

# City of Hammond Childcare Assistance Program



## COMMUNITY DEVELOPMENT DEPARTMENT

5925 Calumet Ave. Rm 115, Hammond, IN 46320 Phone: 219-853-6358 Ext #2 Fax: 219-853 -6538

### Participating Hammond Childcare Agencies

#### **Hammond YMCA:**

Deborah Harvey, 7322 Southeastern Ave., Hammond, IN 219-845-1507 ex. 248

#### **Hammond YMCA:**

Rebecca Kelly, 1938 Clark St, Whiting, IN 219-307-5091

#### **Safe Haven Academy, LLC:**

Karonda Johnson, 5927 Columbia Ave., Hammond, IN 219-937-8909

#### **Woodland Child Development Center:**

Tracy Campbell, 3027 Mahoney Dr., Hammond, IN 219-844-3603

### **Applications Accepted by Appointment Only**

Applications are processed on a first come, first serve basis.  
Applications will be accepted until funding is exhausted. Funding is limited.

\*Note: Please make sure you are **registered** or **enrolled** with one of the participating agencies before scheduling an appointment with our office. This is a onetime program in which half of expenses for childcare will be paid for qualifying residents for one year.

## Child Care Assistance Program Checklist

The original documents of the following must be furnished to the Department of Planning and Development at the time of application. Failure to bring the listed items will delay the process.

\_\_\_\_\_ **Application**

\_\_\_\_\_ **Picture ID**

\_\_\_\_\_ **Proof of Registration/payment receipt from childcare center**

\_\_\_\_\_ **Proof of Residency**

- Current Mortgage or Lease (Rental Agreement)
- In some circumstances, City will accept alternative forms if mortgage or lease is not available. (Utility bill, car registration)

\_\_\_\_\_ **Proof of Income**

- Last three 3 pay stubs
- Federal Tax returns (2016)
- Proof of supplemental income (social security, child support, etc.)  
(Income must be 80% of area median for Lake County)

### **Other**

\_\_\_\_\_ If in school, please provide your current class schedule

\_\_\_\_\_ If in an accredited training program, proof of enrollment is required



**Please do not sign the application unless you are in the presence of a Notary**



**Are you registered? This is required! You must be enrolled with one of the listed agencies in order to be considered for an appointment.**

**After all documentation has been obtained, and application is completed  
please call for an appointment.**

*Gloria Mabry, Social Services Coordinator, 219. 853.6358 Ext. #2*

# City of Hammond Child Care Assistance Program

## Overview

The City of Hammond Child Care Assistance Program was designed to assist with child care for Hammond residents. **Applicants must be working, attending school, or enrolled in an accredited training program and not receiving any other child care funds from any other federal entities.**

Applicants, whose income has caused them to phase out other childcare assistance options but are still within HUD income guidelines, may receive the assistance. Applicants may obtain an application from selected agency or come to the Department of Planning and Development to receive an application and gather information.

2017 INCOME LIMITS BY HOUSEHOLD SIZE	
HH Size	Income Limit
1	\$36,350
2	\$41,550
3	\$46,750
4	\$51,900
5	\$56,100
6	\$60,250

In order to verify attendance, the agency is required to submit a monthly invoice documenting the child/children's attendance and fee; payment will be made directly to the agency.

**PARENT INFORMATION**

The Following information is required for the program.

Note: **Do not leave any blanks.**

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Hispanic Nationality:  Yes  No

No. of Dependents: \_\_\_\_\_ Female Head of Household? Y  N

Total Household Size: \_\_\_\_\_ Household Income: \_\_\_\_\_

Name of childcare facility: \_\_\_\_\_

<b>RACE and ETHNICITY DATA (Choose all that apply)</b>	
White	
Black	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Other Multi-Racial	

**CHILD INFORMATION**

The Following information is required for the program. Note:  
**Do not leave any blanks.**

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Hispanic Nationality:     \_\_\_ Yes     \_\_\_ No

Current School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Extracurricular/Afterschool Activities: \_\_\_\_\_

\_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

\_\_\_\_\_

<b>RACE and ETHNICITY DATA (Choose all that apply)</b>	
White	
Black	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Other Multi-Racial	

**CHILD CARE INFORMATION**

<b>Child's Name (first/last)</b>	<b>Child's Age</b>	<b>Afterschool Fees</b>

**Waiver of Liability for Child Care Assistance Program and Income Verification**

I/We, \_\_\_\_\_ herein declare that I am the  
Name

Parent/Guardian of \_\_\_\_\_, and \$ \_\_\_\_\_ is the  
(Child's name)

House hold income I/We received enduring the year of 2017. The household size, including myself, is \_\_\_\_\_. I give the Dept. of Planning & Development permission to forward all information pertinent to the Child Care Assistance Program to:

\_\_\_\_\_  
(Facility Name)

I/We further agree to release and hold harmless the Dept. of Planning & Development, the City of Hammond their respective agents, employees, assignees and successors in interest, from and against any and all liability, action, cost, expense, or other obligations arising from my participation in this program.

**Notary must be present prior to signing.**

**NOTARY:**

Date: \_\_\_\_\_ Name of Parent: (Printed) \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

State of Indiana

SS:

County of Lake

Subscribed and sworn to before me, a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

My commission expires: \_\_\_\_\_ Resident of \_\_\_\_\_ County

Child Care Assistance Program  
Department of Planning & Development City of Hammond

A representative of the Department of Planning & Development has advised me/us about the Child Care Assistance Program. I/We were also advised that there is a low-income requirement for the expenditure of these funds. I/We acknowledge that the attached signed income verification and statement of the number in household is true to the best of my/our knowledge.

I/We agree to the terms and conditions in reference to the Child Care Assistance Program.

1. **I have been a Hammond resident for at least 6 months.**
2. I/We agree to comply with all guidelines in accordance with the Child Care Assistance Program.
3. I/We agree to notify the Department of Planning & Development of any changes of household size, income, or childcare provider within 48 hours of the change.
4. I/We understand that it is my responsibility to pay half of the weekly charges to the agency I have indicated will provide childcare/evening/after school/or summer care. I further understand that I am eligible to receive from the City of Hammond Child Care Assistance Program for up to 4 children per family. I further understand that the Child Care Assistance Program is limited to children ages 3 months to 14 years. I further certify that I am not currently receiving any other federal financial assistance or subsidy for childcare during my participation in this program.
5. By signing this Agreement, I/We acknowledge and agree that the responsibility for selecting licensed childcare is solely my/our responsibility.
6. By signing the signature line(s), I/We understand that I have agreed to participate in the Afterschool Care Program and to abide by the terms and conditions in the agreement. I/We further acknowledge that I/we have asked the representative of the Department of Planning & Development to explain any portion of the agreement that I/we do not understand.
7. I/We further agree to release and hold harmless the Dept. of Planning & Development, the City of Hammond their respective agents, employees, assignees and successors in interest, from and against any and all liability, action, cost, expense, or other obligations arising from my participation in this program.
8. I/We understand that any misrepresentation or fraudulent information/documentation will not be tolerated, and will be punishable by termination of assistance and possible legal action will be taken. If this occurs I/we understand that the action of collecting repayment of funds will be sought after.
9. I/we further agree and have been made aware that during the participation of this program I/we can not participate in any other federally funded child care assistance program. If currently on a waiting list, I must inform the child care coordinator of the approval immediately.
10. **This is a onetime program in which half of expenses for childcare will be paid for qualifying residents for one year or until funds are exhausted.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Social Service Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Community Development Director: \_\_\_\_\_ Date: \_\_\_\_\_