



Return to: CDL @ McPhaul
202 Carlton Street
Athens, GA 30602
Fax: 706-542-5096

CCAMPIS APPLICATION

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL

Student-parent applicants are considered for child care assistance through CCAMPIS funding on the basis of eligibility status, financial income, need, resources, and family contribution levels.

Eligibility guidelines:

- Undergraduate students must be receiving a PELL Grant or be PELL Grant eligible based on the Expected Family Contribution. A FAFSA must be completed and on file with the Office of Financial Aid.
- Graduate/Professional and International students enrolled at UGA may be eligible to receive CCAMPIS assistance pending verification of eligibility and Expected Family Contribution.
- Child care services must be at the Child Development Lab (CDL) at the McPhaul Center at UGA

Program expectations:

- Attend one parent workshop each semester
- Attend one Student Parent Support Group each semester
- Attend at least one academic counseling session each academic year
- Pay monthly co-payment for child care provided
- Submit a pre-term and post-term evaluation
- Maintain good academic progress each term (GPA of 2.0 or higher)

If you are interested in childcare through our program, please fill out the application on the following pages completely and return with additional required forms to the address above.

SECTION I – DEMOGRAPHIC INFORMATION

Child's Name _____ Date of Birth _____

UGA ID# _____ New Applicant Returning Applicant

Applicant Name Mr. Mrs. Ms. First _____ Last _____

Spouse/Partner Name Mr. Mrs. Ms. First _____ Last _____ Current

Address _____

City _____ State _____ Zip Code _____ Country _____

Permanent Address: _____

Phone Numbers: Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

Email Address (UGA email): _____ (personal email) _____ Are

any parents veterans or members of the military? Yes No

Household Status: Married Not Married and Independent Not Married & Dependent of parent(s)

Are you a Citizen of the U.S.? Yes No

If not, what is your status? _____ Country _____

SECTION II – COLLEGE INFORMATION

Major: _____

College: _____

Cumulative Credits to Date: _____ Current Enrolled Credits: _____

Expected Graduation Date (mm/yyyy): _____ GPA Current: _____ Cumulative: _____

Have you completed a FAFSA form? Yes No Are you receiving a Pell Grant? Yes No

Student Status: Undergraduate Master's Doctorate

Are you a transfer student? If yes, from where are you transferring? _____

Name of Parent Affiliated with UGA _____

Is your Spouse/Partner a student? Yes No If yes, at what college/university? _____ Are you the first to attend college in your family? Yes No

SECTION III – CHILD CARE PROVIDER INFORMATION

Is your child currently enrolled in a child care program? Yes No If yes, where? _____

Are you currently receiving assistance through the Georgia Child Care Assistance Program? Yes No

Do you receive other financial support for child care tuition such as non-custodial parent, extended family contributions, military child care assistance, or any other agency support? Yes No

| Complete the following for the children you wish to receive CCAMPIS funding for: Please list the names and birth dates of the children in your household (between the ages of 8 weeks – 5 years) for whom you are requesting assistance. | | | For Program Use only |
|--|--|-------------|-------------------------|
| Child's Name | Child's Date of Birth (month/day/year) | Child's Age | Monthly Cost to parents |
| | | | |
| | | | |
| | | | |
| | | | |

Total number of persons living in household (children and adults including yourself): _____

SECTION IV – FINANCIAL INFORMATION

| Income Source | Self | Spouse/Partner |
|--|-----------------------------------|-----------------------------------|
| Grants | | |
| Loans | | |
| Public Assistance | | |
| Income from Work | \$ _____/month or \$ _____year | \$ _____/month or \$ _____year |
| Other Sources of Income: \$ _____ Family Funding \$ _____ Child Support \$ _____ SSI \$ _____ Unemployment \$ _____ Alimony \$ _____ Other | | |
| Other Current Received Services: <input type="checkbox"/> GA CAPS <input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> PeachCare for Kids (PCK) <input type="checkbox"/> Children’s Health Insurance Program (CHIP) <input type="checkbox"/> Planning for Healthy Babies (P4HB) <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | | |

SECTION V – CCAMPIS Letter of Agreement

In order to receive the CCAMPIS grant assistance for child care services, ALL CCAMPIS recipients must complete all program requirements within the contract year in order to continue receiving services.

Please initial that you have read, understand and agree to the following:

____ I understand that the goal of the CCAMPIS program is to assist me with child care expenses so that I can remain enrolled at UGA and persist towards earning my degree.

____ My participation in the program is dependent upon my successful completion of semester credits on a consistent basis towards earning my degree.

____ If I drop/add classes during any given semester, I agree to contact the CDL office immediately.

____ I understand I am immediately responsible for 100% of all child care fees charged by the center if I withdraw as a student from UGA.

____ I understand that I will be required to complete regular program evaluations and this is essential to my ongoing funding through the CCAMPIS program.

____ I understand I am required to attend one academic counseling session, one parenting workshop, one Student Parent Support Group meeting per semester that I am enrolled in the CCAMPIS program.

____ I understand and give permission for the CDL at the McPhaul Center to access my personal financial and academic information through the UGA Student Financial Aid and Registrar’s Office to determine eligibility of enrollment in the CCAMPIS program.

____ I understand that aggregate information, but no personal information will be shared with the U.S. Department of Education in Washington D.C., who funds this program.

____ I agree to complete a post UGA graduation survey, even after my child is no longer receiving services at the CDL at the McPhaul Center pertaining to program evaluation including but not limited to my employment, income, and quality of care/services.

I have read and understand the attached guidelines and hereby certify that the information in this application is complete and accurate to the best of my knowledge. I understand and accept the obligations of the program and will provide a written report to the CDL at the McPhaul Center office of any changes in the information provided on this application within 10 days of the change. If I do not, I understand that I am financially responsible for all child care tuition costs charged by the child care center. Changes may include, but are not limited to my UGA enrollment, credit hours, and UGA financial status. I understand this application does not guarantee space available or enrollment in the CDL at the McPhaul Center.

Signature _____ Date: _____

Forms to submit:

CCAMPIS Application

Financial Aid Award Letter

Class Schedule

Work Schedule

| |
|--|
| Office use only: Date Received: _____ Documents Received: _____ Eligibility Processed: _____ |
|--|