# Child Care WAGE\$® TENNESSEE

**Application** 



Please complete this 4-page application and sign on page 3.

-(	Application Checkli	st	
0	Complete application	<ul> <li>O All questions must be answered.</li> <li>O Pages 1 - 3 must be completed by the applicant.</li> <li>O Page 4 must be completed by the director, owner or person authorized to provide employment verifications.</li> </ul>	
0	Official transcripts Supplements are based on the education documents submitted with your application. Be sure to include <u>official transcripts</u> for ALL college coursework completed at a regionally accredited college or university. Copies of degrees and unofficial transcripts are not accepted. Internet transcripts cannot be accepted unless obtained by the WAGE\$ staff. Workshops and training hours are not acceptable documentation.	<ul> <li>Pick the option that best applies to your application:</li> <li>O Official transcripts are already on file with WAGE\$ and no additional education has been completed.</li> <li>O Transcripts are enclosed.</li> <li>O Transcripts are being sent directly from college(s). List colleges sending transcripts here:</li> </ul> *You will be processed based on the education submitted. If you do not indicate the colleges sending transcripts, you may be awarded at the wrong level. Remember you must ask the college to send us your transcripts.	
0	<b>Income verification</b> See Section 3, "Ownership Status," for details.	<ul> <li>Pick the option that best applies to your application:</li> <li>O Income worksheet (if family child care educator)</li> <li>O Current pay stub (if employee): pay stub should accurately reflect normal schedule.</li> <li>O Most recent tax documentation (if center owner): please submit 1040 and all supporting documents.</li> </ul>	
0	Read the Participant Agreement and sign the Statement of Affirmation	See page 3 of this application.	
0	Direct Deposit Form	See page 5 of this application.	
0	W-9 Form	See page 6 of this application.	
0	Return the application	Send your completed application and required documentation to: Child Care WAGE\$® TENNESSEE, Signal Centers, 109 N. Germantown Rd., Chattanooga, TN 37411 Need help? Contact a WAGE\$ Counselor at 423-698-8528, Ext. 650 or email wages@signalcenters.org	

## 1. Applicant Information

Indicate correct options with a check.

Date of application	Cou	unty of resi	idence				Social Security number			
		-								
First name		Mid	dle name		Last name A		Ma	Maiden name (if applicable)		
Mailing address					City			State	Zip	
Home phone			Cell phone				Email address			
()			( )							
Date of birth	,		-	Gender (	) Male	O Fe	male			
		/			_					
Ethnicity (optional)	O Black/Africa	an America	an O Asia	an American/Pa	acific Isl	ander	O American Indian			
	O White/Europ	pean Amei	rican O Hisp	oanic American	n/Latino	/Latina	O Biracial	(	O Other	





#### 2. Educational Background

Degrees earned (check all that apply)	Major	Colleges attended	Year graduated
O Coursework completed but no degree earned			N/A
O AA/AAS			
O BA/BS			
O MA/MS			

Have you earned any college credits that are not listed above? O Yes O No If yes, please list:

## **3. Ownership Status**

All applicants: please mark the box of the ownership category which best reflects your current situation and follow the instructions listed for the category you choose. Income from ownership and wages will be considered to determine eligibility.

0	Single Family Child Care Home	I own my child care home and work as teacher/operator. I do not own any other child care facility or home. Verify your income by completing the Monthly Income and Expenses Worksheet. Date you became owner/	
0	Single Small Group Child Care Home (Licensed for fewer than 13 children per shift)	I own my child care home and work as operator/teacher or I am listed as an office holder of the incorporated business and work as operator/teacher. I do not own or hold an office in any other child care facility. <i>Verify your income by completing the Monthly Income and Expenses Worksheet.</i> Date you became owner///////_	
0	No Ownership	I am employed by my child care program. I do not own any child care facility. If you are not an owner, please supply documentation of your pay rate such as a pay stub or employer wage statement to verify income.	

# 4. Participant Agreement

#### Signal Centers agrees to:

- A. Provide wage supplements to eligible early educators as a special initiative to reward teacher education and continuity of care, thereby providing children ages birth to five more stable relationships with better educated teachers.
- B. Provide IRS-1099 forms at the end of the year to recipients as mandated by current tax law.

#### The Child Care WAGE\$® Recipient agrees to:

- A. Acknowledge that receiving the full annual supplement is contingent upon completion of two six-month periods. An installment will be issued after each period, based on the education level and the work schedule of the recipient over the six-month period completed. No portion of the award will be issued if the participant leaves her/his program prior to completing the entire six-month commitment period. Time out for leave or summer breaks cannot be counted toward the completion of a commitment period. New applicants need to be employed at the time of the employment confirmation. Employment is verified after a commitment period is complete and when funding is available. The time of confirmations may be delayed due to funding issues, but the applicant must still be employed when money is available in order to be eligible.
- B. Continue employment in a licensed program for the entire commitment period and notify Child Care WAGE\$® TENNESSEE of any changes.
- C. Allow her/his employer to release employment information including date of employment, position in center, age level of children in care, current salary or hourly rate (including bonuses received) and the number of hours worked each week.
- D. Allow WAGE\$ staff to release information about participation, including education, to director and/or owner.
- E. Acknowledge that the funding for this project is provided from the Tennessee Department of Human Services. The amount allocated by the Tennessee Department of Human Services will determine the amount available for supplements statewide. Payments will depend upon available funding and the recipient's employer is not responsible for providing the supplement should funds no longer be available.

