



**IdahoSTARS  
Registry Office**

1471 Shoreline Dr., Ste 202  
Boise, Idaho 83702  
2-1-1 or 1-800-926-2588  
Fax – (208) 345-6569  
www.idahostars.org

**IdahoSTARS Request for Incentive(s) Form (Revised 4/12/10)**

Send request to IdahoSTARS Registry Office. Please attach *current* copies of the following:

If you are an **employee** of a child care facility, you will need to submit:

- a current **Pay Stub**
- Page 3 of this application: **Section D- Employment Information Form** filled out and signed by your supervisor

If you are the **owner/director** of a Family, Group, or Center Child Care facility, you will need to submit:

- the **Owner of Facility Income Worksheet** (obtain on-line or at the local Child Care Resource and Referral Office)
- Page 3 of this application: **Section D- Employment Information Form**

**All applicants must submit:**

- Current Child Care Facility License (City or State)
- Current Pediatric CPR & First Aid Certification
- Current Child Care Worker License (if applicable)
- **If your name has changed**, we need your new **social security card** in your current legal name **and** a new **W9 form** in order to legally issue an incentive check.

**Current Date:** \_\_\_\_\_

**Check the Type(s) of Incentive(s) you are requesting:**

Annual Anniversary Incentive  Yes  No Career Pathway Level Move  Yes  No

**SECTION A Applicant Information:**

Name: \_\_\_\_\_ change of name  Yes  No  
(note: name must match name on soc sec card)

Home Mailing Address: \_\_\_\_\_ change of address  Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Initial Entry Placement Date/Anniversary Date: \_\_\_\_\_

- Yes  No **Membership in Early Childhood Professional Organization(s)**  
(If yes, list organization and give member number \_\_\_\_\_)
- Yes  No **Academic Scholar**

**Language:**

If your primary language is not English, what is it? \_\_\_\_\_

If your primary language is not English, how well do you speak English? Very well Well Not Well Not at all

Do you have a secondary language? yes no If yes, what is it? \_\_\_\_\_

Spoken yes no Written yes no

**SECTION B – Employment Information:**

Name of Business: \_\_\_\_\_ Is this a change of employment since last request for incentives?  Yes  No

Name of Director: \_\_\_\_\_

Name of Authorized Administrator: \_\_\_\_\_

(An “Authorized Administrator” would be the person responsible for instituting and approving increases in staff wages and approved to accept money on behalf of the center in the case of a grant award)

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please indicate the category that best describes your place of employment:**

- Center Facility (13 or more children)  Group Child Care (7-12 children)
- Family Child Care (1-6 children)  Relative Provider  Other \_\_\_\_\_

**Job Title:** (check one)

- Child Care Assistant Teacher  Child Care Coordinator  Child Care Director
- Child Care Lead Teacher  Owner/Provider  Other \_\_\_\_\_

**Age Range(s) and Programs:** (check all ages that you directly work with)

- Birth to 12 mths.  Toddlers 13 – 30 mths  Preschool 31 mths to 5years
- 5 year old  School-Age over 5 years  All ages

**SECTION C – Education or Training?**

Please indicate the type of professional development you are submitting and **provide documentation to substantiate:**

- Approved Training (necessary verification documentation can be certificates or verification from the IdahoSTARS training office from attendance sheets). Submit all of the hours completed year-to-date with your request to receive the maximum incentive at this time.
- College Course Work (necessary verification documentation must be transcripts for college credit and transcripts **and** diploma for achieving a degree). Submit all of the credits completed year-to-date with your request to receive the maximum incentive at this time.

Name of Degree \_\_\_\_\_ Date of Graduation \_\_\_\_\_ **Page 2**

**SECTION D - Employment Verification: (This section is to be completed by the Director or Supervisor of the Applicant about the Applicant's current job or by the applicant if he/she is the owner/director)**

Yes  No **Does the applicant's current role fall under the criteria for IdahoSTARS incentives?** (Must answer "Yes" to all of the following);

- Works in a child care setting designed to care for children while parent(s)/guardian(s) work or attend training **and**
- Works in a program that operates full time **and**
- You are not currently listed as a volunteer and do meet the criteria of being paid for child care services **and**
- Earns \$15.00/hr or less **and**
- (For employees) Provides regularly scheduled, direct care and/or education with children in their classroom at least 15 hrs/week or 780 hrs/yr **or**
- (For Directors) Provides regularly scheduled work directly in the facility with children, staff, and parents a minimum of 30 hours/wk

Hours **per week** directly in a child care setting: \_\_\_\_\_

Hours **per year** directly in a child care setting: \_\_\_\_\_

**Current Hourly Wage:** \_\_\_\_\_  
(must submit current pay stub **OR** Owner of Facility Income Worksheet)

**Current Employment Original Start Date:** \_\_\_\_\_

Yes  No **Facility License** (provide copy of license)

Yes  No **USDA Program** (# if YES \_\_\_\_\_)

Yes  No **ICCP Provider** (Vendor # if YES \_\_\_\_\_)

Yes  No **Accredited Facility** (provide copy of certificate)

Yes  No **Is willing to provide care for children with special needs**

Check all benefits offered to employees:  Health Insurance  Retirement  Sick Leave

Vacation Leave  Child Care

Other \_\_\_\_\_

**Current Date:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_ **EIN#** \_\_\_\_\_

**Director or Supervisor's Name (please print):** \_\_\_\_\_

**Director or Supervisor's Signature:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Authorized Administrator Signature:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_  
(An "Authorized Administrator" would be the person responsible for instituting and approving increases in staff wages and approved to accept money on behalf of the center in the case of a grant award).