

Please complete this 4-page application and sign on page 3.

Application Checklist



<input type="radio"/> Complete application	<ul style="list-style-type: none"> <input type="radio"/> All questions must be answered. <input type="radio"/> Pages 1 - 3 must be completed by the applicant. <input type="radio"/> Page 4 must be completed by the director, owner or person authorized to provide employment verifications.
<input type="radio"/> Official transcripts Supplements are based on the education documents submitted with your application. Be sure to include official transcripts 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 obtained by the WAGE\$ staff. Workshops and training hours are not acceptable documentation.	Pick the option that best applies to your application: <ul style="list-style-type: none"> <input type="radio"/> Official transcripts are already on file with WAGE\$ and no additional education has been completed. <input type="radio"/> Transcripts are enclosed. <input type="radio"/> Transcripts are being sent directly from college(s). List colleges sending transcripts here: <p><i>*You will be processed based on the education submitted. If you do not indicate the colleges sending transcripts, you may be awarded at the wrong level. Remember you must ask the college to send us your transcripts.</i></p>
<input type="radio"/> Income verification See Section 3, "Ownership Status," for details.	Pick the option that best applies to your application: <ul style="list-style-type: none"> <input type="radio"/> Income worksheet (if family child care educator) <input type="radio"/> Current pay stub (if employee): pay stub should accurately reflect normal schedule. <input type="radio"/> Most recent tax documentation (if center owner): please submit 1040 and all supporting documents.
<input type="radio"/> Read the Participant Agreement and sign the Statement of Affirmation	See page 3 of this application.
<input type="radio"/> Direct Deposit Form	See page 5 of this application.
<input type="radio"/> W-9 Form	See page 6 of this application.
<input type="radio"/> Return the application	Send your completed application and required documentation to: Child Care WAGES® TENNESSEE, Signal Centers, 109 N. Germantown Rd., Chattanooga, TN 37411 Need help? Contact a WAGE\$ Counselor at 423-698-8528, Ext. 650 or email wages@signalcenters.org

1. Applicant Information

Indicate correct options with a check. ✓

Date of application		County of residence		Social Security number	
First name		Middle name	Last name		Maiden name (if applicable)
Mailing address			City		State
Zip	Home phone ()	Cell phone ()		Email address	
Date of birth / /		Gender <input type="radio"/> Male <input type="radio"/> Female			
Ethnicity (optional) <input type="radio"/> Black/African American <input type="radio"/> Asian American/Pacific Islander <input type="radio"/> American Indian <input type="radio"/> White/European American <input type="radio"/> Hispanic American/Latino/Latina <input type="radio"/> Biracial <input type="radio"/> Other					

2. Educational Background

Degrees earned (check all that apply)	Major	Colleges attended	Year graduated
<input type="radio"/> Coursework completed but no degree earned			N/A
<input type="radio"/> AA/AAS			
<input type="radio"/> BA/BS			
<input type="radio"/> MA/MS			

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

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.....

.....

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	I own my child care home and work as teacher/operator. I do not own any other child care facility or home. <i>Verify your income by completing the Monthly Income and Expenses Worksheet.</i> Date you became owner / /
<input type="radio"/> Single Small Group Child Care Home <i>(Licensed for fewer than 13 children per shift)</i>	I own my child care home and work as operator/teacher or I am listed as an office holder of the incorporated business and work as operator/teacher. I do not own or hold an office in any other child care facility. <i>Verify your income by completing the Monthly Income and Expenses Worksheet.</i> Date you became owner / /
<input type="radio"/> No Ownership	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>

4. Participant Agreement

Signal Centers agrees to:

- Provide wage supplements to eligible early educators as a special initiative to reward teacher education and continuity of care, thereby providing children ages birth to five more stable relationships with better educated teachers.
- Provide IRS-1099 forms at the end of the year to recipients as mandated by current tax law.

The Child Care WAGE\$® Recipient agrees to:

- Acknowledge that receiving the full annual supplement is contingent upon completion of two 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 her/his 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.
- Continue employment in a licensed program for the entire commitment period and notify Child Care WAGE\$® TENNESSEE of any changes.
- Allow her/his employer to release employment information including date of employment, position in center, age level of children in care, current salary or hourly rate (including bonuses received) and the number of hours worked each week.
- Allow WAGE\$ staff to release information about participation, including education, to director and/or owner.
- Acknowledge that the funding for this project is provided from the Tennessee Department of Human Services. The amount allocated by the Tennessee Department of Human Services will determine the amount available for supplements statewide. Payments will depend upon available funding and the recipient's employer is not responsible for providing the supplement should funds no longer be available.

