

Training and Longevity Supplement Application

APPLICANT: Complete Section 1 (Candidate Information) and Section 2 (Program Information).

1. CANDIDATE (PAYEE) Information (*PLEASE PRINT IN BLACK INK ONLY*) Applications will be returned if form is not printed clearly and in black ink.

Full Legal name as printed on Social Security Card: _____
 _____ First Middle Last

Home Address Street Number _____

 City _____ County _____ Zip Code _____

Home Phone Number _____ Cell Phone _____ Date of Birth ____/____/____

Provider's Social Security Number _____ - _____ - _____ Bonus monies must be reported to IRS.

2. PROGRAM INFORMATION: Child Care Program in which you are currently employed

Name of Program (as listed on State License) _____

Program Address Street Number _____

 City _____ County _____ Zip Code _____

Supervisor authorized to verify employment _____ Program Phone # _____

POSITION YOU CURRENTLY HOLD: (Check one) Providers working in a center setting, or 2nd caregiver in a family group must attach a completed Employment Verification Form with this application

<input type="checkbox"/> Licensed Family Provider or Family Group # of unrelated children ages birth through school age that you care for: _____	<input type="checkbox"/> Licensed Center Director <input type="checkbox"/> Licensed Center Asst. Director <input type="checkbox"/> Licensed Center Teacher/Caregiver <input type="checkbox"/> Licensed Center Floater
<input type="checkbox"/> Licensed Family Group 2 nd Caregiver	
<input type="checkbox"/> Licensed Center Owner	

What ages of children do you work with? _____ How many hours per week do you work in this position? _____

What date did you start your current, continuous employment in this licensed position/program ____/____/____

Which months during the year is your program open AND working with children? _____

I, (print name) _____, certify that the information I have given on this application is true and correct to the best of my knowledge. I understand I can be penalized by law if I commit perjury by purposely giving false information on this application, and may be subject to return award funds received by giving false information and/or be subject to fines. I also understand I may lose my privilege to participate in future Career Ladder and Department of Workforce Service's grant programs.

Signature of Applicant _____ Date _____

Please submit completed application and accompanying documentation of training to:

CCPDI
9750 South 300 West
Sandy, UT 84070

Application will **NOT** be processed unless all items listed are checked and included with the original application. All applications without the following required documentation will be returned.

- A copy of the current STATE child care license of the program you are employed
 - A copy of your **highest** level of Career Ladder Certification (Previous Training and Longevity certificates will not be accepted)
- Allow approximately 8 weeks for processing of your application.

3. DO NOT COMPLETE THIS SECTION. For CCPDI office use only.

Eligibility Date _____ Career Ladder Level _____ Years of Continuous Experience _____

Certificate/Invoice # _____ Description: TLS Amount \$ _____ Index # _____ Account # 73560

Submitted and Approved By: _____ Date ____/____/____

You must include the following required documentation with you Training and Longevity Application:

- _____ A copy of the current State child care license of the program you are employed in.
- _____ A copy of your **highest** level of Career Ladder Certification (Previous Training and Longevity certificates will not be accepted).

Things to Remember – Please read the following

1. In order to be eligible for Training and Longevity Supplement, you must be working in the program and position you are applying for **AT THE TIME THE CERTIFICATION AND BONUS IS RECEIVED.**
2. You must be working at least 20 hours per week with children ages birth through preschool, or 10 hours per week with children ages kindergarten through Grade 6 in and eligible licensed program, and you must have been continuously employed in that capacity for at least the past 12 months, in the same program, same location.
3. All applications must be on 8 ½ x 11" white paper and written in black ink.
4. Faxed or emailed applications and documentation will not be accepted.
5. Applicants may receive **one** Training and Longevity wage supplement per year. Applications may be submitted 1 week prior to your eligibility date, (the eligibility date is the end date listed on your current Training and Longevity certificate.
6. You must have already received a Career Ladder Level certificate before you can apply for Training and Longevity.
7. Applications will not be processed unless all items listed on the application are checked and included with the original application, and the application is filled out completely and signed & dated.
8. A Social Security Number must be included on your application. All SSN are verified by the IRS. All supplement money must be reported to the IRS. The name on your application must be the legal name printed on your SS Card. All money awards and certificates will be awarded in your registered legal name.
9. A licensed center Floater is an individual who works in a licensed child care program. This candidate must work in the same licensed facility everyday, is paid at least 20 hours per week, and works consistently with children birth through preschool at least 20 hours per week or kindergarten through Grade 5 10 hours per week.
10. Applicants who work in licensed programs that close more than 4 continuous weeks during the year are not eligible for the TLS program. You must be working in a program that provides licensed care for children year-round.