

RDCA Emergency Financial Assistance Program Policy

Purpose

The Rockville Day Care Association (RDCA) Emergency Financial Assistance Program (EFAP) is set-up to provide short-term reduced tuition for existing RDCA families during periods of unexpected financial hardship or other special circumstances (e.g. loss of job, out of work for serious illness). This program was created in order to make our programs more accessible and to support the center's children and families during times of financial hardship.

Eligibility/Basis for Awards

Emergency financial assistance is only for families who are currently enrolled in RDCA programs.

Eligibility for emergency tuition assistance is based on (1) the availability of funds and (2) whether the family meets the requirements described in the application process.

Application/Selection Process

If an RDCA family would like to be considered for the EFAP during a period of financial hardship they may request an emergency financial assistance application packet from their center director, assistant director, or the RDCA administrative office. Completed application packets should be submitted to the Center Director, Assistant Director or to the RDCA administrative office. Once received, the application will be submitted to the Executive Director who will work with the Center Director to evaluate the application and make a determination.

Upon submission of a complete application, review will take no longer than two weeks before a decision is made. Families should make every effort to continue to pay tuition in full while application is under review. However, if financial assistance is awarded, it may be retroactive to the application date. The Executive Director and Center Director may take into account whether an applicant has received tuition assistance in the past when making decisions about future assistance.

Length and amount of assistance will be determined by the Executive Director in consultation with the Center Director, but is not to exceed twelve (12) weeks.

If RDCA awards emergency financial assistance the family is responsible for notifying the center director within five (5) business days of any changes in circumstances that may affect the application. RDCA reserves the right to modify, reduce or withdraw financial assistance awards at any time if an applicant's income level or circumstances change.

**RDCA Emergency Financial Assistance Program
Application Form**

Please reach out to your Center Director or the RDCA Executive Director with any questions about this form and to submit the form.

Please complete all fields.

1. RDCA Center Name:

2. RDCA Child 1 Name:

DOB:

Classroom:

RDCA Child 2 Name:

DOB:

Classroom:

RDCA Child 3 Name:

DOB:

Classroom:

3. Parent/Guardian 1's Name:

Preferred Phone:

Email:

Parent/Guardian 2's Name:

Preferred Phone:

Email:

4. What is your current total weekly tuition payment to RDCA? \$ _____ per week

5. How much can you afford for your weekly tuition payment to RDCA? \$ _____ per week

6. If known, how long would you like to receive emergency financial assistance? ____ weeks

7. Please describe the reason that you are requesting emergency financial assistance and any other information you would like us to know.

8. Please provide any additional documentation you would like to support this request (e.g. a termination letter):

This form will be confidentially reviewed by your Center Director and the RDCA Executive Director. You will be contacted as soon as a decision has been made. If tuition assistance is offered you must sign an updated Financial Assistance Agreement that will note the temporary period of assistance.

Disclosure

I/we have read and understand this Emergency Financial Assistance Program application. The information and documentation are complete and accurate. We understand that RDCA may make inquires of, and obtain copies of, any documents or other materials relevant to our financial circumstances. We understand RDCA will review all of these materials confidentially.

Parent/Guardian 1 Signature & Date

Parent/Guardian 2 Signature & Date

FOR RDCA ONLY:

Received By:

Received Date:

Award Aid (Y or N):

Award Details (amount and length):

Date Family Notified:

Date Family Signed Updated Financial Agreement:

Follow-Up Needed: