



Somerville Public Schools

Education • Inspiration • Excellence

Community Schools

167 Holland Street, Room 132
Somerville, MA 02144
www.somerville.k12.ma.us
T 617-625-6600 x6977 • F 617-666-1819

Financial Assistance Application

Community Schools is pleased to provide as much assistance as possible to qualified families for afterschool programming.

Based upon different available resources, Community Schools is pleased to be able to provide as much assistance as possible for qualified families for afterschool care and enrichment. Financial aid assistance is based on a review of the applicant's household income and takes into account extenuating circumstances where there is a specific need for care. Our hope is to never turn any family away from the program because of their inability to pay the full price.

To evaluate the family's need, the program requires a variety of information about your financial situation. Applications will be considered incomplete until all necessary items are submitted. Once the completed application package is received and processed you will be notified by mail or email. Applications are reviewed in the order they are received. To avoid an extended wait time, please submit applications during the May registration period of each year. If you miss this registration period, applications will be reviewed again prior to the start of each new session (September, December, and March). The program operates on three 10-week sessions and priority is given to those families who apply during registration periods. The applicant will receive a letter if an item is missing from the application package or when financial assistance is awarded. The award letter will contain the amount you will be required to pay weekly if any and when your child may start the program. At that time, you will also be required to sign a financial agreement form and an attendance agreement form.

Financial assistance is available on a needs-based sliding scale for those families who might otherwise not be able to afford our program. There are different options available. Two forms of funding available to qualifying families is a subsidized slot or child care voucher through the Department of Early Education and Care. If your family meets the funding guidelines for a subsidized slot and one is available you will be notified and your fee will be reassessed if currently in the program. If you would like to apply for a child care voucher please contact Child Care Choices of Boston at 617-542-5437 or email help@childcarechoicesofboston.org

If you are homeless and need child care for work, education or job training reasons, you may be eligible for a child care voucher through The Department of Transitional Assistance, please contact your case worker for information. You may also call The Massachusetts 2-1-1 System by dialing 211 or visiting www.mass211.org for additional resources and information. Please contact Rosanna Paribello at the Community Schools office or the afterschool site coordinator located at each of the elementary schools in Somerville if you have any questions or visit our Community Schools main office.



After School Financial Assistance Application

Parent/Guardian Applicant Name 1: _____

Parent/Guardian Applicant Name 2: _____

Address: _____ Somerville, MA _____

Email: _____

With Decision, please contact me via: postal mail email

Please complete the following two sections by checking what is applicable:

Family Size (including yourself and all members of family)	Total #	Adults #	Children #
Housing (Check one)	<input type="checkbox"/> Live with Relatives <input type="checkbox"/> Own home <input type="checkbox"/> Live with friends	<input type="checkbox"/> Rent Apartment <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Rent Room	<input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Other
Living Situation (Check all that apply)	<input type="checkbox"/> 2 Parents <input type="checkbox"/> Female Headed <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive	<input type="checkbox"/> Grandparent <input type="checkbox"/> Male Headed	<input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other
Marital Status (Check one)	<input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Single
Parent's Primary Language Spoken at home (Check one)	<input type="checkbox"/> African dialect <input type="checkbox"/> Chinese dialect <input type="checkbox"/> English	<input type="checkbox"/> Haitian Creole <input type="checkbox"/> Portuguese	<input type="checkbox"/> Spanish <input type="checkbox"/> Other
Employment Status Parent/Guardian 1	<input type="checkbox"/> Employed Full Time Hours per week _____ <input type="checkbox"/> Employed Part Time Hours per week _____ <input type="checkbox"/> Transitional Assistance	<input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Food Stamps	<input type="checkbox"/> Attending School Full Time _____ <input type="checkbox"/> Part Time _____
Employment Status Parent/Guardian 2	<input type="checkbox"/> Employed Full Time Hours per week _____ <input type="checkbox"/> Employed Part Time Hours per week _____ <input type="checkbox"/> Transitional Assistance	<input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Food Stamps	<input type="checkbox"/> Attending School Full Time _____ <input type="checkbox"/> Part Time _____

***Child Information –**Voluntary Information requested for state subsidy eligibility

Child's Languages (Check all languages that the child speaks)	<input type="checkbox"/> African dialect <input type="checkbox"/> Chinese dialect <input type="checkbox"/> English	<input type="checkbox"/> French Creole <input type="checkbox"/> Portuguese	<input type="checkbox"/> Spanish <input type="checkbox"/> Other
Child's Ethnicity	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic	<input type="checkbox"/> Cape Verdean <input type="checkbox"/> Caribbean <input type="checkbox"/> Caucasian	<input type="checkbox"/> Haitian <input type="checkbox"/> Brazilian <input type="checkbox"/> Other

Does the child applying for the program have a special need where afterschool would be of assistance? _____
 If yes, please submit Individualized Education Plan or you may be asked for a letter from your child's physician describing the disability and need for afterschool care with application.

All children in household

Name	Date of Birth	If attending school, where?	Applying for program?

The following information (if applicable) is required and should be submitted along with application:

- Proof of Residency
 - A utility bill from the previous month with your name and address, or a copy of your current yearly lease, or a voided check and bank statement with legal name and address.

- Proof of Income
 - 1 month of recent paychecks for all adult members of household
 - An official letter from your employer and copy of recent tax return if you do not have paystubs
 - Child Support statement
 - Any other documents of income such as SSI, SSDI, DTA, pension, retirement
 - If you are self-employed, you need to provide your last tax return and other possible documents per request. Or, a letter from employer with social security or Federal Tax ID, hourly rate and hours per week on a letterhead with signature and phone number. You will also be required to complete a self-employed packet if a subsidized slot is available
 - If in school, a copy of your schedule of registered classes for a semester or an official letter indicating the type of training, hours per week, and start and end date

- You must have a demonstrated need for after-school care. This includes:
 - Parents/guardians working over 20 hours per week
 - Parents/guardians in training or education program
 - Parent Incapacity and need for child care including a letter from a physician
 - Child with Special Needs (Please submit IEP) and parent working at least 20 hours per week or in a school or training program

- Birth Certificates for all children in family and or documentation of legal guardianship if adoptive

- Photo Identification of custodial parents/guardians

Please do not submit application until you have all supporting documentation.

For Office Use Only

Program Applying for _____

____ New Application ____ Renewal

Date Returned for additional information or if not eligible (if applicable) _____

Date Completed Application Received _____

Date of Scholarship Award Letter _____ Last Year's Rate _____ New Rate _____

Staff Initials _____

Comments: