



CCAMPIS APPLICATION

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL

RETURN TO: ASI CSUDH Child Development Center

1000 E Victoria St
Carson, CA 90747
Phone: 310-243-1015

Student-parent applicants are considered for child care assistance through CCAMPIS funding on the basis of eligibility status, financial income, need, resources, and family contribution levels.

Eligibility guidelines:

- Undergraduate students must be receiving a PELL Grant or be PELL Grant eligible based on the Expected Family Contribution. A FAFSA must be completed and on file with the Office of Financial Aid.
- Graduate/Professional and International students enrolled full time at California State University, Dominguez Hills may be eligible to receive CCAMPIS assistance pending verification of eligibility and Expected Family Contribution.
- Child care services shall be at the ASI CSUDH Child Development Center or an alternate licensed facility.

Program requirements:

- Attend parent orientation and workshops throughout academic year
- Attend at least one academic counseling session each academic year
- Submit a pre-term and post-term evaluation for Center and Early Childhood Education Evaluator
- Maintain a GPA of 2.0 or higher

If you are interested in childcare through our program, please complete ALL sections of the application. Demographic information is used for the Department of Education data collection.

SECTION I – DEMOGRAPHIC INFORMATION

CSUDH Student ID# _____ New Applicant Returning Applicant

Applicant Name: First _____ Last _____

Spouse/Partner Name: First _____ Last _____

Street Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Home/Cell: _____ Email Address: _____

Race/Ethnicity: (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Hawaiian or Pacific Islander | <input type="checkbox"/> White |

Gender: Female Male Non-Binary Are either parent a veterans or members of the military? Yes No

Household Status: Married Not Married and Independent Not Married & Dependent

Are you a Citizen of the U.S.? Yes No If not, what is your status? _____ Country _____

SECTION II – ACADEMIC INFORMATION

Degree Program/Major: _____ Full Time Part Time

Cumulative Credits to Date: _____ Current Enrolled Credits: _____

Expected Graduation Date (mm/yyyy): _____ GPA Current: _____ Cumulative: _____

Have you completed a FAFSA form? Yes No Are you receiving a Pell Grant? Yes No

Student Status: Undergraduate Master’s Degree PhD Professional School

Are you a transfer student? If yes, from where are you transferring? _____

Name of Parent Affiliated with CSUDH _____

Is your Spouse/Partner a student? Yes No If yes, at what college/university? _____

Are you the first to attend college in your family? Yes No

SECTION III – CHILD CARE PROVIDER INFORMATION

Does your child currently receive child care? Yes No If yes, where? _____

Are you currently receiving child care assistance through the Department of Human Services? Yes No

Do you receive other financial support for child care tuition such as non-custodial parent, extended family contributions, military child care assistance, tribal child care subsidy, or any other agency support? Yes No

Complete the following for the **children you wish to receive CCAMPIS funding for**:

Please list the names and birth dates of the children in your household (between the ages 3 months – 5 years) for whom you are requesting assistance.				For Program Use Only
Child’s Name	Child’s Date of Birth (Month/Day/Year)	Child’s Age	Date Needing Care	Monthly Cost to Parent

Total number of persons living in household (children and adults including yourself): _____

SECTION IV – FINANCIAL INFORMATION

Income Source	Self	Spouse/Partner
Grants		
Loans		
Public Assistance (indicate type below)		
Income from work	\$_____/month OR \$_____/year	\$_____/month OR \$_____/year
Other Sources of Income:	\$_____ Family funding	\$_____ Child Support
	\$_____ Unemployment	\$_____ Alimony
		\$_____ SSI
		\$_____ Other
Current Received Services: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWorks <input type="checkbox"/> TANF <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Welfare to Work <input type="checkbox"/> WIC		

SECTION V – CCAMPIS Letter of Agreement

In order to receive the CCAMPIS grant assistance for child care services, ALL CCAMPIS recipients must complete all program requirements within the contract year in order to continue receiving services.

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 remain enrolled at CSUDH, and persist towards earning my degree.

____ I agree to contact the ASI CSUDH Child Development Center immediately if I drop classes during the semester and/or fall below part-time (6 units) to discuss if these changes will affect my eligibility for funding.

____ I understand I am immediately responsible for 100% of all child care fees charged by the center if I withdraw as a student from CSUDH.

____ 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 one academic counseling session, one parent orientation and two workshop per semester that I am enrolled in the CCAMPIS program.

____ I understand and give permission for ASI CSUDH Child Development Center to access my personal financial and academic information through the CSUDH Student Financial Aid and Registrar’s Office to determine eligibility of enrollment in the CCAMPIS program.

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

____ I agree to complete a post CSUDH graduation survey, even after my child is no longer receiving services at ASI Child Development Center pertaining to program evaluation including but not limited to my employment, income, and quality of care/services.

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 CCAMPIS Student Services Coordinator (SSC) 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 child care tuition costs charged by the child care center. Changes may include, but are not limited to my CSUDH enrollment, credit hours, and CSUDH financial status.

Signature _____ Date: _____

Forms to submit checklist:

- Financial Aid Award
- Birth Certificate(s)
- Proof of Residence

- Class Schedule
- Work Schedule
- Student ID