CCAMPIS APPLICATION

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL

Student-parent applicants are considered for child care assistance through CCAMPIS funding on the basis of eligibility status, financial income, need, resources, and family contribution levels.

Eligibility guidelines:
- Undergraduate students must be receiving a PELL Grant or be PELL Grant eligible based on the Expected Family Contribution. A FAFSA must be completed and on file with the Office of Financial Aid.
- Must file the Free Application for Federal Student Aid (FAFSA), identifying CCM as your school of choice
- Must be a U.S. Citizen or Eligible Non-Citizen
- Must receive a PELL Grant or be PELL eligible based on the Expected Family Contribution (EFC#) on the FAFSA
- Enroll for a minimum of six (6) approved credits each term at UPR Arecibo
- Any change in registration status will impact the CCAMPIS subsidy.

Program requirements:
- Attend one parent orientation and workshop
- Attend at least one academic counseling session each academic year
- Pay monthly co-payment for child care provided (depending on Estimated Family Income)
- Submit a pre-term and post-term evaluation
- Maintain good academic progress each term (GPA of 2.0 or higher)

If you are interested in childcare through our program, please fill out the application on the following pages **completely** and return with additional required forms to the address above.

SECTION I – DEMOGRAPHIC INFORMATION

☐ New Applicant ☐ Returning Applicant

Applicant Name ☐ Mr. ☐ Mrs. ☐ Ms. First_____Last _____

Spouse/Partner Name ☐ Mr. ☐ Mrs. ☐ Ms. First_____Last _____

Current Address _____

City _____ State_____ Zip Code _____ Country _____

Permanent Address:_____

City _____ State_____ Zip Code _____ Country _____

Phone Numbers: Home _____-_____-_____ Work _____-_____-_____ Cell _____-_____-_____

Email Address (UCSD email): _____(personal email)_____

Race/Ethnicity: (Select all that apply)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Hawaiian or Pacific Islander ☐ White

Gender: ☐ Female ☐ Male   Are any parents veterans or members of the military?   ☐ Yes ☐ No

Household Status: ☐ Married ☐ Not Married and Independent ☐ Not Married & Dependent of Parent(s)

Are you a Citizen of the U.S.? ☐ Yes ☐ No If not, what is your status?_____ Country_____

SECTION II – COLLEGE INFORMATION

Major: _____ College:_____

Cumulative Credits to Date: _____ Current Enrolled Credits: _____

Expected Graduation Date (mm/yyyy):_____ GPA Current:_____ Cumulative:_____

Have you completed a FAFSA form? ☐ Yes ☐ No Are you receiving a Pell Grant? ☐ Yes ☐ No

Student Status: ☐ Undergraduate   ☐ Master's Degree   ☐ PhD   ☐ Professional School

Are you a transfer student? If yes, from where are you transferring? _____

Name of Parent Affiliated with UCSD _____

Is your Spouse/Partner a student? ☐ Yes   ☐ No   If yes, at what college/university? _____

Are you the first to attend college in your family? ☐ Yes   ☐ No

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SECTION III – CHILD CARE PROVIDER INFORMATION

Does your child currently receive child care? ☐ Yes ☐ No If yes, where? _____

Are you currently receiving child care assistance through the Department of Human Services?   ☐ Yes   ☐ No

Do you receive other financial support for child care tuition such as non-custodial parent, extended family contributions, military child care assistance, tribal child care subsidy, or any other agency support? ☐ Yes ☐ No Complete the following for the **children you wish to receive CCAMPIS funding for**:

Please list the names and birth dates of the children in your household (between the ages 3 months – 5 years) for whom you are requesting assistance.				For Program Use Only
Child's Name	**Child's Date of Birth (Month/Day/Year)**	**Child's Age**	**Date Needing Care**	**Monthly Cost to Parent**

Total number of persons living in household (children and adults including yourself): _____

SECTION IV – FINANCIAL INFORMATION

Income Source	**Self**	**Spouse/Partner**
Grants		
Loans		
Public Assistance (indicate type below)		
Income from work	$_____/month **OR** $ /year	$_____/month **OR** $_____/year
Other Sources of Income: $_____ Family funding $_____ Child Support $_____ SSI $_____ Unemployment $_____ Alimony $_____ Other		

Current Received Services: ☐ DHS CalFresh   ☐ CalWorks   ☐ TANF   ☐ Medical   ☐ Welfare to Work   ☐ WIC

SECTION V – CCAMPIS Letter of Agreement
In order to receive the CCAMPIS grant assistance for child care services, ALL CCAMPIS recipients must complete all program requirements within the contract year in order to continue receiving services.

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 UCSD, and persist towards earning my degree.

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

_____ If I drop classes during any given quarter and fall below full-time status, I agree to contact the CCAMPIS Program Coordinator immediately.

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

_____ I understand that I will be required to complete regular program evaluations and this is essential to my ongoing funding through the CCAMPIS program.

_____ I understand I am required to attend one academic counseling session, one orientation and workshop per year that I am enrolled in the CCAMPIS program.

_____ I understand and give permission for UCSD Early Care and Education to access my personal financial and academic information through the UCSD Student Financial Aid and Registrar's 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 agree to complete a post UCSD graduation survey, even after my child is no longer receiving services at ECEC pertaining to program evaluation including but not limited to my employment, income, and quality of care/services.

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 CCAMPIS Program Coordinator 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 UCSD enrollment, credit hours, and UCSD financial status.

Signature _____ Date: _____

Forms to submit checklist:

- ○ Financial Aid Award
- ○ Birth Certificate of child needing care
- ○ Proof of Residence

- ○ Class Schedule
- ○ Work Schedule
- ○ Student ID