



600 Griggs Ave.  
Fort Worth, Texas 76103  
Phone: (817) 923-9888 Fax:  
(817) 288-0506

Dear Financial Assistance Applicant:

Thank you for considering **Clayton Youth Enrichment** for your childcare needs. We are glad to offer assistance to help make childcare affordable and hope you will be able to use our services.

**Funding is limited. Please read the following policies and procedures to help expedite the application process.**

#### **Child Care Management Services (CCMS)**

If you are receiving Food Stamps or AFDC, you may be eligible for financial assistance through CCMS. Please call **CCMS** at **817-831-0374** immediately to see if you qualify, funds are available or if you will be placed on a waiting list. CCMS can process your application over the phone and inform you of your status. If you are awarded assistance, CCMS will contact Clayton Youth Enrichment. You must call every 30 days to remain on the waiting list.

**If you are placed on the CCMS waiting list, please complete the following application process:**

#### **Clayton Application Process**

Applications are processed within ten (10) working days from the date received. When your application has been processed, we will notify you by phone or email. The following documentation must accompany the application:

**Proof of Public Assistance.** Public Assistance includes but is not limited to CHIP, Free or Reduced Lunch, Snap, or being on the CCMS waiting list. Please submit a copy of the approval letter/ notice for the current year.

**OR**

**Verification of earned income.** This must be dated within 10 days of submission to us and include all working adults in the family. *See application for more details.*

Applications with incomplete information or missing documentation cannot be processed. Therefore, if your child(ren) attend our program before assistance has been awarded, you will be responsible for the full weekly fee.

Because funds are limited, assistance is awarded on a first-come, first-serve basis. If funds aren't currently available, you will be placed on a waiting list and notified as soon as assistance is accessible.

Thank you for your help in following these policies and procedures. We look forward to caring for your children and meeting your childcare needs. If you have questions regarding the application process, please contact any Client Service Representative at our Administrative offices: 817 923-9888.

Sincerely,  
The Clayton Youth Enrichment Team

**Please scan and email application and documents to:**  
[clientservices@claytonyouth.org](mailto:clientservices@claytonyouth.org)  
**or fax to 817-288-0506.**

# CLAYTON YOUTH ENRICHMENT

600 Griggs Ave v Fort Worth, Texas 76103 v 817-923-9888 v FAX: 817-288-0506

## Application for Financial Assistance

### Section A: Parent/Guardian Information - All information must be completed for application to be processed.

Please check all that apply:

Single Parent Family    
  Head of Household    
  Both Parents in Home    
  Foster Family

#### I. Applicant's Name & Employment Information: Must be person in charge of account.

Mr/Mrs/Ms \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_

Pay Period: (Check One)      Weekly      Every 2 Weeks      Twice Per Month      Monthly

Hours Per Week: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Gross Income Before Deductions: \_\_\_\_\_

#### II. Spouse/Other Adult & Employment Information: All adults living as part of the same household must be reported. Income for all individuals listed in Section II must be listed in Section III.

Name	Employer/School	Birth Date	Gender	Relationship

#### III.A Proof of Public Assistance: Please Select the type of Public Assistance you and please submit a copy of the approval letter/ notice for the current year.

- Chip
- Free or Reduced Lunch
- Snap
- CCMS waitlist

Other, please write the name of the Other Assistance Program below

\_\_\_\_\_

#### III.B Sources of Household Income: If you are not able to provide proof of Public Assistance- Please provide ALL sources of income for applicant, children, and all adults listed in Section II. Please provide monthly amounts.

Sources Of Income	Your Monthly Income	Spouse's Monthly Income	Other Family Income
Salary, wages, and tips	\$	\$	\$
Social Security Compensation	\$	\$	\$
Aid for Dependent Children	\$	\$	\$
Other	\$	\$	\$
<b>Total Annual Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Verification of employment & earned income for all adults listed above must be returned along with this application.**  
 For each adult, please provide proof of income (two paystubs, earnings statements, or a statement on employer letterhead) dated within 10 days of application date.

**Financial Assistance Application, con't.**

**Section B: Family Size Information** - All information must be completed for each child living in the same household.

\***ETHNICITY:** *Hispanic or non-Hispanic*

\*\***RACE:** *White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian, Black/White, other multiple race combinations*

Name Of Child	Ethnicity*	Race**	Date Of Birth	Grade	Disabled Yes Or No	Please Check <input checked="" type="checkbox"/> One	
						<input type="checkbox"/> Male	<input type="checkbox"/> Female
						<input type="checkbox"/> Male	<input type="checkbox"/> Female
						<input type="checkbox"/> Male	<input type="checkbox"/> Female
						<input type="checkbox"/> Male	<input type="checkbox"/> Female
						<input type="checkbox"/> Male	<input type="checkbox"/> Female
						<input type="checkbox"/> Male	<input type="checkbox"/> Female

**Section C: Attendance Information** - Must Be Completed For Each Child Enrolled In Clayton Youth Enrichment

Name Of Child	School	Attendance Plans: Please Check <input checked="" type="checkbox"/> One		
		<input type="checkbox"/> Before & After School	<input type="checkbox"/> After School	<input type="checkbox"/> Summer
		<input type="checkbox"/> Before & After School	<input type="checkbox"/> After School	<input type="checkbox"/> Summer
		<input type="checkbox"/> Before & After School	<input type="checkbox"/> After School	<input type="checkbox"/> Summer
		<input type="checkbox"/> Before & After School	<input type="checkbox"/> After School	<input type="checkbox"/> Summer
		<input type="checkbox"/> Before & After School	<input type="checkbox"/> After School	<input type="checkbox"/> Summer

**Section D: Additional Comments:** Please explain any special circumstances that would help us determine or justify your need for financial assistance:

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I certify that all of the above information is true and complete to the best of my knowledge and that all income has been reported. I agree to abide by all of Clayton Youth Enrichment policies. I understand that failure to comply with these policies may result in the termination of any assistance I may receive. I also understand that any false information provided may result in denial or loss of assistance.

\_\_\_\_\_  
*Signature Of Applicant*

\_\_\_\_\_  
*Date Application Completed*

**Reminder: Application must be submitted along with...**

1. Copies of your last two paycheck stubs, earnings statement OR a letter from your employer verifying your annual salary.
2. Copies of any supporting documentation for incomes listed in Section III:  
(Child Support) Sources of Income.