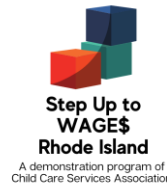


Step Up to WAGE\$ RI Application

Please complete this five-page application and sign on page 4.



Application Checklist

<p>Complete application</p>	<p>All questions must be answered.</p> <p>Pages 2-4 must be completed by the applicant.</p> <p>Pages 4-5 must be completed by the director, owner or person authorized to provide employment verifications.</p>
<p>Official transcripts</p> <p>Supplements are based on the education documents submitted with your application. Be sure to include <u>official transcripts</u> for ALL college coursework completed at a regionally accredited college or university. Copies of degrees and unofficial transcripts are not accepted. Internet transcripts cannot be accepted unless sent directly from the college to the Step Up to WAGE\$ staff. Workshops and Professional Development training hours are not acceptable documentation.</p>	<p>Pick the option that best applies to your application: Official transcripts are enclosed.</p> <p>Official transcripts are being sent directly via email or Mail from college(s). List college(s) sending transcripts here:</p> <hr/> <hr/> <p>*You will be processed based on the education submitted. If you do not indicate the college(s) sending transcripts, you may be awarded at the wrong level. Remember you must provide a sealed envelope from the college containing your transcript or ask the college(s) to send us your transcripts via email or mail.</p>
<p>Income verification</p> <p>See Section 3, "Ownership Status," for details.</p>	<p>Pick the option that best applies to your application: Schedule C from most recent tax year (if family child care provider)</p> <p>Current pay stub (if employee): pay stub should accurately reflect normal schedule.</p> <p>Most recent tax documentation (if center owner): please submit 1040 and all supporting documents.</p>
<p>Read the Participant Agreement and sign the Statement of Affirmation</p>	<p>Page 3 of this application.</p>
<p>Return the application</p>	<p>Send your completed application and required documentation to: 501 Centerville Road, Suite 202 Warwick RI 02886</p> <p>Need help? Contact Step Up to WAGE\$ RI at: WAGES@RIAAYC.org, 401-739-6100</p>

1. Applicant Information

Indicate correct options with a check.

Date of application	County of residence	Social Security #		
Name as shown on your income tax return (first, middle and last)			Previous name (if applicable)	
Mailing address		City	State	Zip Code
Home phone	Cell phone	Email address		
Date of birth ____-____-____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary			

1. Applicant Information – Continued

Indicate correct options with a check.

Ethnicity (optional):		
<input type="checkbox"/> American Indian or Alaska	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Preferred Language:
<input type="checkbox"/> Native Asian	<input type="checkbox"/> White	<input type="checkbox"/> Spanish
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Two or More Races Other	<input type="checkbox"/> English
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other	<input type="checkbox"/> Other:
<input type="checkbox"/> Middle Eastern or North African	_____	_____

2. Educational Background

Degrees earned (check all that apply)	Major	Colleges attended	Year graduated
<input type="checkbox"/> CDA Credential		N/A	N/A
<input type="checkbox"/> Coursework completed but no degree earned			N/A
<input type="checkbox"/> Associate's Degree			
<input type="checkbox"/> Bachelor's Degree			
<input type="checkbox"/> Master's Degree			

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

Have you or are you currently participating in the TEACH Early Childhood RI Scholarship, LearnERS, RI Early Childhood Registered Apprenticeship? Yes No

If yes, please list:

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"/> Single Family Child Care Home	<p>I own my own Family Child Care Business and work as educator/operator. I do not own any other child care business. <i>Verify your income by submitting Schedule C from your most recent tax return.</i></p> <p style="text-align: right;">Date you became owner _____ - _____ - _____</p>
<input type="radio"/> Single Child Care Center	<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. <i>Please supply your most recent 1040 Tax Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Form 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"/> Multiple Site Ownership	<p>I own or am listed as an office holder with more than one child care center or home. I have listed them below. <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> <p><i>Please list site names here:</i></p> <p>_____</p> <p>_____</p>
<input type="radio"/> No Ownership	<p>I am employed by my child care program. I do not own any child care facility. <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

Rhode Island Association for the Education of Young Children agrees to:

- A. Provide wage supplements to retain highly qualified infant and toddler educators and to ensure the availability and quality of infant and toddler child care is sustained and strengthened as public investment in preschool grows.
- B. Provide IRS-1099 forms at the end of the year to recipients as mandated by current tax law.
- C. Communicate with participants regarding the availability of funding for this program.

The Step Up to WAGE\$ RI Recipient agrees to:

- A. Acknowledge that receiving the full annual supplement is contingent upon completion of two eligible 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 their 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. Allow their employer to release employment information, including date of employment, position in center, age level of children in care, current salary or hourly rate and the average number of hours worked each week.
- C. Allow Step Up to WAGE\$ RI staff to release information about participation, including education, to director and/or owner.
- D. Participate in surveys or feedback opportunities about the Step Up to WAGE\$ RI Program.
- E. Acknowledge that the funding for this program is provided as public investment in preschool grows. . Payments will depend upon available funding and the recipient's

employer is not responsible for providing the supplement should funds no longer be available. These funds are time limited based on the parameters of the federal grant.

- F. Report and pay any personal income taxes due on annual supplements as required by current tax law.
- G. Acknowledge Step Up to WAGE\$ RI reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- H. Acknowledge that reimbursement to Step Up to WAGE\$ RI will be required by the recipient should a salary supplement be issued incorrectly for any reason.
- I. Acknowledge that falsifying application information or documentation may result in the inability to be a participant of 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.

I understand that I am requesting to be considered for Step Up to WAGE\$ RI and acknowledge that I must continue to meet the eligibility requirements of that program to receive ongoing supplements.

To be considered for a Step Up to WAGE\$ RI supplement, I understand that my contact and participation information may be released to the RI Department of Human Services or other partners. Information may also be shared with the TEACH Early Childhood® Scholarship Program as needed to support my participation. I authorize and consent to the release and sharing of such information by The Rhode Island Association for the Education of Young Children to the third parties described. I hereby release The Rhode Island Association for the Education of Young Children from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors, or omissions.

Applicant’s Signature _____ **Date** _____

Printed Name _____

County Where You Work _____

Send your completed application and required documentation to:



Step Up to WAGE\$ RI
501 Centerville Road,
Suit 202 Warwick RI 02886

Phone 401-739-6100 | Fax 401-739-6101
Email WAGES@RIAEYC.org
Website teach-ri.org

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		County		
DHS Provider ID		Child care program name		
Program mailing address				
Program phone		Program email address		
Applicant’s position of employment Must work in an infant and/or toddler classroom setting for a minimum of 10 hours per week	Family Child Care Provider	Floater	Director	Owner/Director
	Assistant Teacher/Aide		Assistant Director	
	Teacher/Lead Teacher	Other (please give full position title)		
	*If the applicant fulfills duties of more than one position, please specify this.			

Ages of children in care of this applicant (if applicable)			
Infants (Less than 1)	Ones	Twos	Threes
Total hours worked per week		How many hours per week are spent directly with children birth to 3?	
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	12 months	10 months	Other
How often is the applicant paid? <input type="checkbox"/> weekly <input type="checkbox"/> biweekly (every two weeks) <input type="checkbox"/> semi-monthly (two times a month) <input type="checkbox"/> monthly (10 months) <input type="checkbox"/> monthly (12 months)			
How many months per year is the applicant paid? <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____			
How many months per year does the applicant work? <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____			
Current annual gross salary		Current hourly rate	

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 Rhode Island 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 average 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. Step Up to WAGES RI 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 verification

Printed Name _____ Position _____

Step Up to WAGES RI is a demonstration program of Early Years and is based on the Child Care WAGES® Program.

Mail to:

Step Up To WAGES
The Rhode Island Association for
the Education of Young Children
501 Centerville Road, Suite 202
Warwick RI 02886

Email:

WAGES@RIAIEYC.org