

# EDP REDUCED RATES FORM

Rev. 7/29/08

**THE REDUCED RATES SCALE IS ON THE BACK**

The EDP seeks to serve any child needing us, but we ask that those needing help will work with us! If help with child care expenses is **not** available through the Dougherty County Department of Family and Children's Services (DFCS), reduced rates may still be possible. ***It depends on the applicant's income and completely fulfilling the steps below.*** If this is done, the EDP will be glad to help all we can.

**STEP ONE: YOU MUST FIRST VISIT DFCS!** DFCS Childcare has helped simplify things, but you ***must*** first go by DFCS, 217 West Oglethorpe Blvd., on the corner of Oglethorpe and Washington. You ***must*** apply for DFCS aid for the Extended Day Program. Then, ask for a copy of your application. Attach it to this form. Return both pages to the EDP Main Office at 722 Corn Avenue. When the EDP office gets this proof that you have applied for DFCS Childcare assistance, and your income is within the income guidelines on the other side of this form, we will ***immediately*** help you with your rates as you await your eligibility status from DFCS.

In time DFCS will notify you. Let the EDP office know, and/or we will check with you. If you are found to be eligible, DFCS can help you far more than the reduced rates the EDP can offer. If you are found not to be eligible with DFCS, but your income is within the income guidelines on the other side of this form, then the EDP will continue reducing your rates.

**PROOF OF DFCS APPLICATION MUST BE ATTACHED TO BE CONSIDERED!**

**STEP TWO: BE SURE THE INFORMATION BELOW IS FILLED OUT ACCURATELY AND COMPLETELY!**

Parent/Guardian Name: \_\_\_\_\_ Total Number of Family Members in Home: \_\_\_\_\_

E.D.P. Child(ren)'s Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

Extended Day Program site child is to attend: \_\_\_\_\_

**INCOME INFORMATION: List ALL Parental Household Income Sources)**

**First** Income Source: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

MONTHLY **GROSS** INCOME: \$ \_\_\_\_\_ Signature of Employer: \_\_\_\_\_

**Second** Income Source: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

MONTHLY **GROSS** INCOME: \$ \_\_\_\_\_ Signature of Employer: \_\_\_\_\_

**Other** Income Source (Child Support, Alimony, Etc.): \_\_\_\_\_

MONTHLY **GROSS** INCOME: \$ \_\_\_\_\_ Signature of Employer/Other: \_\_\_\_\_

**TOTAL HOUSEHOLD MONTHLY GROSS INCOME: \$** \_\_\_\_\_

*I certify that to the best of my knowledge, the above information is absolutely correct. I understand that this information is subject to verification, and any misrepresentation by an applicant or an employer may be grounds to cancel any reduced rates received.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RE-CHECK TO BE SURE THIS FORM IS COMPLETE! CALL THE EDP OFFICE WITH ANY QUESTIONS!**

EXTENDED DAY PROGRAM 722 CORN AVENUE ALBANY, GA 31707 (229) 431-1280

The Extended Day Program uses the following sliding scale to determine the weekly fee amount that a parent is to pay per child.

<b>Before 4:30 Plan:</b>	<b>\$9.00</b>	<b>\$12.00</b>	<b>\$17.00</b>
<b>Traditional EDP:</b>	<b>\$12.00</b>	<b>\$17.00</b>	<b>\$28.00</b>
<b>Summer Camp:</b>	<b>\$40.00</b>	<b>\$55.00</b>	<b>\$70.00</b>

(GROSS Monthly Income)

<u># in Family</u>	<u>Less Than</u>	<u>Between</u>	<u>More Than</u>
<b>2</b>	<b>\$906</b>	< >	<b>\$1,273</b>
<b>3</b>	<b>1,078</b>	< >	<b>1,458</b>
<b>4</b>	<b>1,273</b>	< >	<b>1,581</b>
<b>5</b>	<b>1,458</b>	< >	<b>1,710</b>
<b>6</b>	<b>1,581</b>	< >	<b>1,814</b>
<b>7</b>	<b>1,710</b>	< >	<b>2,045</b>
<b>8</b>	<b>1,910</b>	< >	<b>2,188</b>