

Build Learn Grow Scholarship Fund Transitioning Eligible Families to CCDF Assistance

Continued Support for Early Childhood Scholarship Families

As *Build, Learn, Grow* early childhood education scholarships come to an end on June 30, you can help ensure your most vulnerable families — those receiving 80% tuition assistance through the program — continue being able to pay for their child(ren)'s care. To support families' ability to continue working and staying in care, the Office of Early Childhood and Out-of-School Learning (OECOSL) is providing temporary CCDF eligibility for approximately 6,600 enrolled families with incomes at or below 85% of state median income.

Providers should work with eligible families to complete and submit a basic application form on their behalf, which will then be reviewed and processed by local CCDF eligibility offices. Families must be currently enrolled in the scholarship program and attending an early childhood education program. Applications open Wednesday, May 25 and close Friday, June 24. Learn more about this opportunity and view frequently asked questions [here](#).

Consult the application guide or contact the SPARK Help Desk with questions at (800) 299-1627, via email at help@indianaspark.com, or live chat on <https://indianaspark.com/> or in My SPARK Learning Lab.

Primary Applicant Information

The Applicant/Co-Applicant is the person(s) applying for support on behalf of the child(ren) for whom they have physical custody. The Applicant must be a person related to the eligible child by blood or law, or be their foster parent or other person standing in loco parentis (in the place of a parent). The Applicant and Co-Applicant must be at least 18 years old unless the individual is married, an emancipated minor or a minor parent.

Asterisks denote required application fields.

Applicant First Name *

Applicant Middle Initial

Limit: 1 characters

Applicant Last Name *

Applicant Phone Number *



Applicant Phone Type *

- Home
- Cell
- Work

Does the CCDF office have permission to text the Applicant? *

- Yes
- No

Applicant Email Address *

Applicant Email Type *

- Personal
- Work or school

Applicant Address *

Include number, street address and apartment/unit number only.

City *

IN *

Address is located in Indiana.

Zip Code *

Limit: 5 characters

County *

Proof of Residency *

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Upload proof of applicant's residency.

Proof of residency must include:

- Applicant name
- Street address, city and/or zip code

Proof of residency may not be more than six (6) months old based on application completion date.

Examples: *Utility bill, pay stub, bank statement...*

Is the applicant's mailing address the same as the applicant's residence? *

- Yes
- No

Applicant Date of Birth *

Applicant Gender *

- Male
- Female

Applicant Ethnicity

- Hispanic
- Not Hispanic
- Prefer Not to Say

Applicant Race

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Prefer Not to Say

What is the main language spoken in the applicant's home? *

- English
- Spanish
- Native Central, South American, and Mexican languages (e.g., Mixteco, Quichean)
- Caribbean Languages (e.g., Haitian-Creole, Patois)
- Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)
- East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)
- Native North American/Alaska Native Languages
- Pacific Island Languages (e.g., Palauan, Fijian)
- European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)

- African Languages (e.g., Swahili, Wolof)
- Other (e.g., American Sign Language)
- Unspecified (Unknown or head of household declined to identify home language)

Is the applicant a licensed foster parent? *

- Yes
- No

Is the applicant a single parent? *

- Yes
- No

Is the applicant currently on medical or maternity leave with plans to return to work/school after leave?

- Yes
- No

What is the highest grade level the applicant has completed?

- No School
- Elementary [K-5th]
- Intermediate School [6th-8th]
- Some High School [9th-11th]
- Completed High School
- Freshman College
- Sophomore College
- Junior College
- Senior College
- Post-Graduate
- Doctorate

Does the applicant receive assistance from Medicaid or Hoosier Healthwise? *

- Yes
- No

Is the applicant currently working? *

- Yes
- No

Is the applicant searching for a job? *

- Yes
-

No

Is the applicant attending an education or training program? *

Yes

No

Does the applicant receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) income? *

Yes

No

Check any that apply to the applicant's family: *

Family has a current referral for child care through my TANF Impact case worker

Family has a current referral for child care through my DCS case worker

Family is currently receiving TANF benefits

Family has an open case with Child Protective Services (CPS)

Family resides in a homeless or domestic violence shelter

Family resides in a car, park or other public place

Family has a current referral for child care through my SNAP case worker

None of these apply

Is the applicant living in a residence with family and/or friends?

Yes

No

Does the applicant have a child with a disability in the household?

Yes

No

Is anyone in the applicant's home active in the military?

