

UNITED IN CARE



EMERGENCY CHILD CARE TUITION ASSISTANCE FOR COVID CLOSURES

United In Care (UIC) is mobilizing quickly to respond to the increased need for emergency child care due to the COVID pandemic uptick. Tuition assistance is being offered to families who meet the criteria below and have a need for emergency care. This care may be necessary because the child care/learning center where the child currently attends is closed due to COVID infections and/or the school district where the child attends is now remote/virtual, and the family members need to maintain their employment. As this is a fluid situation the need to continue this assistance will be evaluated on a weekly basis.

This assistance is open to those families **currently employed** and whose household income falls below the ALICE Household Survival Budget, plus 10%. The income guidelines are as follows (applicant households must make **LESS** than the amount listed):

United In Care Eligibility Guidelines	Single Adult with One Child under 18	Single Adult with Two or more Children under 18	Two Adults with One Child under 18	Two or more Adults with Two or more Children under 18
ALICE Household Survival Budget, NJ state average, 2018	\$52,344	\$73,211	\$67,356	\$88,224
Plus 10%	\$57,578	\$80,532	\$74,092	\$97,046



United Way
of Northern New Jersey

EMERGENCY ASSISTANCE APPLICATION

Please type or print answers to all questions clearly:

First Name _____ Last Name _____

Street Address _____

City or Town _____ State _____ Zip Code _____

Phone _____ Email _____

Child's name and date of birth: _____

Child's name and date of birth: _____

Child's name and date of birth: _____

Child's name and date of birth: _____

Household Size	Check One
Single adult with one dependent	
Single adult with two or more dependents	
Two adults with one dependent	
Two adults with two or more dependents	

What was the 2020 total income in your household?*

***Please attach documentation which can include one of the following below. A photo or scanned copy is acceptable:**

- A paycheck from November or December of 2021
- The front page of your 2020 income tax return

Briefly describe why you need emergency tuition assistance at this time:

CONSENT

By filling out this application, you are hereby giving permission to United Way of Northern New Jersey to use your information to evaluate this application for financial assistance. All information provided as part of this application will be kept confidential except for the purpose of evaluating eligibility.

By signing below, I acknowledge that I/my household is seeking emergency child care tuition assistance based on financial need. I further acknowledge that all the information provided in this application for assistance is true and complete.

Please note that families will be required to complete a sign in/sign out form each day in order to be eligible for this emergency assistance.

Signature _____ Date _____

Print Name: _____

- I acknowledge that I will abide by all COVID and other protocols instituted by the child care center/family child care provider where my child(ren) are attending and absolve United Way of Northern New Jersey of any responsibility related to COVID infections and/or other illnesses.

- I acknowledge that these are temporary funds to assist during the current pandemic surge.

ANTI-DISCRIMINATION/ANTI-HARASSMENT POLICIES

United Way of Northern New Jersey is committed to conducting all business matters associated with United In Care in a manner that represents our pledge to accept requests, provide service and assistance, and make decisions without discrimination because of gender, gender identity, transgender status, sexual orientation, perceived sexual orientation, race, ancestry, religion, national origin, age, medical condition, disability, marital or civil union status, veteran status, citizenship status, source of income or other protected group status and to treat all persons requesting assistance equally and fairly.

In keeping with this commitment, United Way of Northern New Jersey will not tolerate harassment of United In Care applicants by anyone, including staff and volunteers of United Way of Northern New Jersey or the partners involved in United In Care. Harassment consists of unwelcome conduct – whether verbal, physical, or visual – that is based upon a person’s protected status, such as gender, gender identity, transgender status, sexual orientation, perceived sexual orientation, race, ancestry, religion, national origin, age, medical condition, disability, marital or civil union status, veteran status, citizenship status, source of income or other protected group status. All persons requesting assistance will be treated equally and fairly.
