

Brown University Child Care Subsidy Application for 1/1/19 - 12/31/19

Part One: Your Information		
<input type="checkbox"/> Medical Student		<input type="checkbox"/> Postdoctoral Fellow
Name (Last, First, Middle Initial)	Date of Hire (if applicable)	
Home Street Address		
City, State, Zip Code	Workday ID	
Email Address		
Department		
Campus Box	Expected Graduation Date (if applicable)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married

Part Two: Your Spouse's Information	
<input type="checkbox"/> Not Applicable	
Spouse's Name (Last, First, Middle Initial)	
Is your spouse employed at least part-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's Employer
Is your spouse a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's School
Is your spouse considered legally disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your spouse unemployed but actively seeking employment? * Your spouse must have legal work authorization to work in the United States. If applicable, a work visa is required and must be attached as documentation. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part Three: Your Child's Information					
Please list children between the ages of 0 to 6.					
Name (Last, First, Middle Initial)	Date of Birth	Tax Dependent	Last 4 Digits of SSN	Type of Child Care	Estimated Monthly Fee
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In-Home <input type="checkbox"/> Center	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In-Home <input type="checkbox"/> Center	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In-Home <input type="checkbox"/> Center	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In-Home <input type="checkbox"/> Center	\$

Part Four: Documentation	
As part of our application process, we need to review personal information. Be assured this information is kept strictly confidential and securely stored. Please check off each item as it is enclosed with your application.	
IRS Form 1040	<input type="checkbox"/> I have enclosed the front page of my federal form 1040 from the prior year. (Required if single –or- married and filing jointly). <input type="checkbox"/> I have enclosed the front page of my spouse’s federal form 1040 from the prior year. (Required if married and filing individually).
Birth Certificate or Certificate of Adoption	<input type="checkbox"/> I have enclosed a copy of my child(ren)’s birth certificate(s) or certificate(s) of adoption. <input type="checkbox"/> My child(ren)’s birth certificate(s) or certificate(s) of adoption are on file in Workday.
* Spouse’s Work Visa	<input type="checkbox"/> I have enclosed my spouse’s work visa. <input type="checkbox"/> Not applicable

Read and Sign

Statement of Understanding – By signing below, I certify that I have attached all applicable tax forms and other income source documents. I understand I must notify the Benefits Office of any family status changes (i.e. dissolution of marriage or domestic partnership) which could affect my child custody responsibilities during the plan year I receive a Child Care Subsidy. I certify under penalty of perjury that all statements and documentation relating to this application are true. I understand that incomplete or inaccurate information may adversely affect my child(ren)’s eligibility under this Program up to and including repayment to Brown University of any funds awarded and/or may result in disciplinary action up to and including termination.

Signature

Date

Mail this application and all required supporting documentation to:

University Human Resources
 Box 1879
 Providence, RI 02912