



Child Care Subsidy Grant Program for 2008

Stanford understands that one of the most difficult work/life issues for employees with children is the high cost of child care. That's why the University offers the Child Care Subsidy Grant (CCSG) program.

HOW IT WORKS

The program provides a grant of up to \$5,000 per year to assist with the cost of eligible child care. This program is for faculty and staff with children under age 10. Grant amounts are based on your adjusted gross income, number of children and their ages (see *Annual Grant Amounts* inside), and whether you receive a full-year or mid-year grant. **Grants are awarded annually and must be renewed during Application Period A.**

The Child Care Subsidy Grant works within the Dependent Day Care Spending Account (DDCSA) to reimburse you for eligible expenses you incur. If you receive a full-year grant, your award will be **tax-free**. Your grant will be divided into 24 equal payments and deposited into your DDCSA each pay period during the grant year (January 1 – December 31, 2008). As the money is deposited into your DDCSA, you can begin to request reimbursement.

If you receive a mid-year grant (July 1 – December 31, 2008), your award will be one-half the applicable annual grant amount, **taxable**, and distributed in one payment.

APPLICATION PERIODS

There are three application periods for the 2008 grant year, each with specific eligibility requirements. **You may apply only in the period in which you meet the eligibility requirements.**

	Application Period	Application Deadline	Effective Date
A	July 23 – August 10, 2007	August 10, 2007	January 1, 2008
	You may apply if you are: Renewing a grant, a first-time applicant, a new employee hired by August 3, 2007, or if you added an eligible child to your family by August 3, 2007.		
B	September 10 – October 5, 2007	October 5, 2007	January 1, 2008
	You may apply if: You were hired or added an eligible child to your family between August 3 and October 1, 2007.		
C*	May 1 – May 16, 2008	May 16, 2008	July 1, 2008
	You may apply if: You were hired or added an eligible child to your family between October 2, 2007 and May 9, 2008, or you do not have a grant because you were not eligible during Periods A or B.		

* Grants awarded in this application period will be prorated for six months and are taxable.

Your application must be sent by U.S. mail and postmarked by the appropriate deadline. The WorkLife Office does **not** accept faxed, ID mailed, or drop-in applications. Incomplete grant applications will be disqualified.

Grant amounts may be modified if this program reaches its funding limit.

This brochure provides a brief overview of the program. Stanford reserves the right to change or amend this program at any time. This document does not constitute an employment contract or any promise of continued employment. For complete guidelines and requirements, visit the WorkLife Office web site at <http://worklife.stanford.edu>.

AMENDMENTS

You may apply for an amendment to your grant if you are awarded a full-year grant for one child, then add a new eligible child in another period during the same grant year. For example: You have one child for whom you are awarded a grant in Period A. Your second child is born and meets eligibility for Period C. You may be eligible for an additional amount.

To apply for an amendment in Application Period B or C, you must complete a new application for that period. You do not have to submit wage and tax documentation.

SPECIAL NEEDS

If your family requires extraordinary care that extends the financial burden of normal child care, you may qualify for an additional grant of \$1,000 to help cover those special needs. Examples of special needs include (but are not limited to) speech or occupational therapy or training not subsidized or reimbursed by any other agency. Situations **not** considered a special need include (but are not limited to): multiple-births, paying above-average child care rate, or high monthly non-child care expenses such as housing or loans.

To apply for the Special Needs grant, include a description of the situation with your application, provide documentation of the diagnosis and proof of the additional expenses (such as contracts or paid invoices from providers). **Note:** The maximum total annual grant amount cannot exceed \$5,000 regardless of special needs.

HOW TO APPLY

Applying is easy — just follow these steps:

1. **Complete** and **sign** the application.
2. **Enclose** copies of all applicable household income and wage documentation.
3. **Describe** and **document** any special needs (if applicable). Enclose receipts described above.
4. **Mail** the completed application on or before the appropriate deadline (see *Application Periods*).

It is your responsibility to read and understand Stanford's Child Care Subsidy Grant Program guidelines before completing the application process.

