



Child Care Subsidy Grant Program for 2012

Stanford understands that one of the most difficult work/life issues for employees with children is the high cost of child care. That's why the University offers the Child Care Subsidy Grant (CCSG) program.

HOW IT WORKS

The program provides a grant of up to \$5,000 per year to assist with the cost of eligible child care. This program is for faculty and staff with children under age 10. Grant amounts are based on your adjusted gross income, number of children and their ages (see *Annual Grant Amounts* inside), and whether you receive a full-year or mid-year grant. **Grants are awarded annually and must be renewed during Application Period A.**

The Child Care Subsidy Grant works within the Dependent Day Care Flexible Spending Account (FSA) to reimburse you for eligible expenses you incur. If you receive a full-year grant, your award will be **tax-free**. Your grant will be divided into 24 equal payments and deposited into your FSA each pay period during the grant year (January 1 – December 31, 2012). You can begin to request reimbursement as soon as the money is deposited into your FSA.

If you receive a mid-year grant (July 1 – December 31, 2012), your award will be one-half the applicable annual grant amount, **taxable**, and distributed in one payment.

APPLICATION PERIODS

There are three application periods for the 2012 grant year, each with specific eligibility requirements. **You may apply only in the period in which you meet the eligibility requirements.**

	Application Period	Application Deadline	Effective Date
A	July 5 – August 6, 2011	August 6, 2011	January 1, 2012
	You may apply if you are renewing a grant, a first-time applicant, a new employee hired by August 1, 2011, or if you added an eligible child to your family by August 1, 2011.		
B	September 1 – September 23, 2011	September 23, 2011	January 1, 2012
	You may apply if you were hired or added an eligible child to your family between August 1 and September 23, 2011.		
C*	May 1 – May 14, 2012	May 14, 2012	July 1, 2012
	You may apply if you were hired or added an eligible child to your family between September 15, 2011 and May 14, 2012, or you do not have a grant because you were not eligible during Periods A or B.		

* Grants awarded in this application period will be prorated for six months and are taxable.

Your application must be sent by U.S. mail and postmarked by the appropriate deadline. The WorkLife Office does **not** accept faxed, ID mailed, or drop-in applications. Incomplete grant applications may be disqualified.

This brochure provides a brief overview of the program. Stanford reserves the right to change or amend this program at any time. This document does not constitute an employment contract or any promise of continued employment.

WHO IS ELIGIBLE

To be eligible for the CCSG, you must be a university employee and work in a benefits-eligible position. This means you:

- are not a graduate student, post doctoral fellow, or an employee of Stanford Hospitals,
- work at least 50% time, and
- have an appointment of at least six months (four months for bargaining unit employees).

In addition, you must:

- Be unmarried *or* have a spouse/registered domestic partner who is:
 - employed at least 50% FTE, *or*
 - a full-time student, *or*
 - disabled.
- Have a total adjusted gross family income of less than \$125,000 per year. You must prove your financial need by submitting appropriate tax and wage documentation. This includes a copy of your prior year's tax return(s) and pay stubs reflecting current projected income.
- Your child(ren) must:
 - Be your legal dependent(s) verified by your tax return and you must be responsible for their child care costs,
 - Have been born on or after January 1, 2006 to be considered for a grant for a 0- to 5-year-old, *or*
 - Have been born between January 1, 2002 and December 31, 2005 to be considered for a grant for a 6- to 9-year-old.

If you receive a full-year grant, you must officially accept your grant during Stanford's benefits Open Enrollment period. By accepting the grant you automatically open a Dependent Day Care Spending Account. Your Child Care Subsidy Grant reimbursements are administered through this Spending Account. Specific information on how to accept the grant will be sent to you before Open Enrollment. ***Failure to accept the grant during Open Enrollment will be considered as a refusal of the grant.***

If you receive the full \$5,000 through this program, you cannot make any additional FSA contributions. For more information about how the Flexible Spending Account works, visit Stanford Benefits online at <http://benefits.stanford.edu>. Find Flexible Spending Accounts under the Medical & Life Section.



ANNUAL GRANT AMOUNTS

Grants are based on your family projected adjusted gross income and the age and number of eligible children in your family. Stanford only allows one grant per family per year and the total cannot exceed \$5,000 regardless of special needs or number of children under age 10 you claim. This chart shows the grant amounts for 2012.

Adjusted Gross Income*	Grant Amount Child Age 0-5	Grant Amount Child Age 6-9
\$0 - \$54,999	\$5,000	\$1,000
\$55,000 - \$89,999	\$3,500	\$1,000
\$90,000 - \$124,999	\$2,000	\$1,000

**Based on your 2010 tax return(s) and current projected income.*

Maximum Additional Grant for two or more children is \$1,000, but not to exceed the overall \$5,000 grant limit.

Important: Grant amounts may change depending on the availability of funds and the number of qualified applicants. Your confirmation letter will include the approved grant amount.

AMENDMENTS

You may apply for an amendment to your grant if you are awarded a full-year grant for one child, then add a new eligible child in another period during the same grant year. For example: You have one child for whom you are awarded a grant in Period A. Your second child is born and meets eligibility for Period C. You may be eligible for an additional amount.

To apply for an amendment in Application Period B or C, you must complete a new application for that period. You do **not** have to submit wage and tax documentation.

