 <<Insert Program Name>>

**CHILD CARE**

**WAIVER/ACCEPTANCE FORM**

|  |  |
| --- | --- |
| If an AmeriCorps member qualifies, a child care allowance will be provided by the Corporation’s designated Child Care Administrator directly to the AmeriCorps member’s child care provider. As of April 2012, the Corporation’s designated Child Care Administrator is **Gap Solutions, Inc.**  As outlined in § 2522.250. an AmeriCorps member is eligible for child care benefits if he or she:   * Is a full-time member or a half-time member serving in a full-time capacity; * Is the parent or custodian of a dependent under 13 years of age who resides with him/her; * Needs child care in order to participate; * Is not receiving child care from another available source at the time of acceptance into the program; and * Has a family income that does not exceed the state’s income eligibility guidelines.   Applications and other forms related to AmeriCorps child care benefits may be downloaded at <http://www.americorpschildcare.com/Forms.aspx>  <<Insert Program Name>> will provide further information on child care allowances upon request. | |
| Please select one | |
| I require child care in order to participate in <<Insert Program Name>> and request further information.  I am not accepting/I do not qualify for the child care allowance. | |
| AmeriCorps Member Name Printed | |
| AmeriCorps Member Signature  X | Date Signed |