The guidelines and rules that govern the CCSG can be found at <http://worklife.stanford.edu>, and DDCSA information at <http://benefitsu.stanford.edu>

Possible Tax Consequences

You should consult your tax professional before accepting a grant award. If you are awarded a CCSG grant, there may be tax implications if:

- You are married but file taxes separately.
- You have custody of your child(ren), but your ex-spouse claims them on his/her taxes [or you alternate claiming the child(ren) on your taxes].
- Your spouse has no earned income for the tax year, even if looking for work and receiving unemployment compensation.
- You are in the process of getting divorced or are legally separated.

GRANT NOTIFICATION

Grant notification will be mailed to your home approximately one month after the application deadline. If you receive a full-year grant, you must indicate your acceptance by checking the appropriate box on the DDCSA enrollment screen during Open Enrollment. Once you have accepted, you are automatically enrolled in a DDCSA.

FOR MORE INFORMATION

For a copy of the program guidelines or if you have questions, please visit the WorkLife Office web site at <http://worklife.stanford.edu> or call WorkLife at (650) 723-2660 [TTY: (650) 723-1216].



Stanford University

Child Care Subsidy Grant Program

2008 APPLICATION

IMPORTANT NOTICE:
 Date and Sign back of application.
 Applications not accepted unless
 mailed through US Postal Service.
 Must be postmarked before
 application period deadline.
 Include all information requested
 in Part Three. Incomplete
 applications disqualified.

You may apply only in the application period whose eligibility requirement you meet.
 I am applying during the application period ending:

- A — August 10, 2007 B — October 5, 2007 C — May 16, 2008

I am applying for an amendment to my grant.

I work full-time (40 hours per week) 30 – 39 hours per week 20 – 29 hours per week

My children are enrolled in a Stanford health plan. Yes No

PART ONE: YOUR INFORMATION

Read the official guidelines of Stanford's Child Care Subsidy Grant Program. Complete this form in blue or black ink.
Please print clearly.

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)		DATE OF HIRE
HOME STREET ADDRESS		
CITY, STATE, ZIP	STANFORD EMPLOYEE ID	
E-MAIL ADDRESS	WORK PHONE	
DEPARTMENT	HOME PHONE	
MARITAL STATUS	CAMPUS ID MAIL ADDRESS	
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> REGISTERED DOMESTIC PARTNER RELATIONSHIP	<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF	
NAME OF SPOUSE/REGISTERED DOMESTIC PARTNER (LAST, FIRST, MIDDLE INITIAL)	NAME OF SPOUSE/REGISTERED DOMESTIC PARTNER'S EMPLOYER	
IS YOUR SPOUSE/REGISTERED DOMESTIC PARTNER A FULL-TIME STUDENT?	IF YES, WHERE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		

PART TWO: ELIGIBLE CHILDREN

Information about your dependent child(ren) under age 10:

NAME (LAST, FIRST, MIDDLE INITIAL)	BIRTHDATE (MM/DD/YYYY)	TAX DEPENDENT	SOCIAL SECURITY NUMBER
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PART THREE: FINANCIAL INFORMATION

Note: As part of our application process, we need to review personal information. Be assured we keep this information strictly confidential and securely stored.

Check off each of these items as you enclose them with your application:

- Copies of current Stanford employee pay stubs from **two** pay periods.
- Copies of spouse/registered domestic partner pay stubs from **two** pay periods or similar information.
- Completed, signed copies of your 2006 federal income tax form 1040 or 1040A (front and back).
- A copy of IRS Schedule C, **if** your spouse/registered domestic partner is self-employed

Estimated Adjusted Gross Income To calculate your estimated gross salary/wages, multiply your federal taxable gross wages for one pay period (as shown on your paycheck stub) by the number of pay periods in a 12-month period (for example, at Stanford there are 24 pay periods per year).