- F. Report and pay any personal income taxes due on annual supplements as required by current tax law.
- G. Acknowledge that Child Care WAGE\$® TENNESSEE reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- H. Acknowledge that reimbursement to Child Care WAGE\$® TENNESSEE 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 on 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 WAGE\$ and acknowledge that I must continue to meet the eligibility requirements of that program in order to receive ongoing supplements.

To be considered for a WAGE\$ supplement, I understand that my contact and participation information may be released to the Tennessee Department of Human Services or other partners. I authorize and consent to the release and sharing of such information by Child Care WAGE\$® TENNESSEE to the third parties described. I hereby release Child Care WAGE\$® TENNESSEE/ Signal Centers from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions.

6. E-Newsletter Release


Yes No

I consent that my email may be utilized for Child Care WAGE\$® TENNESSEE's E-Newsletter, and that I have the option to opt out of that newsletter at any time.

Applicant's Signature Date

Printed name County where you work

Send your completed application and required documentation to:

 **Child Care WAGE\$® TENNESSEE**
Signal Centers
109 N.Germantown Rd.
Chattanooga, TN 37411

Phone 423-698-8528 Ext.650
wages@signalcenters.org
www.signalcenters.org

7. 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	
TNDHS license #		Child care program name	
Program mailing address			
Program phone ()		Program email address	
Position of Employment	<input type="radio"/> Family Child Care Educator <input type="radio"/> Floater <input type="radio"/> Assistant Teacher/Aide <input type="radio"/> Other (please give full position title) <input type="radio"/> Teacher/Lead Teacher		
	*If the applicant fulfills duties of more than one position, please specify this.		
Does the applicant work in an TN Pre-K classroom?		Does the applicant work in a Head Start classroom?	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Ages of children in care of this applicant (if applicable)			
<input type="radio"/> Infants <input type="radio"/> Ones <input type="radio"/> Twos <input type="radio"/> Threes <input type="radio"/> Fours <input type="radio"/> Fives <input type="radio"/> School-age			
Total hours worked per week		How many hours per week are spent directly with children birth to five?	
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 <input type="radio"/> 12 months <input type="radio"/> 10 months <input type="radio"/> Other			
How often is the applicant paid? <input type="radio"/> weekly <input type="radio"/> biweekly (every two weeks) <input type="radio"/> semi-monthly (two times a month) <input type="radio"/> monthly (10 months) <input type="radio"/> monthly (12 months)			
How many months per year is the applicant paid? <input type="radio"/> 9 months <input type="radio"/> 10 months <input type="radio"/> 12 months <input type="radio"/> Other			
How many months per year does the applicant work? <input type="radio"/> 9 months <input type="radio"/> 10 months <input type="radio"/> 12 months <input type="radio"/> Other			
Current annual gross salary		Current hourly rate	
Star Rating ① ② ③ <i>circle one</i>		Date became three-star / /	

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 Child Care WAGES® TENNESSEE 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 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. WAGES 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 Date

Signal Centers, Inc.
Accounts Payable
Direct Deposit Authorization Form

Payee Name

Phone Number

Date

Check One:

Setup ACH

Change Information

Cancel Direct Deposit

Payee Disclosures

The payee hereby authorizes Signal Centers, Inc. to deposit payments/reimbursements directly into the account indicated below and to initiate, if necessary any entries and adjustments for any direct deposit errors made. Signal Centers, Inc. is not liable for Payee's bank charges resulting from problems associated with direct deposit such as errors in bank information provided by Payee or lack of notification when an account is closed. This authority will remain in effect until a new form is filed.

Payee Information

Social Security Number

Signature of Authorized Signor on Account

Email Address (notice will be sent here)

Printed name of above Signatory

Bank Information

Name of Financial Institution

Phone Number

Account Type

ABA Routing Number (9 digits)

Account Number

Disclosures

- 1 **PRIVACY AND NOTIFICATION:** The principal purpose for requesting the information on this form is to verify the Payee's identity and set up an account to receive direct deposits of non-payroll payments.

- 2 If the Payee is an employee of Signal Centers, Inc., provision of the social security number is voluntary pursuant to the Federal Privacy Act of 1974. Taxpayer ID is required for non-employees.

