

Child Care Financial Assistance Program Training Plan

Please fill this form out and mail to:

Child Care Resource
181 Commerce St.
Williston, VT 05495
Phone: (802)863-3367
Fax: (802)863-4202

Training can be a need for you to receive child care assistance. Training is defined as "any activity that is likely to lead to employment within one year of completion of training; or is required for your job". If you have a Bachelor's degree you cannot use training as a need for child care.

Note: If you receive a TANF grant, you must contact your Reach Up case manager to receive child care

Applicant/Caregiver: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip code: _____

Complete the sections which apply to your situation.

1. The highest grade completed in school (check one)

- High School, please circle highest grade completed: 9 10 11 12
- Some College, have not yet earned a degree
- Associates Degree in: _____
- Technical College: _____ (enter number of years attended)

2. I have begun a degree program at _____
Date I began working on my degree _____

3. I have attached my transcripts showing successful completion of all prior coursework. Successful completion is defined as a grade of "C" or better in a graded system or a majority of passed courses if they are graded as pass/fail courses.

4. Projected date of completion of degree _____
Steps I need to take to complete my degree include _____

5. I am involved in an alternative training program. I would like to request that my training program be approved by CDD and or policies as an approved training program. I have attached a written description of my plan for training.

This plan must include: beginning and end dates; specific training activities; written documentation related to your training (for example, an acceptance letter into the program, a course description, or registration payment information).

I understand that I must report any changes in my training status immediately. I understand that I could be subjected to prosecution for fraud if I do not report changes, or provide incorrect or misleading information.

Signature: _____ Date: _____

If you have questions about this form, please contact your eligibility specialist at:

