

## **Tuition Assistance: 2020-2021 Early Childhood Education (ECE) Grant**

The purpose of the Early Childhood Education (ECE) grant is to maximize a child's early educational experiences before kindergarten and provide high-quality early learning services to eligible children. If your annual household gross income is at or below 200% of the Federal Poverty Level, your child may qualify for the Early Childhood Education Grant through the Ohio Department of Education for the 2020-2021 school year.

### **If your household meets the following eligibility requirements, your child's preschool tuition may be free or reduced from the full monthly rate.**

- ☺ Your child must be four years of age by October 1, 2020: *Children who are age eligible to attend kindergarten in their district of residence are not eligible to fill a grant slot.*
- ☺ Your annual household gross income is at or below 200% of the Federal Poverty Level: *Please refer to the Federal Poverty document to see if your household qualifies for the ECE grant.*

### **Required documents to complete the Early Childhood Education (ECE) grant process:**

- ☺ A copy of your child's birth certificate to verify age eligibility
- ☺ Documentation to verify family income (see the household income verification section below for acceptable income verification documents)
- ☺ Complete the JFS 01121 Early Childhood Education Eligibility Screening Tool
- ☺ Complete the Lake or Geauga County Educational Service Center preschool enrollment packet

**Household Income Verification:** Two current consecutive paycheck stubs from all working adults in the household, current year tax return for all working adults in the household, W2, or proof of public assistance. If applicable: include income from self-employment, unemployment, disability, child support, spousal support, retirement, benefits from social security, and any other household income.

- If a family has no income, they must provide written documentation how they are meeting basic living expenses, including but not limited to food, housing, utilities and transportation. Examples of acceptable documentation to support the unearned income, include a housing voucher, food stamps, other public assistance, or letters verifying cash gifts.

***There are limited ECE grant spots available, please return the proper paperwork/documentation in order to secure a spot for your child. Incomplete applications or missing documentation will delay the enrollment process.***

## Early Childhood Education Grant Definitions

### Examples of gross earned and unearned income are as follows:

- **Gross earned** – wages, salary, severance pay, bonuses, sick leave paid as wages, annual leave, holiday and vacation pay
- **Unearned income** – is income that is not earned income from employment or self-employment. Unearned income includes interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony and child support payments, and gifts or assistance received by the family from persons, organizations or assistance agencies, such as social security administration (SSA) disability, unemployment compensation, veteran's payments, survivor benefits, temporary workers' compensation, and pension or retirement income

### For the purposes of determining family income, family is defined as:

- All parents/legal guardians of the child residing in the home and all minor children of the parent/legal guardian who are residing in the home;
- A stepparent residing in the home, and all of the minor children who reside in the home;
- The grandparents of the child residing in the home, only if the parent of the child is a minor and is residing in the home and is not participating in the LEAP program;
- Unmarried parents of a common child who reside in the same home and all of the minor children who live with them;
- A foster parent and all of the minor children who reside in the home

## Kindergarten Cut-Off Dates in Lake and Geauga County

*Your ECE application will be denied if your child is age-eligible for kindergarten in your district of residence. This means that your child will be five (5) years of age by:*

Berkshire Local Schools: August 1<sup>st</sup>

Cardinal Local Schools: August 1<sup>st</sup>

Chardon Local Schools: August 1<sup>st</sup>

Kenston Local Schools: September 30<sup>th</sup>

Newbury Local Schools: August 1<sup>st</sup>

West Geauga Local Schools: September 30<sup>th</sup>

Fairport Harbor Local Schools: September 30<sup>th</sup>

Perry Local Schools: September 30<sup>th</sup>

If you have any questions or need more information, please contact Amy Palker at 440.350.2563 ext 734 or [apalker@escwr.org](mailto:apalker@escwr.org).



Ohio Department of Job and Family Services  
Ohio Department of Education  
**EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL**

\*This form is valid only for publicly funded child care when attached to a  
JFS 01122 Publicly Funded Child Care Supplemental Application

Tell us about you (the applicant)			
First Name	Middle Initial	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number (    )	Additional Phone Number (    )	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

**Tell us about your needs for your child(ren)**

<b>Tell us about your needs for your child(ren)</b>			
<b>Child 1</b>	<b>Provider Name and Address</b>	<b>Child's Needs</b>	<b>What hours/days do you need services? (i.e. child care or preschool) Check all that apply</b>
<b>Name</b>		Do you have concerns about your child's growth and/or development?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe: _____ -	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
<b>Child's Mother's Maiden Name</b>			<b>What is the child's home school district?</b> _____
<b>Child's City of Birth</b>			
<b>Child 2</b>	<b>Provider Name and Address</b>	<b>Child's Needs</b>	<b>What hours/days do you need services? (child care or preschool) Check all that apply</b>
<b>Name</b>		Do you have concerns about your child's growth and/or development?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe: _____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
<b>Child's Mother's Maiden Name</b>			<b>What is the child's home school district?</b> _____
<b>Child's City of Birth</b>			
<b>Child 3</b>	<b>Provider Name and Address</b>	<b>Child's Needs</b>	<b>What hours/days do you need services? (child care or preschool) Check all that apply</b>
<b>Name</b>		Do you have concerns about your child's growth and/or development?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe: _____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
<b>Child's Mother's Maiden Name</b>			<b>What is the child's home school district?</b> _____
<b>Child's City of Birth</b>			

**Tell us about your finances**

Will you or the people in your home receive income this month?  Yes  No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support?  Yes  No  
How Much?

Signature of Applicant	Date
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