



## **Child Care Scholarship Recipient Responsibilities**

As a recipient of a child care scholarship, I understand that I am responsible for taking the following actions and have ten (10) business days to locate a child care facility:

### **Report Changes**

1. I must report changes to Albemarle Smart Start **within five (5) workdays** of when changes occur such as:

- Change of address and telephone number.
- Marriage, remarriage, separation, or divorce.
- Change in members of my household.
- Child receiving child care services moves out of the home.
- Change of job or work shift, or increase/decrease in the number of hours or days employed.
- Increase or decrease in income from job, child support, or other sources.
- Loss of current employment.
- Increase or decrease in hours of school or employment training or change in class schedule.
- Change in the number of hours child care is needed.
- Withdrawal from college/university courses.
- Other changes that may affect my eligibility for services.

### **Report Absences**

2. I must call Albemarle Smart Start when my child(ren) is/are absent from the child care arrangement more than five (5) days during a month, or if my child will no longer be enrolled at the center or home I must provide 2 weeks notice to both ASSP and the child care provider.

### **Pay Fees**

3. I must pay the parent fees determined by Albemarle Smart Start to my child's provider. Failure to pay these fees regularly and on time can result in termination of child care services. I understand that I may not be eligible for child care services until the parent fees are paid. Also, I should request a receipt from the child care provider each time I pay my child care fees.

### **Maintain Contact**

4. I must respond to all contact from Albemarle Smart Start regarding my continued eligibility within the requested time frame. I understand that failure to respond may result in the termination of child care services. If my child care services are terminated and I continue to need help paying for child care, I must request that my name be added to the child care waiting list if one exists and/or reapply for services through the local county Department of Social Services.

### **Provide Permission to Verify Information**

5. I must provide the required information to Albemarle Smart Start so that eligibility for a child care scholarship can be determined. If written information is not available, signing this form gives permission to Albemarle Smart Start to verify income/child support by telephone or through other methods available.

### **Education Requirements (if applicable)**

6. I understand that I must provide a copy of my grades to Albemarle Smart Start for the semester that a Child

Care Scholarship was awarded to my family. Families, who are attending a college/university, must provide a copy of their grade report/transcript for the semester that a Child Care Scholarship was awarded for. Individuals must not be placed under any type of academic disciplinary measure. If an individual is placed on an academic disciplinary measure, the family will be placed on probation for one (1) semester. After the probation semester, if the individual continues under an academic disciplinary action, the family will be suspended from the Child Care Scholarship for one (1) semester. Families may reapply after the suspended semester for a Child Care Scholarship if there is a documented need. I understand that I must reapply after the suspended semester for a Child Care Scholarship if there is a documented need. I also understand that I must sign an Education Waiver so that ASSP can contact the college/university that I attend to monitor attendance and progress.

7. I also understand that if I withdraw from any college/university courses and do not notify Albemarle Smart Start within 5 business days, my Child Care Scholarship will be suspended for one semester. I understand that I must reapply after the suspended semester for a Child Care Scholarship if there is a documented need.

**I declare that Albemarle Smart Start has fully explained my responsibilities as a recipient of the Child Care Scholarship Program. Also, I understand and agree to the requirements on this document and have been given a copy. I understand that if I give false, incorrect or incomplete information, or do not report changes on time, that I may lose my services and could be prosecuted for fraud.**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Representative of Albemarle Smart Start**

\_\_\_\_\_  
**Date**