CHILD CARE ACCESS MEANS PARENTS IN SCHOOL (CCAMPIS)
STUDENT APPLICATION PACKET

➢ CCAMPIS Application Instructions

  o The person applying to the CCAMPIS Program must be the enrolled student-parent at UCR.

➢ The following items MUST accompany each application:

  o A copy of your most recent College Transcript (unofficial)

  o A copy of your Student Financial Aid Award Letter

  o A copy of your most recently prepared Income Tax Return documents with your Social Security Number blacked out.

➢ Return this application to:

  UCR Center for Early Childhood Education, Building A
  3333 Watkins Avenue
  Riverside, CA 92507
  (951) 827-7454

*Please note that only complete applications will be processed.
Application Guidelines
The Child Care Access Means Parents in School (CCAMPIS) program is a federal grant funded by the U.S. Department of Education to support student-parents. This program supports the participation of low-income student-parents in postsecondary education through the provision of campus-based Early Care and Education Services.

1. Applicant must have a combined income of no more than $25,000 per year or show a remaining financial need as determined by a completed FAFSA.

2. Married individuals not participating in the labor force—those neither employed nor unemployed and looking for work—are considered to be available for child care and will not be eligible to participate in the program.

3. Applicant must use one of the two campus Child Development Centers through this grant.

4. Applicant must have a cumulative GPA of 2.5 to apply to the program and must retain this GPA while participating in CCAMPIS and receiving financial assistance for services. Student must remain in good academic standing for each quarter in which the grant is awarded. If a student drops below a GPA of 2.0 any given Quarter, child care financial assistance will be suspended and the student may be dropped from the program.

5. Applicant must attend classes or engage in studying activities during the portion of the day when services are rendered.

6. Applicant must be enrolled full-time (12 units for undergraduate and 6 units for graduate students) each Quarter in which the grant is awarded. If an enrolled student falls below the required 12 units, funding will not be available until the student returns to full-time status.

7. The office of Child Development may request proof of attendance, copy of recent grades, and a class roster at any time during the academic school year.

8. Early Care and Education stipends are paid directly to one of the NAEYC Accredited Campus Child Development Centers or an approved vendor program as authorized by UCR CECE.

9. Participants will be required to participate in evaluation activities, trainings, parent meetings and/or focus groups and surveys up to 5 hours each academic quarter.

10. Participants will be required to comply with the rules and regulations of the Center in which your child is enrolled.

11. UCR Child Development Programs has the right to forfeit the award at any time if there is reason to believe the student is not attending classes during the time care is rendered or is otherwise not following the rules in the grant agreement.

12. Upon acceptance, the participant will sign a Letter of Agreement outlining the responsibilities, rules, and regulations of the Quarterly stipend.

13. Students will be notified of acceptance or placement on our waiting list within 5 days of receipt of this application.

14. The participant must meet with the Enrollment Coordinator each quarter for continued eligibility and provide required documentation.
Child Care Access Means Parents in School Program (CCAMPIS) Application

SECTION I – PERSONAL INFORMATION

Student ID# ____________________________ Date) ____________________________

Applicants Name: (Last) ____________________________ (First) ____________________________

Current Address: ________________________________________________________________

Permanent Address: ________________________________________________________________

Current Phone Number: ____________________________ Email Address: ____________________________

Are you Head of Household? □ YES □ NO Date of Birth: ____________________________

Are you a dependent student living with a parent(s) or guardian(s)? □ YES □ NO

Are you a citizen or permanent resident of the U.S.? □ YES □ NO

If you are not a citizen or permanent resident of the U.S., what is your immigration status? ________________________________________________________________

Country ________________________________________________________________

Marital Status: _____ Single _____Living with Partner _____ Married _____Separated/Divorced _____ Widowed

Name of Spouse/Partner: ________________________________________________________________

Does your Spouse/Partner attend UCR? ________________________________________________________________

Is your spouse/partner currently working or seeking work? ________________________________________________________________

Name and ages of all children under the age of 18 that live in your home who you are financially responsible for:

