

EVICS Tuition Assistance Application 2023



First & Last Name: _____ Date: _____

Date of Birth: _____ County: _____

Phone number: _____ E-mail address: _____

What is your current gender identity? (Check all that apply)

Male Female Transgender non-Binary Decline to answer

Other (please specify): _____

What pronouns do you prefer that we use when talking with you? (Check all that apply)

She/her/hers He/him/his They/them/theirs Other:

Have you been to our Center before? **Yes** **No**

How did you hear about us? Social Media Newspaper Referral:

Google Search Story Time Community

Flyer Other:

Do you want to receive our newsletter? **Yes** **No**

Race/Ethnicity (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Caucasian/White
- Native Hawaiian or Other Pacific Islander
- Decline to answer

Have you or your family received services from any other local agencies? (Check all that apply)

- Crossroads Ministries EP Housing Authority Salud Family Health Clinic
- Estes Valley Crisis Advocate Health & Human Services

Other: _____

Total number of people in your household including yourself: _____

Monthly Household Income: _____

**Before tax income of all family members. Income does not include capital gains or non-cash benefits such as Medicaid, public housing, food stamps. But does include all cash benefits. If monthly income varies (ex. seasonal employment), divide annual income by 12 to obtain monthly income)*

1. Are you or is another adult in your household employed full time?
 Yes **No**

2. Do you have stable housing?
 Yes **No**

3. Are you generally able to get where you need to go using a personal vehicle or public transportation?
 Yes **No**

4. Are you able to access enough food to feed your family and yourself?
 Yes **No**

5. Have you finish high school or obtained Your GED?

Yes No

6. Does anyone in your family have health Insurance?

Yes No

7. Do you Have quality childcare, if needed?

Yes No N/A

8. Are all you school-age children enrolled in the current school year?

Yes No N/A

We are always looking to improve our services and we value your input. May we ask what do you think are the most pressing needs in our community?

Childcare ESL Classes Affordable Housing Mental Health

Adult Education Transportation Parenting Class Other: _____

How can we serve you better?

Primary Parent/Guardian Information:

____ Same Information as Above Language Preference: _____

Address for Child's Main Residence: _____

City: _____ State: _____ Zip: _____

Language Preference _____

Education Completed: Highschool/GED Trade School
 University/College Currently Enrolled

Employment Status: Part Time Full Time Unemployed Other

Employer: _____ Phone: _____

Hours/Week: _____ Income from other employment/jobs? _____/month

**Please include your paystub from your last month of employment with your application.*

Additional Parent/Guardian:

First & Last Name: _____

Language Preference _____

Education Completed: Highschool/GED Trade School
 University/College Currently Enrolled

Employment Status: Part Time Full Time Unemployed Other

Employer: _____ Phone: _____

Hours/Week: _____ Income from other employment/jobs? _____/month

**Please include your paystub from your last month of employment with your application.*

Total number of people in your household including yourself: _____

Monthly Household Income: _____

**Please include your paystub from your last month of employment with your application.*

**Before tax income of all family members. Income does not include capital gains or non-cash benefits such as Medicaid, public housing, food stamps. But does include all cash benefits. If monthly income varies (ex. seasonal employment), divide annual income by 12 to obtain monthly income)*

Children under 18 in your home:

Name _____ Birthdate _____

Receiving Care/School at _____ Days/Week _____ Assistance Needed _____

Name _____ Birthdate _____

Receiving Care/School at _____ Days/Week _____ Assistance Needed _____

Name _____ Birthdate _____

Receiving Care/School at _____ Days/Week _____ Assistance Needed _____

Authorization

I hereby authorize EVICS Family Resource Center to supply information obtained from me to any childcare provider I may choose to use, any employer for whom I work or any school I may be attending.

Additionally, I authorize any childcare provider I may choose to use, any employer for whom I work, any school I may be attending or any program for which I qualify for funding to supply information to EVIS concerning my application for subsidized childcare through the EVICS childcare scholarship fund. I release the person(s), agencies or institutions from any and all liability for supplying such information.

Signature: _____ Date: _____

Our agency participates in the Family Resource Center Association (FRCA) multi-agency case management system called FRCAforce. FRCAforce is a system for service providers across the Family Resource Center Association to facilitate resource access and case coordination.

By signing this authorization form you are agreeing to allow our agency, EVICS Family Resource Center, to share your information with other FRCA Member Centers for the purpose of coordinating resources and services on your behalf. Information that may be shared includes your name, date of birth, county of residence, number of household members, zip code, and resource center.

I, _____, AUTHORIZE my information as outlined above be shared by and among the FRCA Member Centers via FRCAforce a shared, online data system.

I understand that only information that is necessary to facilitate resource access, benefit determination, and case coordination will be shared with Member Centers.

I also understand that additional Member Centers may join the FRCA network after I have signed this consent form, and I agree that any later added Member Centers may access my information for the purposes described herein.

I acknowledge that anonymized (non-identifying) data about services I receive may be used by FRCA for the purposes of research and program evaluation.

By signing this form, I understand that:

- All Member Centers covered by this authorization are contractually required to maintain the confidentiality of my information.
- I am not required to give permission to release my information in order to receive benefits or services from EVICS Family Resource Center or another Member Center.
- I have the right to revoke this authorization at any time, except to the extent that a Member Center has acted in reliance upon it, by sending written notification to EVICS Family Resource Center.
- I may acquire a copy of this release at my request.

Expiration of Authorization: *Unless terminated earlier by me, this authorization will expire one year from the date signed.*

By signing below, I certify that I have read and understand the content of this form.

Signature: _____ Date: _____

If client representative, Relationship to Client: _____

Staff Attestation: *I have reviewed the FRCAforce Authorization to Release Information with this client. I further attest that our organization shall maintain the client's signed authorization on file.*

Staff Signature: _____ Date: _____
FRCA Member Center, EVICS Family Resource Center

EVICS Scholarship Fund

Application Received: _____ Staff: _____

Notification of approval/denial due date (1 week from today): _____ Staff: _____

Denied

Approved

In attendance at: _____ Days/ Week: _____

Staff Approved Scholarship by: _____ Date: _____

CCAP (If eligible)

Release Signed

Application filled out.

Offered Family Development (2 weeks from today): _____ Staff: _____