

Anniversary and Level Move Incentive Form

IdahoSTARS ★ 1471 Shoreline Drive, suite 202 ★ Boise, ID 83702 or Call the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588

ELIGIBILITY:

To Be Eligible: When your application is processed, you will be placed into one of five categories, A, B, C, D or V. To be eligible for Anniversary and Level Move monetary incentives you must be in Category A or B. Category C, D and V participants are not considered eligible for monetary incentives.

Category A:

- Work in a child care setting designed to care for children while parents work or attend school
 - Facility hours extend beyond a preschool or school-age setting
 - Facility is operating more than 25 hours per week
- Work on a regular basis directly with children in the classroom at least 15 hours per week or 780 consecutive hours in one year
- Earn \$15 or less per hour

Category B:

- Work in a child care setting designed to care for children while parents work or attend school
 - Facility hours extend beyond a preschool or school-age setting
 - Facility is operating more than 25 hours per week
- Earn \$15.00/hour or less
- Work as a Director/Owner of facility directly with children, staff or parents on a regular basis, a minimum of 30 hours/wk.

Category C: Participant does not meet the requirements of Category A or B, but if they direct or own a facility they may still be eligible for Mentoring/Coaching or Child Care Health Consultations.

Category D: Participant is receiving Academic Scholarship assistance. Participant is not eligible for Anniversary or Level Move monetary incentives until scholarship contract is complete or not continued. For Academic Scholarship incentives, participants must work at least 25 hours per week to remain eligible for the Academic Scholarship.

Category V: Volunteer participant. Volunteers are not considered eligible for incentives.

Hours/Credits:

- **Annual Anniversary Incentives** - Complete a minimum of 15 hours of IdahoSTARS approved training or 1 college semester credit towards an Early Childhood degree annually within each 12 month cycle after your initial registration into the Registry (your anniversary date.)
- **Career Pathway Level Move** - Complete the required hours of IdahoSTARS approved training or college credits towards an Early Childhood degree **and** required work experience for a specific level move.

Child Care Providers Only –

- Current Pay Stub
- Note: Section D-Employment Verification (located on page 5) needs to be filled out and signed by your Director/Owner.

Directors/Owners Only –

- Owner of Facility Income Worksheet (under document section on PDS webpage).
- **Note:** Section D-Employment Verification (located page 5) needs to be filled out and signed by you as the director/owner.

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TYPE(S) OF INCENTIVE(S)

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

Anniversary Incentive: Yes No Career Pathway Level Move: Yes No

SECTION A - APPLICATION INFORMATION:

Name: _____ change of name? Yes No

Note: If name has changed you must send in a **copy of social security card in your current legal name and W9 Form.**

Home Mailing Address: _____ change of address? Yes No

City: _____ State: _____ County: _____

Zip Code: _____ Email: _____

Home Phone: _____

Social Security #: _____/_____/_____

Initial Entry Placement Date/Anniversary Date: _____

Membership in Early Childhood Professional Organization(s)? Yes No

(If yes, list organization and give member number) _____

Language:

Is your primary language English? Yes No

If no, what is it? _____

Spoken? Yes No Written? Yes No

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

Does your place of employment have a Quality Rating and Improvement System (QRIS) STAR rating? Yes No

Name of Director/Owner: _____

Name of Authorized Administrator: _____

(An "Authorized Administrator" is the person who is in charge of staff wages.)

Address: _____ City: _____

County: _____ State: _____

Work Phone: _____ Zip: _____

Please indicate the category that best describes your place of employment: (check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Center Facility (13+ children) | <input type="checkbox"/> Group Child Care (7-12 children) | <input type="checkbox"/> Family Child Care (1-6 children) |
| <input type="checkbox"/> Relative Provider | <input type="checkbox"/> Head Start Traditional Program | <input type="checkbox"/> Head Start Full Time Child Care |
| <input type="checkbox"/> Preschool Only | <input type="checkbox"/> Other: _____ | |

Job Title: (check one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Child Care Assistant Teacher | <input type="checkbox"/> Child Care Coordinator | <input type="checkbox"/> Child Care Director/Owner |
| <input type="checkbox"/> Child Care Lead Teacher | <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Birth to 12 months | <input type="checkbox"/> Toddlers 13-30 months | <input type="checkbox"/> Preschool 31 months-5 years |
| <input type="checkbox"/> 5 years | <input type="checkbox"/> School-Age over 5 years | <input type="checkbox"/> All ages |

SECTION C - EDUCATION AND TRAINING:

Indicate the type of professional development you are submitting, and provide documentation for support:

- Approved Training:** Submit all hours completed year-to-date with your request form to receive the maximum incentive at this time. (Certificates, verification, or attendance sheets from the IdahoSTARS training office).
- College Course Work:** Submit all of the credits completed year-to-date with your request to receive form to get the maximum incentive at this time. (Transcripts for college credits or transcripts and diploma for degree).

