



**Family, Friend and Neighbor/Approved Home**

**ECE COVID-19 Rapid Response Application**

***Caregiver Information***

Name:		
Address		
City	State	Zip Code
Phone:	Email:	
How long have you been providing child care as an FFN Provider?	Date started:	
How many children do you care for?		

How many hours of care do you provide per week? **Please do not share any names of children.**

	Age	Relationship [drop down: child, grandchild, niece/nephew, neighbor, other]	Hours of care per week.
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			

Do the parents of the children you serve work in jobs considered essential during the COVID-19 crisis (health care, food service, grocery store, gas station, mail and delivery, etc.)? YES/NO. Tell us a little more about their child care needs during this time.

<p>Have you seen any change in need for child care during this crisis? Check those that apply</p> <ul style="list-style-type: none"> <li><input type="radio"/> Parents need longer hours of care</li> <li><input type="radio"/> New/other parents need me to look after their children</li> <li><input type="radio"/> Parents need less care because they are not working</li> <li><input type="radio"/> There has been no change</li> </ul>
Are you paid for providing Child Care?
Do you receive child care subsidy payments?
About how much do you earn per week?

**Do you care for any children or families with the following needs:**

Special Populations	# of Children
Medically fragile conditions (e.g. feeding tube)	
Special needs or developmental delays	
English language learners	
New American/immigrant families	
Physically disabled	
Behavioral/mental health needs	
Living in a shelter, transitional, or temporary housing	
Other (please describe)	

**Funding Needs/Request**

1. What are your financial concerns? [Please prioritize by listing in order of importance; 1 being most important)

- Housing Support (Rent/mortgage)
- Utilities
- Paid sick leave for self
- Lost income (because parents can't pay or state subsidies stop)
- Additional costs for cleaning and sanitizing, or health and safety materials
- Increased cost of food
- Need to work for more hours without additional pay
- Professional service needs
- Other (please specify): \_\_\_\_\_

2. How will you use emergency funds?

Budget Category	Check items you will address with grant funds	Description of funds (optional)
Housing support (rent/mortgage)		
Utilities		
Paid sick leave for self		
Lost revenue (parent or state payments)		
Cleaning and sanitizing		
Food		
Professional service needs – legal, etc.		
Other (please explain)		

**Narrative:** What else should we know about you, the families you care for, and the community in which you live? [250 words maximum- Use additional sheet if necessary]

**Attestation:**

Please check each box to indicate that as of date of application submission, you agree with the statement.

You currently or until COVID-19 provided 10 hours or more of care for young children in your community.

You intend to continue to care for young children for the foreseeable future and after the conclusion of COVID-19.

You are willing to let us know how you used the funds provided to you in this grant.

**Optional Questions** (for data collection purposes only)

- What is your race/ethnicity? \_\_\_\_\_
- What is your sex? \_\_\_\_\_
- Is your gross annual household income \$59,113 or below?  Yes  No  
If yes, please specify

\$10,000 or below

\$10,001 - \$19,999

\$20,000 - \$29,999

\$30,000 - \$39,999

\$40,000 - \$49,999

\$50,000- \$59,113

**Required Documentation**

- Completed Application
- W9

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit completed application and W9 by the July 24, 2020 deadline. Send via email at [FFN@programsforparents.org](mailto:FFN@programsforparents.org) or via fax at 973-744-6809. Contact us at 973-744-4050 with questions or for more information.