



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AB212 CARES

Year 16 APPLICATION for Continuing Participants

July 1, 2016– June 30, 2017

Deadline to apply: September 30, 2016

Please type or print legibly.

SSN _____
Social Security Number

LAST NAME _____ FIRST NAME _____ MI _____

CHECK IF YOUR NAME OR ADDRESS HAS CHANGED.

STREET ADDRESS _____ APT _____

CITY _____ ZIP _____

HOME PHONE () _____ - _____ WORK PHONE () _____ - _____

CELL PHONE () _____ - _____ EMAIL ADDRESS _____

NAME OF CENTER _____

STREET ADDRESS _____

CITY _____ ZIP _____

Please check one of the following: CDE/EESD CENTER STAFF EESD FCC NETWORK PROVIDER

EMPLOYMENT REQUIREMENT (to be completed by AB212 CARES Participant)

I, _____, understand that I must be working in a CDE/EESD funded
(print full name)
classroom in order to earn a stipend from AB212 CARES. If it is determined that my site/classroom is not CDE/EESD funded or I stop working in a qualified program, I will not be eligible for a stipend and my participation in AB212 CARES will end.

Participant Signature Date ()
Employer telephone #

- I do not wish to continue my participation in the AB212 CARES. Please exit me from the program. My reason for exiting:
 - Maternity/Medical leave
 - Moved Out of San Diego County
 - Other: _____
 - Employed in another field
 - Retired
- I plan to continue in Year 16 (July 1, 2016-June 30, 2017) of the CARES Program. Please mail me the information I need to participate and earn a stipend award this program year.

Last Name: _____ First Name: _____

I am enrolled or will enroll at _____ College/University
College/University name

I am working towards a _____ Degree in _____ *
type of degree Major

*Degree plan must be AB212 CARES approved and include a minimum of 24 units in Child Development.

I intend to enroll in coursework to upgrade or renew the following permit.
(Please check one of the following)

- | | | |
|---|--|---|
| <input type="checkbox"/> Assistant | <input type="checkbox"/> Associate Teacher | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Master Teacher | <input type="checkbox"/> Site Supervisor | <input type="checkbox"/> Program Director |

By signing below, I agree that I have read and understand the following:

- **I must return this application by September 30, 2016 or I will not be enrolled to participate in Year 16 of the CARES program.**
- I understand that I must work in a CDE/EESD funded classroom or be a License Family Child Care Provider in an EESD Funded FCC Network in order to participate in Year 16. If during the program year I stop working in an EESD funded classroom I will no longer qualify to participate in the CARES program.
- I understand that I must work directly with children at one site in order to participate in AB212 CARES. I cannot participate in AB212 CARES if I am a director/site supervisor who is not working in a classroom at least 15 hours per week.
- It is my responsibility to contact the CARES program imminently if I change my contact information or place of employment. CARES is not responsible for lost, delayed or returned mail.
- I must complete a CARES Educational Plan for Professional Development at the beginning of each program year to be reviewed by CARES staff. Submitting my Plan late may cause me to take units that are not eligible for payment.
- I understand my degree plan must include 24 units of Child Development coursework and be AB212 CARES approved. If I have already completed 24 units of Child Development, I must provide proof of completion.
- The coursework I complete for payment must follow the Child Development Permit Matrix or my 2 or 4 year college plan toward a higher permit or CD/ECE related degree. I must receive a grade of "C" or better. Coursework must be completed after my last stipend payment was earned and within one year of the date I submit complete payment documentation.
- I understand that I will need to complete at least 3 units of college coursework in order to receive a stipend.
- I understand that I am not eligible to receive a stipend with AB212 funds for any coursework that is already included in my participation in the CTKS program, through the San Diego County Office of Education.
- I understand that if I already have a BA/BS, my stipend payment may be paid at the end of the program year if funding is available.
- I am eligible to receive only one stipend payment per program year (7/1/16-6/30/17). Additional units submitted after my payment is processed cannot be considered for an additional or higher stipend award. I understand it is my responsibility to request transcripts from all the colleges I attended.
- I understand it is my responsibility to download required payment forms from the CARES website.
- All stipend awards are based on the availability of funding.
- To receive a stipend I must complete program requirements for Year 16 and submit all required documentation.
- It is my responsibility to contact the CARES program if I do not receive written notification of my enrollment in Year 16 of CARES and/or if I have questions about my participation in the program.

SIGNATURE _____ DATE _____

All Participants must sign this application in order to participate in Year 16 (July 1, 2016-June 30, 2017) of AB212 CARES, or it will be returned. If you have questions please call 1-866-CARES SD/1-866-227-3773 or send an e-mail to CARESSD@ymca.org immediately.

AB212 CARES is administered by the YMCA Childcare Resource Service, a department of the YMCA of San Diego County, with funding from the California Department of Education through the County of San Diego.