Name of Degree: (if applicable) _____

Date of Graduation: (if applicable) _____

APPLICATION CONSENT:

I certify that the information contained in my **Anniversary and Level Move Incentive Form** is complete, true, and accurate. I acknowledge that misrepresentation of information may result in my removal from the program and is considered fraud. I have read and understand the Eligibility section which describes the criteria to receive IdahoSTARS incentives.

I understand that the information contained in my file will not be released to the general public. I further understand that the information in my file will be used for the following purposes:

- IdahoSTARS may use information in this application form to compile and publish group data reports, determine eligibility for sponsored programs, & recognize individual educational attainment in newsletters.
- Relevant state agencies may access this information to verify my educational attainment & ongoing training/education.
- Community partners, with IdahoSTARS approval, and my Program Director, if applicable may access my information for the purpose of community planning to increase the quality of programs and services in the local area. (Note: Social security numbers and Pathway Levels will not be provided to community partners for any reason.)
- I further consent to the publication of my acceptance in the **IdahoSTARS Professional Development Registry** on the **IdahoSTARS** web page www.idahostars.org. This information is for the sole use of parents seeking quality care for their children.

I fully understand that I must be in the Professional Development Registry to receive incentives. I fully understand that IdahoSTARS Incentives are awards recognizing the increase of skills and knowledge in early care and education by the child care professional. And that these incentives are offered to eligible participants on a first come first serve basis as long as funding is available.

I fully understand that outstanding account balances with IdahoSTARS/Idaho AEYC must be paid in full within 30 days of being invoiced. Until the balance is paid in full, I understand that IdahoSTARS Registry participants will not be eligible for any IdahoSTARS incentives or scholarships including but not limited to: pathway, training & academic scholarships; or other accreditation and enhancement grants.

Applicant Printed Name _____ *Date* ____/____/____

Applicant Signature _____

SECTION D – EMPLOYMENT VERIFICATION:

Note: If you are a *child care provider*, your director/owner must fill this section out.
If you are a *director/owner* you personally need to fill this section out.

Does the Applicant’s (child care provider or director/owner’s) current role fall under the criteria for IdahoSTARS incentives?

Note: Must answer “Yes” to all of the following statements.

- Yes No - Works in a child care setting designed to care for children while parent(s)/guardian work or attend training/school.
- Yes No - Works in a program that **operates more than 25 hours per week** .
- Yes No - Earns \$15.00/hr or less.

For Child Care Providers only: Provides regularly scheduled, direct care and/or education with children in their classroom at least 15 hrs/week or 780 hrs/yr.

- Yes No

For Directors/Owners only: Provides regularly scheduled work directly in the facility with children, staff, and parents a minimum of 30 hrs/wk.

- Yes No
- Yes No - Earns \$15.00/hr or less.

Hours **per week** directly in a child care setting: _____

Hours **per year** directly in a child care setting: _____

Current Hourly Wage: _____

Note: If you are a *Child Care Provider* must submit current pay stub.
If you are a *Director/Owner* must submit Income Worksheet.

Current Employment Original Start Date: _____

- Yes No Child Care Facility License (**attach** copy of license)
- Yes No USDA Program (# if Yes _____)
- Yes No Accredited Facility (if Yes, type of accreditation _____)
- Yes No ICCP Provider (Vendor # if Yes _____)
- Yes No Child Care Workers license (**attach** copy of certificate, if applicable)
- Yes No Pediatric CPR & First Aid Certification (**attach** copy of certificate)
- Yes No Is able to provide care for children with special needs
- Yes No Quality Rating and Improvement System (QRIS) STAR rated

Check all benefits offered to employees:

- Health Insurance
- Retirement
- Sick Leave
- Vacation Leave
- Child Care
- Other: _____

SIGNATURES:

Name of Business: _____

EIN #: _____

Director/Owner's Name (please print): _____

Director/Owner's Signature: _____ Date: _____

Authorized Administrators Name (please print) _____

(An "Authorized Administrator" would be the person responsible for staff wages, financial documents, and contracts.)

Authorized Administrator's Signature: _____ Date: _____

Authorized Administrator's Contact Number: _____

REMINDERS IN SUBMITTING APPLICATION:

Mail Application and Supporting Documentation to:

IdahoSTARS
Attn: PDS Registry
1471 Shoreline Drive, Suite 202
Boise, Idaho 83702-9105
Fax: 208-345-6569

Participants should remember to attach copies of:

- High school diploma, GED, college degree or proof of other education
- Employment verification form
- Pay Stub (*if child care provider*)
- Income Worksheet (*if director/owner*)
- Current First Aid and Infant/Child CPR cards
- Child Care Facility License (if applicable)
- Child Care Worker license (if applicable)
- Training documentation (if applicable)

If your name has changed, please attach copies of:

- Social security card with your current legal name
- W9 Form with your current legal name

Volunteers only need to attach copies of:

- High school diploma, GED, college degree or proof of other education
- Professional Experience form with Early Childhood experience only