managing this grant.

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Signature of Student

Date

**ISU Child Care & Family Resources  
Photo Consent and Release**

I, the undersigned, do hereby grant or deny permission to ISU Child Care & Family Resources to use the images of:

me, \_\_\_\_\_, and my

child(ren) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

as marked by my selection(s) below.

I agree that ISU Child Care & Family Resources may use, reuse, publish and republish such images for marketing purposes without compensation to me. Such use includes the display, distribution, publication, or otherwise use of photographs and images, taken of me and my child(ren) for use in materials that include print, i.e., brochures, newsletters, and digital images such as those on the ISU Child Care & Family Resources website. I understand that I will not be identified by name in information that may accompany images of me and my child(ren).

**Please check the appropriate boxes**

- Deny permission to use images OR
- Grant permission to use images in the following ways (*mark all that apply*):
  - On the ISU Child Care & Family Resources website
  - In brochures & other marketing materials created by ISU Child Care & Family Resources
  - On "ISU Parents as Students Support Group-PASS" Facebook page; managed by ISU Child Care & Family Resources