

## 2003 IRS/NTEU CHILD CARE SUBSIDY (TUITION ASSISTANCE) PROGRAM APPLICATION GUIDELINES

To be eligible for the child care subsidy program you must:

Be an IRS full time permanent or part-time employee, including seasonal employees;  
Have a total family income (TFI) that does not exceed \$45,000 per year;  
Have a child who 13 years of age or less (or disabled through age 18) enrolled in or  
will be enrolled in any licensed child care facility.

NOTE: This includes licensed home-care arrangements or center-based child care regulated by the State and or/or local authorities where the service is provided.

**IRS Office of Chief Counsel employees are not included or covered under this program.**

The IRS has selected First Financial Associates, Inc. to administer its Child Care Subsidy (Tuition Assistance) Program. First Financial Associates, Inc. will receive the child care subsidy (tuition assistance) applications, make subsidy decisions and notify the applicants and the child care provider of the decision. If awarded, the child care subsidy (tuition assistance) payments you receive will be only be applied to assist you in lowering your child care costs for the months of July, August, and September 2003.

To apply employees must submit the Child Care Subsidy (Tuition Assistance) Application and all supporting documents (Statement of Earnings and Leave for the most current pay period, and the current year (2002) Federal Tax Return).

All requested information must be included in order for your application to be considered for the Child Care Subsidy (Tuition Assistance) Program. **Applications that are not timely submitted or are on the wrong application form or that do not contain all necessary information will not be processed, nor considered, by the contractor. Any application received prior to the open season will not be considered.**

If you meet the above requirements, please complete the Child Care Subsidy (Tuition Assistance) Program Application and mail or fax to:

**First Financial Associates, Inc.  
7070 Hayden Quarry RD**

**Lithonia, GA. 30038  
Telephone Number: 770-484-9200  
Fax Number – 770-484-9313  
Email Address – ccsp2003@1stfinancialassociates.com**

First Financial Associates, Inc. will notify you of award or denial of the child care subsidy (tuition assistance) within 30 days of receipt of your application.

If you are **approved**, your licensed child care provider will receive a check for the amount of the child care subsidy (tuition assistance). No payments are made directly to employees. First Financial Associates, Inc. will make payments directly to your licensed child care provider on IRS' behalf.

**PLEASE NOTE:** Until your licensed child care provider receives the child care subsidy (tuition assistance) award from First Financial Associates, Inc., you are still responsible for and must continue to pay the entire bill for your child's weekly/monthly child care costs.

## **2003 IRS/NTEU CHILD CARE SUBSIDY (TUITION ASSISTANCE) PROGRAM APPLICATION GUIDELINES**

If you are eligible to receive an award, First Financial Associates, Inc. will directly make the award (child care subsidy (tuition assistance) payments to the licensed child care facility or licensed child care provider listed on your application.

All information you provide is kept **strictly confidential**.

Once the subsidy award is made, only the amount of the subsidy award and name of the applicant are provided to the child care provider and to your employer that will be used for tax purposes only.

**2003 IRS/NTEU Child Care Subsidy (Tuition Assistance) Program**

**Employee Application Form**

**APPLICATION PERIOD: September 15 – September 26, 2003**

**Section I - Information on Parent/Legal Guardian**

1. Name: \_\_\_\_\_  
Last First Middle Initial

2. Social Security Number: \_\_\_\_\_ 3. Enter on Duty Date: \_\_\_\_\_

4. IRS BUSINESS UNIT: \_\_\_\_\_ (i.e. AWSS - Agency Wide Shared Services)

5. OFFICE SYMBOL: \_\_\_\_\_

6. LOCATION: \_\_\_\_\_ (i.e. IRS Office - Western Geographic  
State-Fresno, CA)

7. Career Tenure: \_\_\_\_\_ (i.e. full-time, part time, seasonal employee)

8. Job Title: \_\_\_\_\_ Series: \_\_\_\_\_ Grade: \_\_\_\_\_

9. Total Family Income (TFI) as reported on Adjusted Gross Income (AGI) line of IRS Form 1040/1040A: \_\_\_\_\_

**\$45,000 you are not eligible for this program.)**

earnings and leave.

**If you are a Seasonal employee and work a Seasonal work schedule, indicate the period that yo**

\_\_\_\_\_ **END DATE:** \_\_\_\_\_ (i.e. 1/04/03 – 9/30/03)

11. Employee Home Address: \_\_\_\_\_  
(Include City, State, Zip Code)

12. Home Phone Number (including area code): \_\_\_\_\_

Alternative Phone Number (including area code): \_\_\_\_\_

( i.e. suggested telephone numbers your cell phone or a family member phone number)

13. Work Address: \_\_\_\_\_  
(Include City, State, Zip Code)

14. Work Phone Number (including area code): \_\_\_\_\_

15. Email Address: \_\_\_\_\_

16. Category of Parent:           Single \_\_\_\_\_ Couple \_\_\_\_\_

**Section II - Child Information**

This application is being made for child care subsidy (tuition assistance) for the following child/children. *(To list more than three children please attach a separate page).*

17. Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ (If your child is over 13 years of age and is disabled please **CIRCLE YES**)

Date of Birth: \_\_\_\_\_

Social Security Number of Child: \_\_\_\_\_

Total Weekly Child Care Cost: \_\_\_\_\_

Date of Enrollment with Provider: \_\_\_\_\_

18. Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ (If your child is over 13 years of age and is disabled please **CIRCLE YES**)

Date of Birth: \_\_\_\_\_

Social Security Number of Child: \_\_\_\_\_

Weekly/Monthly Child Care Cost: \_\_\_\_\_

Date of Enrollment with Provider: \_\_\_\_\_

19. Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ (If your child is over 13 years of age and is disabled please **CIRCLE YES**)

Date of Birth: \_\_\_\_\_

Social Security Number of Child: \_\_\_\_\_

Weekly/Monthly Child Care Cost: \_\_\_\_\_

Date of Enrollment with Provider: \_\_\_\_\_

**Section III – Child Care Provider Information**

20. Name of Licensed Child Care Provider/Center: \_\_\_\_\_

(If children are at different child care providers/centers provide name and address of each on separate page.)

21. Address of Child Care Provider/Center: \_\_\_\_\_

(Include City, State, Zip Code)

22. Telephone Number (including area code): \_\_\_\_\_

(List point of contact at the Licensed Child Care Provider/Center (Name and telephone number – for example name of Director or Program Administrator and telephone number)

23. Fax Number (including area code): \_\_\_\_\_

24. Email Address: \_\_\_\_\_

25. Child Care License Number: \_\_\_\_\_

Federal Tax ID Number of Child Care Provider: \_\_\_\_\_

(If awarded child care subsidy (tuition assistance), you are responsible for obtaining a copy of your provider's license and Federal Tax ID number and submitting to First Financial Associates, Inc. with other required documents.)

26. Please check one: Center Based Child Care \_\_\_\_\_ Family Home Based Child Care \_\_\_\_\_

#### Section IV. State/County/Local Child Care Subsidy (Tuition Assistance)

The amount of subsidy is reduced by any current State and/or local subsidy (child care subsidy (tuition assistance) the parents/guardians currently receive.

27. Is any other form of State, County or Local Subsidy (Tuition Assistance) being received for the child/children? Yes or No? (please circle answer) If not applicable, circle NO, and leave question 27 blank.

If Yes, complete the following:

Name of Child: \_\_\_\_\_

Source of Subsidy (tuition assistance): \_\_\_\_\_

Amount of Weekly Subsidy (tuition assistance) \_\_\_\_\_

#### Section V. Signature of Parent/Legal Guardian

I certify that I am a full-time or part-time permanent IRS employee, (employees working a seasonal work schedule are also included), that my EOD is correct, my total family adjusted gross income did not exceed \$45,000 and that the child/children listed above receive care in a Licensed child care facility. I understand that any assistance I receive from this program may be taxable income. I will notify the vendor in writing if and when my child/children are no longer enrolled in the child care facility listed on this application. I understand I must reapply for child care subsidy should my child care arrangements change. I have provided a copy of my most recently filed Federal tax return and a copy of my most recent statement of earning and leave. I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, I may be subject to administrative punishment, including the termination of my federal employment.

I certify that the above information is true and correct to the best of my knowledge.

28. Signature: \_\_\_\_\_

29. Date: \_\_\_\_\_

#### Privacy Act Notice

*Public Law 107-67, section 630 confers regulatory authority on IRS for agency use of appropriated funds for child care costs for lower income Federal employees. Public Law 104-134 (April 26, 1996), amended 31 USC 7701, requires that any person doing business with the Federal Government furnish a Social Security Number or a tax identification number. The primary use of the information requested is to determine eligibility for and amount of child care tuition assistance. This information may be disclosed to the Department of Justice for civil or criminal litigation or to seek legal advice; to any other appropriate agency, whether Federal, state or local responsible for investigating or prosecuting violations or potential violations of law, whether civil, criminal, or regulatory in nature, or charged with enforcing or implementing the statute, rule, regulation, or order issued pursuant thereto; to Office of Personnel Management, Merit Systems Protection Board, Equal Employment Opportunity Commission and, General Accounting Office to administer Federal Personnel programs; to officials of labor organizations recognized under 5 USC chapter 71 when relevant and necessary to their duties of exclusive representation; to third parties during an investigation to the extent necessary to obtain information pertinent to the investigation; to a court, magistrate, or administrative tribunal, during civil or criminal discovery, litigation, or settlement negotiation, or in response to a subpoena. Disclosure of the requested information is voluntary, but failure to provide any or all of the requested information may prevent or delay processing of your application. Providing false or fraudulent information may subject you to penalties.*