Yes

No

Is anyone in the applicant's home active in the National Guard or Reserve?

Yes

No

Do the applicant's household assets exceed \$1 million? *

Yes

No

Applicant Income Sources

List the applicant's monthly income from each source below. If they do not have income from that source, put 0.

Income from a co-applicant will be collected separately.

Applicant: Employment/Wages *

Applicant: Self-Employment/Wages *

Applicant: TANF Cash Assistance *

Applicant: Food Stamps/SNAP *

Applicant: Child Support *

Applicant: Housing Assistance Voucher *

Applicant: SSI or Other Federal Cash Program *

Applicant: Pension *

Applicant: Unemployment Insurance Benefit *

Applicant: Other Interest on Accounts, Trusts, etc. *

Applicant: Other (not counted) *

Applicant: Other State Funding *

Income Documentation *

Choose File

Select up to 20 files to attach. No files have been attached yet. You may add 20 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Upload documentation to verify all forms of reported income. Documents must not be more than 60 days old.

Examples: Pay stubs, benefits statements, interest statements...

Earned Income (Self-Employment)

Self-employed earned income is revenue received directly from an Applicant's own business, trade or profession minus business expenses declared by Applicant. Applicants must be able to demonstrate collection of revenue from self-employment if the business is more than eight (8) weeks old; however, an operating loss may be incurred and is reported as zero on the Statement of Profit and Loss Form. An Applicant may be asked by the state to provide documentation of gross receipts and expenses.

Is there a co-applicant? *

- Yes
 No

Applicant/Co-Applicant: A person who is applying for services on behalf of the child(ren) for which they have physical custody. The Applicant must be a person related to the eligible child by blood or law, or is their foster parent or other person standing in loco parentis (in the place of a parent). The Applicant and Co-Applicant must be age eighteen (18) unless the individual is married, an emancipated minor, or a minor parent.

Child Information

Enter information for every child in the household under the age of 18.

Note that to be eligible for scholarship transition assistance, children must be currently enrolled in the *Build, Learn, Grow* Scholarship program, attending an early childhood program and reside in a household with household income at or below 85% of State Median Income.

Child 1: First Name *

Child 1: Middle Initial

Limit: 1 characters

Child 1: Last Name *

Child 1: Date of Birth *

Child 1: Gender *

- Male
- Female

Child 1: Ethnicity

- Hispanic
- Not Hispanic
- Prefer Not to Say

Child 1: Race

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Prefer Not to Say

Is child 1 a Citizen, Qualified Alien, or neither? *

- Citizen
- Qualified Alien
- Neither

Child 1: Proof of Citizenship *

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Upload documentation to verify a child is a citizen of the United States or a qualified (legal) alien.

Examples: Birth certificate, Certificate of Naturalization, Certificate of Citizenship, Valid unexpired U.S. passport...

Is child care service currently needed for child 1? *

- Yes
- No

What is the relationship of child 1 to the applicant? *

- Son
- Daughter
- Grandchild
- Great Grandchild
- Step Child
- Cousin
- Foster Child
- Nephew
- Niece
- Sister
- Brother
- Other

Check any that apply to child 1: *

- Family has a current referral for child care through my TANF Impact case worker
- Family has a current referral for child care through my DCS case worker
- Family is currently receiving TANF benefits
- Family has an open case with Child Protective Services (CPS)
- Child has a special education need or needs special care
- Family resides in a homeless or domestic violence shelter
- Family resides in a car, park or other public place
- Family has a current referral for child care through my SNAP case worker
- None of these apply

Is there an additional child in this household? *

- Yes
- No

Enter information for every child in the household under the age of 18.

Parent's/Applicant's Rights and Obligations

Applicant's must view and read the Parent's/Applicant's Rights and Obligations document prior to submitting this form. [Click here](#) to view.

Providers should print and provide the form to applicants to sign and then upload the signed form below.

Applicant Acknowledgement *

Initial to affirm the applicant has reviewed the Parent's/Applicant's Rights and Obligations document.

Upload Parent's/Applicant's Rights and Obligations *

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Upload signed document

Submitter Information

As the person completing and submitting this form, please enter your information.

Asterisks denote required application fields.

Submitter Name *

First Name

Last Name

Submitter Roll *

Program Name *

I am an authorized representative of my program to submit this form, and all provided information is accurate to the best of my knowledge. *

Save Draft

Submit