Name: ___________________________________ DOB: ____________________________

Name: ___________________________________ DOB: ____________________________

Name: ___________________________________ DOB: ____________________________

Child’s Name to receive the Early Care and Education grant: ____________________________

Date of Birth: ____________________________ Male _____ Female _____

Ethnicity:

□ American Indian or Alaskan Native □ Asian □ White □ Hispanic or Latino

□ Black or African-American □ Hawaiian or Other Pacific Islander □ Other ____________________________

RV 06/09/23
SECTION II – UNIVERSITY INFORMATION

Expected Date of Graduation: ____________________________  Cumulative GPA: ________

Major: ____________________________  College: ____________________________

Minor: ____________________________  Cumulative units to date: ____________________________

Are you enrolled as a full-time or part-time student? ____________________________  How many units? ____________________________

Check your classification at the University:  □ Freshmen  □ Sophomore  □ Junior  □ Senior

Total number of years you have been working towards your degree? ____________________________

Are you a transfer student? If yes, where did you transfer from: ____________________________

How many years have you been enrolled? ____________________________

SECTION III – CHILD CARE PROVIDER INFORMATION

Where does your child currently attend child care? ____________________________

If not currently using campus child care, who cares for your child: ____________________________

SECTION IV – CHILD CARE ASSISTANCE INFORMATION

How much do you pay for child care per week or month? $ _________ (weekly)  $ _________ (monthly)

Have you applied for or received any other child care subsidy?  □ YES  □ NO

If yes, through which program? ____________________________

Do you receive CalWORK's, TANF, Voucher or any government assistance? ____________________________

SECTION V – FINANCIAL INFORMATION

Are you currently employed? ____________________________  Hours worked per week: ____________________________

Is your spouse or partner currently employed? ____________________________

Annual Income (self) $ ____________________________  Spouse/Partner $ ____________________________

Do you receive child support?  □ YES  □ NO  Amount per month $ ____________________________

RV 06/09/23
In order to receive the CCAMPIS grant assistance for child care services, ALL CCAMPIS recipients must participate in the University of California, Riverside Program designed to build knowledge and positive child-adult relationships. The program provides resources, workshops and discussion groups and may include topics such as parent child communication, early childhood education, discipline/guidance, developmental stages of childhood, managing family, work, and school and other family activities.

Please initial that you have read, understand and agree to the following:

____ I understand that the goal of the CCAMPIS program is to assist me with child care expenses so that I can succeed in completing credits towards my degree program.

____ My participation in the program is dependent upon my successful completion of quarter credits on a consistent basis towards earning my degree.

____ If I drop classes during any given semester and fall below full-time status, I agree to contact the CCAMPIS Program Analyst immediately and understand this will affect my eligibility in the program.

____ I understand that I must be currently enrolled for the following semester to remain eligible for CCAMPIS funds unless I am graduating with my degree.

____ I understand that I will be required to complete regular program evaluations and this is essential to my ongoing funding through the CCAMPIS program.

____ I understand I am required to attend UCR each quarter that I am enrolled in the CCAMPIS program.

____ I understand and give permission for UCR Child Development Program access to my personal financial and academic information through the UCR Student Financial Aid Office to determine eligibility of enrollment in the CCAMPIS program.

____ I understand that aggregate information, but no personal information will be shared with the U.S. Department of Education in Washington D.C., who funds this program.

____ I understand that I am required to attend at least 1 Parent Education Workshop per Quarter, complete 2 Survey’s and return all required school documentation to ensure I am advancing in my educational plan.

I have read and understand the attached guidelines and hereby certify that the information in this application is complete and accurate to the best of my knowledge. I understand and accept the obligations of the program and will provide a written report to the Program Analyst of any changes in the information provided on this application within 10 days of the change. If I do not, I understand that I am financially responsible for all tuition costs charged by the center. Changes may include, but are not limited to my UCR enrollment, units and UCR financial status.

I also give the UCR Financial Aid Office permission to disclose any information to the campus Child Development Centers for the purposes of managing this grant.

Signature ____________________________ Date ________________

Received by __________________________ Date ________________