

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL **CCAMPIS PROGRAM**

The Child Care Access Means Parents in School (CCAMPIS) program is a U.S. Department of Education grant-funded program designed to support student-parents pursuing postsecondary education. The program assists eligible students who have children under the age of 12 by providing access to child care and supportive services. To remain eligible for the program, participating students are required to engage in educational workshops and complete volunteer hours that support their personal, academic, and professional development.

Our mission is to promote and support parent-student achievement while attending FDTC.

CCAMPIS supports child care in campus affiliated centers. Campus space and funding are limited; child care is provided based on availability.

ELIGIBILITY REQUIREMENTS:

- FDTC student - Applicant must be at least a part-time student in a degree program or in an approved job-training or certification program.
- Completed FAFSA – The Free Application for Student Aid is the starting point for financial assistance for college.
- Awarded Pell Grant or Pell Grant eligible.
- Student must be primary caretaker of a child 12 and younger or a dependent child over the age of 12 who has disabilities requiring constant care. If married, both parents must sign statements indicating they are unable to care for the child during the hours the student is in classes.

PROGRAM REQUIREMENTS:

- Must be enrolled at least half-time for the entire semester in order to remain in the program. In-person classes must constitute more than half of class load.
- Maintain at least a 2.0 GPA.
- Provide program Director with class schedule and other necessary documentation every semester.
- Volunteer in the child/children daycare or after school program three hours per semester.
- Attend two mandatory workshops per semester.
- Attend the annual orientation and a 1-on-1 meeting with the program Director.
- Complete annual program evaluation.
- Upon graduation parent-students are required to complete a post-graduation survey.

INSTRUCTIONS:

1. Complete the following forms: Application, Consent Form, Verification Form, Participation Agreement, & Daycares/After-Schools Approved List
2. Sign and date all documents
3. Save this document for your records and future use
4. Email all completed and signed forms to ccampis@fdtc.edu

Please note: Do not fill out the volunteer form and workshop form in this packet yet. They will be completed after workshops and volunteer time.

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL

STUDENT RECERTIFICATION

STUDENT INFORMATION

Last name _____ First name _____ MI _____

Student ID# _____ Mailing address _____

Home phone _____ Work phone _____

Cell phone _____ DOB _____ Gender _____

Ethnicity _____ Email address _____

CCAMPIS RECERTIFICATION

Are you still interested in the CCAMPIS program for the next semester? ☐ Yes ☐ NoIf yes, what semester would you return? ☐ Fall ☐ Summer ☐ SpringDo you have a change in your income? ☐ Yes ☐ No What is your income? \$ _____Are you still receiving the Pell Grant? ☐ Yes ☐ NoNumber of people in your household _____ Has there been a change? ☐ Yes ☐ NoHave you applied for any other federal grant? ☐ Yes ☐ NoAre you waiting on the status of another federal grant? ☐ Yes ☐ No

CHILD OR CHILDREN

Are you the parent or legal guardian of one or more children between the ages of infant to 12 years old?

Yes ☐ No ☐

If yes, please list the child/children below:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Do you need child care services while you attend classes at FDTC? ☐ Yes ☐ NoIf yes, when do you need services? ☐ Daytime ☐ Evening

Student signature _____ Date _____

CCAMPIS Program Director signature _____

Verified by _____ Applicant accepted? ☐ Yes ☐ No

If additional information is needed, the CCAMPIS Program Director will contact you. If there are any changes to your Pell Grant, or the number of people in your household, please make sure you have included that information.

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL VERIFICATION FORM

First name _____ Last name _____
Student ID# _____ Graduation date _____ Semester _____

Step 1. Please list # of people in the household. **You must report accurate amounts.**

RELATIONSHIP	AGE	FIRST NAME	LAST NAME

Did you and your spouse file a federal income tax return? Yes ☐ No ☐ N/A ☐

Did you file a federal income tax return? Yes ☐ If yes, from where? _____ No ☐ N/A ☐

Step 2. Please verify family taxable income _____

Please list any other income received such as SNAP Benefits, SSI, Disability, etc.

NAME	AMOUNT

Step 3. Non-Filer Information

I (we) did not file a tax return for the following reason (check one):

- ☐ Received no taxable income
- ☐ Taxable income received was less than the amount required for filing a tax return
- ☐ Other (explain)
- ☐ I was or was not claimed as a dependent on my parents' federal tax return

Signature _____

Date _____

I (we) hereby certify that all information contained in this document, including any attached documentation, is true and complete. I (we) affirm that I (we) have not knowingly provided any false statements or fraudulent documentation. I (we) understand if I (we) am (are) found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my (our) eligibility for Federal and State student aid also will be jeopardized. NOTE: Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney's Office.

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL VOLUNTEER FORM

Date _____ Time _____

Student's name _____

Child's name _____

Type of volunteer hours _____ Number of hours _____

Location _____

FACILITATOR SIGNATURE

DATE

STUDENT SIGNATURE

DATE

CCAMPIS SIGNATURE

DATE

PLEASE NOTE: you are responsible for 3 volunteer hours per semester!

STUDENTS: Please drop this form at my office in Room 106 or email the form to Melissa.Cooper@fdtc.edu in order to get credit for your volunteer hours.

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL WORKSHOP FORM

Date _____ Time _____

Student's name _____

Child's name _____

Type of workshop _____

Location _____

FACILITATOR SIGNATURE

DATE

STUDENT SIGNATURE

DATE

CCAMPIS SIGNATURE

DATE

PLEASE NOTE: you are responsible for 3 volunteer hours per semester!

STUDENTS: Please drop this form at my office in Room 106 or email the form to Melissa.Cooper@fdtc.edu in order to get credit for your volunteer hours.