- F. Report and pay any personal income taxes due on annual supplements as required by current tax law.
- G. Acknowledge that Child Care WAGE\$® TENNESSEE reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- H. Acknowledge that reimbursement to Child Care WAGE<sup>®</sup> TENNESSEE will be required by the recipient should a salary supplement be issued incorrectly for any reason.
- I. Acknowledge that falsifying application information or documentation may result in the inability to be a participant on this program and the recipient consents to employer and program funder notification if participation is terminated due to failure to comply with documentation requirements.

#### 5. Statement of Affirmation

I, \_\_\_\_\_\_\_\_ (applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I have read and understand the Participant Agreement.

I understand that I am requesting to be considered for WAGE\$ and acknowledge that I must continue to meet the eligibility requirements of that program in order to receive ongoing supplements.

To be considered for a WAGE\$ supplement, I understand that my contact and participation information may be released to the Tennessee Department of Human Services or other partners. I authorize and consent to the release and sharing of such information by Child Care WAGE\$<sup>®</sup> TENNESSEE to the third parties described. I hereby release Child Care WAGE\$<sup>®</sup> TENNESSEE/ Signal Centers from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions.

#### **6.E-Newsletter Release**

O Yes O No I consent that my email may be utilized for Child Care WAGE\$<sup>®</sup> TENNESSEE's E-Newsletter, and that I have the option to opt out of that newsletter at any time.

Applicant's Signature	Date	
Printed name	County where you work	

Send your completed application and required documentation to:

Child Care WAGE\$® TENNESSEE
 Signal Centers
 109 N.Germantown Rd.
 Chattanooga, TN 37411

Phone 423-698-8528 Ext.650 wages@signalcenters.org www.signalcenters.org

#### 7. Employment Information and Verification

# This section <u>must be completed by the director, owner or person authorized</u> to provide employment verifications. A signature confirming the information's validity is required.

Applicant name			County			
TNDHS license #	ŧ	Child care program name	gram name			
Program mailing	address	I				
Program phone	( )		Program email address			
Postition of Employment       O Family Child Care Educator       O Floater         O Assistant Teacher/Aide       O Other (please)         O Teacher/Lead Teacher         *If the applicant fulfills duities of more than one position, please)						
Does the applica	nt work in an <b>TN</b> Pre-K class	room? O Yes O No	Does the applicant work in	a Head Start classroom? O Yes O No		
Ages of children	in care of this applicant (if a	pplicable)	·			
O Infants O	Ones O Twos O	Threes O Fours O	Fives O School-age			
Total hours work	ed per week		How many hours per week ar spent directly with children b			
	If the applicant fulfills duties of more than one position, please state how many hours are worked in each. Applicant start date					
Months per year	your program is in operatio	n O 12 months	O 10 months O Other			
How often is the applicant paid? O weekly O biweekly (every two weeks) O semi-monthly (two times a month) O monthly (10 months) O monthly (12 months) How many months per year is the applicant paid? O 9 months O 10 months O 12 months O Other						
How many months per year does the applicant work? O 9 months O 10 months O 12 months O Other						
Current annual g	ross salary		Current hourly rate			
Star Rating circle one	23	Date became three-star	······ / ······· / ······· / ·······			

In addition to the employment verification above, please verify that you have read and understand the expectations below. Your signature on this application indicates your agreement to:

Provide Child Care WAGE\$<sup>®</sup> TENNESSEE with information on teachers and directors employed who have applied for a salary supplement. This information shall include: date employment began, employee's position in center, status of employee (full or part-time, permanent or temporary), age level of children in employee's care, the employee's current salary or hourly pay rate and the number of hours worked each week.

Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a salary supplement. WAGE\$ will not be used as the reason to withhold an otherwise scheduled raise.

I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge.

Signature of director, owner, or person authorized to provide employment verification:

Printed name	Position	Date

# Signal Centers, Inc. Accounts Payable Direct Deposit Authorization Form

Payee Name		Phone Number	Date	
Check One:	Setup ACH	Change Information	Cancel Direct Deposit	
below and to initiate Payee's bank char	; if necessary any entries and a ges resulting from problems	<b>Payee Disclosures</b> c. to deposit payments/reimbursements djustments for any direct deposit errors ma associated with direct deposit such as e closed. This authority will remain in effe	ade. Signal Centers, Inc. is not liable for errors in bank information provided by	
		Payee Information		
Social Security Nu	umber	Signature of Authorized Signor o	on Account	
Email Address (no	tice will be sent here)	Printed name of above Signatory		
		Bank Information		
Name of Financial	Institution	Phone Number	Account Type	
ABA Routing Num	ber (9 digits)	Account Number		
		<b>Disclosures</b> incipal purpose for requesting the informa unt to receive direct deposits of non-payr		

2 If the Payee is an employee of Signal Centers, Inc., provision of the social security number is voluntary pursuant to the Federal Privacy Act of 1974. Taxpayer ID is required for non-employees.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

	2 Business name/disregarded entity name, if different from above			
e. ns on page 3.	following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)		
Print or type. Specific Instructions	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)		
e e				
	6 City, state, and ZIP code 7 List account number(s) here (optional)			
Par				
backu reside	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid p withholding. For individuals, this is generally your social security number (SSN). However, for a int alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s. it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	rity number		

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and
Number To Give the Requester for guidelines on whose number to enter.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Signature of		
Here	U.S. person ▶		

TIN. later.

# **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments**. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

or

Employer identification number

• Form 1099-S (proceeds from real estate transactions)

Date 🕨

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest),
- 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.