

**CHILD CARE APPLICATION**  
**Please read this letter before applying.**

Dear Initiative Based Assistance Program (IBAP) Gatekeeper Applicant:

Your application form for the Vanderburgh County Initiative Based Assistance Program is attached to this letter. This application DOES NOT GUARANTEE that you will qualify or be selected for the program.

The Gatekeeper provides assistance for residents of Vanderburgh County who are **NOT** receiving the adult portion of cash assistance from Temporary Assistance for Needy Families (TANF).

The CHILD CARE program has policies and rules similar to Indiana's CCDF Voucher Program. You may use this program for no more than 12 consecutive months. You may only use this program **once**.

There are some eligibility rules:

1. You must be a Vanderburgh County resident.
2. You must be actively working 25 hours per week, attending school full-time (at least 12 credit hours), or a combination of the two.
3. You must have a gross income not greater than the guidelines shown below.

Family Size	Monthly Max	Annual Max
1	\$1,831.50	\$21,978.00
2	\$2,469.75	\$29,637.00
3	\$3,108.00	\$37,296.00
4	\$3,746.25	\$44,955.00
5	\$4,384.40	\$52,614.00
6	\$5,022.75	\$60,273.00
7	\$5,662.54	\$67,950.50
8	\$6,307.58	\$75,846.50

**Next Steps**

1. Fill out the attached application and return it with **all** required documents to Gatekeeper.
2. Gatekeeper will **not** accept your application until ALL of the required documents are attached.
3. After Gatekeeper accepts your application, Gatekeeper will determine your eligibility and contact you by letter when funding is available.

Yours very truly,

4C of Southern Indiana, Inc.

## APPLICATION INSTRUCTIONS

- Fill out all of **page 3**. Sign and date at the bottom.
- Read and fill out **page 4** (Authority to Discuss and Authorization to Release).

### THE FOLLOWING ITEMS MUST BE COPIED AND ATTACHED TO THIS APPLICATION:

	Your most recent paystub (this should include your name, pay date, hours worked, and gross wages)
	Class schedule (if enrolled in school) which includes your name, school name, semester begin and end dates, and credit hours)
	Verification of waiting list status from CCDF program through Automated Health Systems/AHS (See attached Form on page 5). <b>*** This Form needs to be signed by a CCDF Representative from AHS, prior to submitting the Gatekeeper application into 4C, otherwise, this application will be returned to you.</b>

**APPLICATION FOR VANDERBURGH COUNTY INITIATIVE BASED ASSISTANCE PROGRAM**  
 CHILD CARE ASSISTANCE APPLICATION

**Applicant Information:**

Date of Application:

Name:	Are you working? YES NO	How many hours per week?
Date of Birth:	Are you in school? YES NO	How many credit hours?
Phone Number:	Is a spouse/parent of child(ren) living with you?	
Address:	Email:	
City, State, Zip:		
Do you receive child support? YES NO      How much do you receive PER WEEK?		

**SPOUSE or PARENT of child(ren) – IF LIVING IN THE SAME HOUSEHOLD AS YOU**

Name (Last, First):	Date of Birth:
If you both are living in the same Household, are you Married? YES NO	
Are you working? YES NO Hours/week?	Are you in school? YES NO

**Child Information**

<b>Names of Children</b> (Last, First, Middle Initial)	<b>Date of Birth</b> (Required)	<b>Is this child in need of services?</b> (Circle One)
1.		YES NO
2.		YES NO
3.		YES NO
4.		YES NO

Do you receive TANF cash assistance? YES NO (If yes, attach current documentation.)

I realize that I am responsible for letting Gatekeeper know if I have changes to my household and above information. I understand that I am required to update my information every 90 days.

I certify that all the information on this form is correct.

Sign name: \_\_\_\_\_ Date: \_\_\_\_\_

Vanderburgh County Initiative Based Assistance Program  
4C of Southern Indiana, Inc.  
414 SE 4<sup>th</sup> St., Suite 102  
Evansville, IN 47713  
Email: [info@child-care.org](mailto:info@child-care.org)  
Phone: (812) 423-4008 Fax: (812) 423-3399  
Visit our website: [www.child-care.org](http://www.child-care.org)



## **AUTHORITY TO DISCUSS AND AUTHORIZATION TO RELEASE**

I understand that the IBAP Gatekeeper Manager would like to talk to the Vanderburgh County Division of Family Resources and 4C of Southern Indiana. The Gatekeeper Manager wants to know if I'm eligible to be in the IBAP Gatekeeper program. Also, the Division of Family Resources would like to know if I and/or my children are on TANF, Medicare, and /or receive Food Stamps. It is OK with me if they talk to each other. It's OK with me if the IBAP Gatekeeper Manager shows this paper to the Division of Family Resources and 4C. I have received the information sheet that explains the Gatekeeper services.

To whom it may concern:

I authorize and request that you give the Vanderburgh County IBAP Gatekeeper the information requested on the attached form(s). You assume no liability by providing the information.

Please send the documents to:

Vanderburgh County IBAP Gatekeeper  
4C of Southern Indiana, Inc.  
414 SE 4<sup>th</sup> St  
Suite 102  
Evansville, IN 47713

Signature: \_\_\_\_\_

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

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

**VERIFICATION OF APPLICATION FOR THE CCDF WAITING LIST**

**STEP 1 (Required):**

You must first apply for the CCDF waiting list through Automated Health Systems (AHS) before applying to the Gatekeeper Program.

**STEP 2 (Required):**

A CCDF Intake Representative from AHS must verify & sign the verification below, *before you can submit the Gatekeeper application; otherwise, this application will be returned to you.*

Once verification is completed, you can then submit your Gatekeeper application into 4C to be placed on the waiting list. If your CCDF pre-application was denied, attach a copy of your CCDF denial letter. No signature from AHS is necessary.

**To obtain a signed verification, you must visit AHS in person at:**

**Automated Health Systems**  
Vanderburgh County office  
20 NW 3<sup>rd</sup> Street, Suite 960  
Evansville, IN 47708

**Office Hours:** Monday, Wednesday & Friday: 8:00-5:00 PM  
Tuesday & Thursday: 8:00-7:00 PM  
1<sup>st</sup> Saturday of each month: 8:00-5:00 PM

**Parent Name:** \_\_\_\_\_

Yes, the above individual is currently on the CCDF waiting list.

**CCDF Representative verification signature:** \_\_\_\_\_  
(Parent is required to obtain from AHS)

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

*\*It is the parent's responsibility to update their waiting list application every 90 days.*