

LIVINGSTON COUNTY 4C COUNCIL BREAKING THE BARRIERS TO CHILD CARE SCHOLARSHIP APPLICATION

SECTION 4 – RIGHTS AND ACKNOWLEDGEMENTS

1. **NON-DISCRIMINATION** – I understand that if I believe I have been discriminated against because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs, I have the right to file a complaint with the director of the Livingston County 4C Council.
2. **AFFIDAVIT** – I swear or affirm that all the information that I have written on this application or supplied Livingston 4C Council is true. I understand that I can be prosecuted for perjury if I have intentionally given false information. I also know that I may be asked to provide proof of any information I have given. If I have intentionally left out any information or if I have given false information, which caused me to receive benefits I am not entitled to or more benefits than I am entitled to, I understand that I can be prosecuted for fraud.
3. **I UNDERSTAND THAT** –
 - a. As a parent to be eligible for the Breaking The Barriers scholarship you need to supply the following:
 - i. Supply the name of the licensed or registered Livingston County child care provider, that will be providing care.
 - ii. Supply proof of all income of all household members.
 - iii. Have valid picture identification.
 - iv. Social Security Card
 - v. DHS form DHS-198, the CDC authorization form (if applicable)
 - b. As a licensed or registered child care provider you will be responsible for the following:
 - i. Issuing an invoice to Livingston 4C Council listing all Registration fees, Activity fees and Deposits.
 - ii. Supplying a copy of your standard parent policies and contracts regarding deposits, registration fees, activity fees and refund policies to Livingston County 4C Council.

I Have Read And Understand All Parts Of This Form. (If you have any questions, be sure to ask a representative)

Signature of Applicant or Representative	Date	Signature of Authorized 4C Representative
Signature of Child Care Provider	Date	Address and Phone of Child Care Provider