

Child Care Resource and Referral of Multnomah County

PO Box 301426 Portland OR 97294 Phone: 503-491-6200 Fax: 503-491-6930 www.ccrr-mc.org





APPLICATION INFO FOR PPS SCHOOL AGE PROGRAMS

Attached is an application for the CCI program and a residency verification form.

CCI has a partnership with DHS/ERDC. DHS shares information regarding ERDC with CCI that allows us to determine initial and ongoing eligibility of families.

If your income is 250% or less of the federal poverty level and you live within the city limits of Portland, you should qualify for CCI.

Please submit the residency form along with verification of your Portland address.

Once approved, a contract will be sent to your child care program for both you and the site manager to sign. The contract will expire June 30, 2021. If schools open prior to June, 2021, and you still need after school child care, we can make adjustments to payments, if necessary. You will not have a copay for the duration of this contract. If you reapply for ERDC during this time, and you are assigned a copay, CCI will pay that for you through June, 2021. CCI does not replace ERDC. You must reapply for ERDC when required to do so. If your ERDC lapses because you did not apply on time, you will be responsible for the cost of child care starting the month your ERDC expires.

CCI pays your ERDC copay, if you have one. ERDC pays \$855 for full time care for licensed programs. If your program charges more than that, CCI will pay the overage.

If schools reopen and you change child care providers prior to June 30, 2021, your contract will no longer be valid. You will have to apply again with the new program. A referral list of other participating programs can be provided upon request.

PLEASE FILL IN ALL OF THE INFORMATION ON THE APPLICATION. YOUR ERDC CASE NUMBER IS REQUIRED.

Please use black ink if possible-it makes it easier to read when scanned and printed.

Please fax or email application, residency form and residency documentation to:

FAX: 503-491-6930

OR

Email: Debora.johnson@mhcc.edu





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COMMUNITY CHILDCARE INITIATIVE APPLICATION



Personal Information

Full Name:		
Last	First	MI
Address: Street Address		Apartment/Unit
City	State	Zip Code
Phone: ()	Alternate	Phone: ()
Email Address:	Che	ck a box for your preferred way to get information.
# of Adults in household:	# of Children in household:	ERDC Case Number:
	Income Information – provide doc	umentation
Adult's Name:	Employer:	
dours work per week:	Date Started work:	
Adult's Name:	Employer:	
lours work per week:	Date Started work:	
	Additional Income – Please provide Source:	
Additional Monthly Income: \$		
C	hildren in Care – Please provide attachm	ent for additional children
Program/Provider:		
Child's Name:	DOB:	
Child's Name:	DOB:	
Child's Name:	DOB:	•
Currently receiving DHS Employme	nt Related Day Care (ERDC) assistance? (You r	must apply for ERDC <u>before</u> seeking CCI assistance.)
If YES, Monthly Co-pay:	If NO, have you applied?	Date applied:
Denial Reason:		(Please Include your denial letter)



Date Received:



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COMMUNITY CHILDCARE INITIATIVE LETTER OF INTEREST FOR PARENTS

Please complete this form if you are interested in being considered for the *Community Childcare Initiative*, funded by the Portland Children's Levy.

Child Care Resource and Referral of Multnomah County (CCR&R) administers child care financial resources that may pay a portion of the cost of child care. CCR&R will determine the financial amount per child. Each participating family pays no more than 10% of their gross income toward child care costs. Your chosen child care provider *must* be a CCI participant. Eligible families/children must live in the city limits of Portland, Oregon.

Please fax or mail this completed form, along with 3 months of income documentation, to CCR&R Attention: Deb Johnson email: debora.johnson@mhcc.edu

Please call 503-491-6220 with any questions. Thank you for your interest!

Monthly Income Limits**

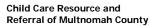
Parent pays 10% of their salary before taxes (Gross Income)

Number of people in family	ERDC &CCI Gross Income Limit 185%	CCI Gross Income Limit 186-200%
2	\$2,658	\$2,873
3	\$3,349	\$3,620
4	\$4,039	\$4,367
5	\$4,730	\$5,113
6	\$5,421	\$5,860
7	\$6,111	\$6,607
8	\$6,802	\$7,353

Preference for financial resources will go to children ages 0-3 years, families with multiple children, and families with children with special needs.

^{**}Healthcare Facility Regulation Division/Office of Health Planning, Georgia Department of Community Health, 1/23/2020







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COMMUNITY CHILDCARE INITIATIVE

Certification of Multnomah County, Portland, Oregon Residency or Domicile

Name:	Date:
Acceptable Residence Document	ts:
-	s, rent receipts, rental agreement
	ssistance from an agency in Multnomah County, Portland, Oregon
	thin the current or immediate preceding year
	rith residence address only (the sticker will not be accepted if it contains a mailing address)
• A statement from the applicant'	s spouse or domestic partner. The spouse or domestic partner must reside at the same ant and present "Proof of Residence Address"
	dated within 60 days of the application
Payment booklet	7 11
 Mail must include applicant's fi 	irst and last name and cannot be addressed "in care of", "for", or "parent of" rwarding label" or an "address label" affixed to the envelope or contents are not acceptable
o Mail must be dated within	
• Mail from the following source:	• • • • • • • • • • • • • • • • • • • •
o Credit card companies	1
o U.S. Treasury	
•	ation (including benefits letter)
	agencies (including city and county agencies)
	can only be addressed to the residence address (mail containing a mailing address is not
	ited States Postal Service confirming an address change is not acceptable
o Utility companies	
o Insurance companies	
o State and Federal Revenue	e Departments
o Originators of out-of-state	•
o Educational institutions.	

• Oregon vehicle title or registration documents containing only residence address.

- o If the document contains a mailing address the document will not be accepted o If using a vehicle registration/title you must be the primary owner of the vehicle
- · Oregon voter notification card
- Manufactured Structure Ownership documents issued only by Oregon Department of Consumer & Business Services;
- Selective Service card
- Medical or health card
- Educational institution transcript forms for the current school year
- Unexpired professional license issued by an agency in the U.S.
- Form DS2019, Certificate of Eligibility for Exchange Visitor (J-1) status
- An approved letter from a homeless shelter, transitional service provider, or a half-way house verifying that the parent resides at the shelter address

(For office use only: Date and initial receipt of proof next to item/s rec'd)





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COMMUNITY CHILDCARE INITIATIVE

Certification of Multnomah County, Portland, Oregon Residency or Domicile (See instructions on back)

(PLEASE PRINT)

SECTION 1 – PARENT INFORMATION

Name (please include Mr., Mrs., Ms., Miss:	Street Address:				
City, State, Zip Code:	Phone number (please include area code):				
Alternate Phone Number (please include area code):	Email Address:				
SECTION 2 – CERTIFICATION I certify that I qualify to receive childcare financial reso			Childcare Initia	tive because I	
am currently a resident of, or domiciled in Multnomah (I further certify that the information provided on this fo			ted is true and c	correct.	
Signature:		Date:			
X					
SECTION 3 – ACCEPTABLE PROOF OF RESIDE			/ED: (for office t	use only)	
Type/s of Proof:		Viewed by:	Date:		

