

The Continue Care program provides financial support to help a family pay for its current cost of child care during the time the family is experiencing a change in its family situation. Support is intended to be time limited, lasting no more than six months. Funds from the Continue Care Program are only available if no other source of funding exists.

Because you may be eligible for other funds, it is necessary for us to verify your income, and if you work or are a student. We also need information about your child care provider so we can send your provider the reimbursement.

It is possible for you to request partial payment while you pay the other portion.

I understand that in addition to DHS and Empowerment, the following agencies may review my application. I have checked agencies that I do not want reviewing my application.

- Home Ties (4Cs)
- Neighborhood Centers
- Promise Jobs (FIP)
- United Action for Youth
- University of Iowa

Parent Signature

Date

Guidelines for Eligibility

*Families must reside and service must be provided in Johnson County.

*At least one of the children being served must be less than school age.

*Children must have attended child care within the last 7 days.

*Families may apply only once in any 12 month period.

*Funds are available for up to 6 months with a cap of \$1,000 per under-school-age and \$500 per school-age child.

*Funding is available for child care service only.

*Graduate students are not eligible.

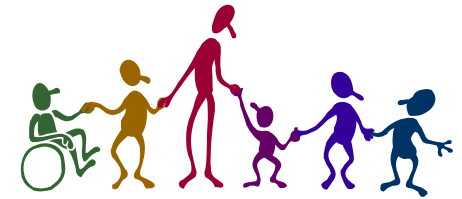
*Service providers must be registered with DHS or meet DHS non-registered provider criteria.

*Approval letters will be sent to providers.

*Families must meet income guidelines:
in household / monthly gross income

2	\$2111
3	\$2647
4	\$3184
5	\$3720
each add'l person add	\$536

01/24/07



Application for Continue Care

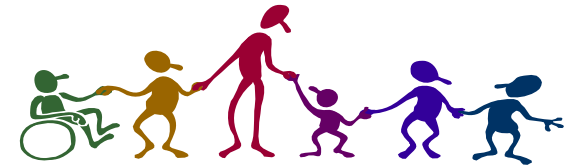
The mission of Continue Care is to provide a seamless continuum of child development and care that is both flexible and accessible to eligible parents who reside in Johnson County.

For help completing this application, contact:

Laurie Nash
Johnson County Empowerment
1150 5th Street, Suite 261
Coralville, IA 52241
(319) 339-6179
Empower@JCEmpowerment.org
www.jcempowerment.org

Send completed applications to:

An Fevold
DHS
911 N Governor Street
Iowa City, IA 52245



Application for Continue Care

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Address: _____

Phone number: _____

List all children needing care:

Name	Age	Social Security # (optional)	Race (optional)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

Are any of these children identified as having special needs?

Yes _____ No _____

Who provides care for your child(ren)? Please list all providers for whom you are requesting reimbursement. _____

What is the weekly rate that you are paying (or is paid on your behalf) for child care, so we know how much to reimburse your provider. _____

Are you working or attending school?

Mother: Work _____ School _____ Neither _____

Father: Work _____ School _____ Neither _____

How many hours per week? Mother _____ Father _____

What is your hourly wage? Mother _____ Father _____

Please indicate the main reason for this application:

_____ job search

_____ maternity leave

_____ parent is a student on break

_____ temporary decrease in work hours

_____ extra household bills, i.e. (circle one)
medical bills car repair legal expenses
other (please describe below)

_____ family emergency (such as death in family, etc)
please describe below

_____ Head Start/Even Start program ended for summer

_____ waiting list for child care assistance

_____ Other - Describe in detail below:

Please describe your current situation and need for child care funding, including the change in family circumstance and plan for when this funding ceases: _____