	FEDERAL TAXABLE GROSS WAGES PER PAY PERIOD	# OF PAY PERIODS PER YEAR	PROJECTED ADJUSTED GROSS SALARY/WAGES FOR 2007
Stanford Employee	\$	X	24 = \$
Spouse/Registered Domestic Partner	\$	X	= \$
			Total \$

PART FOUR: STATEMENT OF SPECIAL NEED

Please enclose a description of any special need, as defined in the program guidelines, that may qualify you to receive a larger grant. (See *Special Needs* for more information.) Include any medical and financial documentation that supports your request.

READ AND SIGN

Statement of Understanding — By signing below, I certify that I have attached all applicable tax forms and other income source documents including pay stubs. I understand I must notify the WorkLife Office of any family status changes (i.e. dissolution of marriage or domestic partnership) which could affect my child custody responsibilities during the plan year I receive a Child Care Subsidy Grant. I certify under penalty of perjury that all statements and documentation relating to this application are true. I understand that incomplete or inaccurate information may adversely affect my child(ren)'s eligibility under this Program up to and including repayment to Stanford University of any funds awarded and/or may result in disciplinary action up to and including termination.

X

Employee Signature

Date

Return this application and all required supporting documentation to:
(See checklist in Part Three)

WorkLife Office
CCSG Application Processor
P.O. Box 20554
Stanford, CA 94309

Special Notes:

- You may need extra postage.
- Include a self-addressed stamped envelope **if you want notification** that we received your application.
- The WorkLife Office does not accept applications by fax, ID mail, or delivered in person.
- Questions about completing this form? Call (650) 723-2660 [TTY: (650) 723-1216]

Please make sure you **sign** the application and **enclose** all the items listed in Part Three above.

WHO IS ELIGIBLE

To be eligible for the CCSG, you must work in a benefits-eligible position. This means you:

- work at least 50% full-time equivalence (FTE), and
- have an appointment of at least six months (four months if represented by United Stanford Workers).

In addition, you must:

- Be unmarried *or* have a spouse/registered domestic partner who is:
 - employed at least 50% FTE, *or*
 - a full-time student, *or*
 - disabled.
- Have a total adjusted gross family income of less than \$125,000 per year. You must prove your financial need by submitting appropriate tax and wage documentation [a copy of your prior year's tax return(s) and pay stubs reflecting current projected income].
- Your child(ren) must:
 - Be your legal dependent(s) verified by your tax return and you must be responsible for their child care costs,
 - Have been born on or after January 1, 2002 to be considered for a grant for a 0- to 5-year-old, *or*
 - Have been born between January 1, 1998 and December 31, 2001 to be considered for a grant for a 6- to 9-year-old.

If you receive a full-year grant, you must accept your grant by checking the appropriate box online during Educated Choices Open Enrollment in November. (There will be additional instructions during Open Enrollment.) By checking the box, you automatically open a Dependent Day Care Spending Account (DDCSA) through which Child Care Subsidy Grant reimbursements are administered. ***Failure to check the box will be regarded as refusal of the grant.***

If you receive the full \$5,000 through the Child Care Subsidy Grant program, you cannot make any additional DDCSA contributions. For more information about how your DDCSA works, visit BenefitSU online at <http://benefitsu.stanford.edu> and click on the Enroll box. After you log on, click on the "Plan Information" tab. It is strongly recommended that faculty select a 12-month pay option to maximize utilization of the grant (see CCSG guidelines on the WorkLife web site).



ANNUAL GRANT AMOUNTS

Grants are based on your family adjusted gross income and the age and number of eligible children in your family. Stanford only allows one grant per family per year and the total cannot exceed \$5,000 *regardless* of special needs or number of children under age 10 you claim. This chart shows the grant amounts for 2008.

Adjusted Gross Income*	Grant Amount Child Age 0-5	Grant Amount Child Age 6-9
\$0 - \$34,999	\$5,000	\$1,000
\$35,000 - \$54,999	\$4,000	\$1,000
\$55,000 - \$79,999	\$3,000	\$1,000
\$80,000 - \$99,999	\$2,000	\$1,000
\$100,000 - \$124,999	\$1,000	\$1,000

**Based on your 2006 tax return(s) and current projected income.*

Maximum Additional Grant for two or more children is \$1,000, but not to exceed the overall \$5,000 grant limit.