SPECIAL NEEDS

If your family requires extraordinary care that extends the financial burden of normal child care, you may qualify for an additional grant of \$1,000 to help cover those special needs. Examples of special needs include (but are not limited to) speech or occupational therapy or training not subsidized or reimbursed by any other agency. Situations **not** considered a special need include (but are not limited to): multiple-births, paying above-average child care rate, or high monthly non-child care expenses such as housing or loans.

To apply for the Special Needs grant, include a description of the situation with your application, provide documentation of the diagnosis and proof of the additional expenses (such as contracts or paid invoices from providers). **Note:** The maximum total annual grant amount cannot exceed \$5,000 regardless of special needs.

HOW TO APPLY

Applying is easy — just follow these steps:

1. **Complete** and **sign** the application.
2. **Enclose** copies of all applicable household income and wage documentation.
3. **Describe** and **document** any special needs (if applicable). Enclose receipts described in Special Needs section.
4. **Include** a stamped, self-addressed envelope if you want notification that we received your application.
5. **Mail** the completed application on or before the appropriate deadline (see *Application Periods*).
6. **For Period C only:** Include a brief explanation why you are eligible for this period.

It is your responsibility to read and understand Stanford's Child Care Subsidy Grant Program guidelines before completing the application process.

The guidelines and rules that govern the CCSG can be found at <http://worklife.stanford.edu>, and FSA information at <http://benefits.stanford.edu>.

CCSG and Taxes

To qualify for tax-free treatment of your CCSG award, you must supply the taxpayer identification number for each dependent care provider to the IRS with your annual tax return by completing IRS Form 2441.

There may be other tax implications if:

- You are married but file taxes separately
- You have custody of your child(ren), but your ex-spouse claims them on his/her taxes (or you alternate claiming the child(ren) on your taxes
- Your spouse has no earned income for the tax year, even if looking for work and receiving unemployment compensation.
- You are in the process of getting divorced or are legally separated.

Consult your tax professional or IRS Publication 503 for further guidance before accepting your award. IRS Publication 503 and IRS Form 2441 and instructions can be downloaded from www.irs.gov.

GRANT NOTIFICATION

Grant notification will be mailed to your home approximately one month after the application deadline. If you receive a full-year grant, you must indicate your acceptance by checking the appropriate box on the FSA enrollment screen during Open Enrollment. Once you have accepted, you are automatically enrolled in the Dependent Day Care FSA.

FOR MORE INFORMATION

For a copy of the program guidelines or if you have questions, please visit the WorkLife Office web site at <http://worklife.stanford.edu> or call WorkLife at (650) 723-2660 [TTY: (650) 723-1216].



Stanford University

Child Care Subsidy Grant Program

2012 APPLICATION

COMPLETE THIS FORM ONLINE!
 Find it at <http://worklife.stanford.edu>.
 Print, sign and include all items listed in Part Three.
 Send via U.S. mail by the deadline.

You may apply only in the period in which you meet eligibility requirements.

I am applying during the application period ending:

A — August 6, 2011 B — September 23, 2011 C — May 14, 2012

I am applying for an amendment to my grant.

I work 40 hours per week 30 – 39 hours per week 20 – 29 hours per week

Child(ren)'s health insurance is through my Stanford University benefits plan. Yes No

PART ONE: YOUR INFORMATION

Read the official guidelines at <http://worklife.stanford.edu>. Complete this application online or in blue or black ink.

Please print clearly.

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)		DATE OF HIRE
HOME STREET ADDRESS		
CITY, STATE, ZIP	STANFORD EMPLOYEE ID	
E-MAIL ADDRESS	WORK PHONE	
DEPARTMENT	HOME PHONE	
<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF		
MARITAL STATUS	CAMPUS ID MAIL ADDRESS	
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> REGISTERED DOMESTIC PARTNER RELATIONSHIP		
NAME OF SPOUSE/REGISTERED DOMESTIC PARTNER (LAST, FIRST, MIDDLE INITIAL)	NAME OF SPOUSE/REGISTERED DOMESTIC PARTNER'S EMPLOYER	
IS YOUR SPOUSE/REGISTERED DOMESTIC PARTNER A FULL-TIME STUDENT?	IF YES, WHERE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		

PART TWO: ELIGIBLE CHILDREN

Information about your dependent child(ren) under age 10:

NAME (LAST, FIRST, MIDDLE INITIAL)	BIRTHDATE (MM/DD/YYYY)	TAX DEPENDENT	LAST 4 DIGITS OF YOUR CHILD'S SOCIAL SECURITY #
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Complete, Date and Sign the Other Side

Detach Here

PART THREE: FINANCIAL INFORMATION

As part of our application process, we need to review personal information. Be assured we keep this information strictly confidential and securely stored.

Check off each of these items as you enclose them with your application:

- Copies of complete Stanford employee pay statements from **two** recent pay periods.
- Complete copies of spouse/registered domestic partner pay stubs from **two** pay periods or similar information.
- Completed, signed copies of your 2010 federal income tax form 1040 or 1040A (front and back only).
- A copy of IRS Schedule C, **if** your spouse/registered domestic partner is self-employed
- A self-addressed stamped envelope **if you want notification** that we received your application.

For Period C only: Include a brief explanation why you are eligible for this period.

Estimated Adjusted Gross Income To calculate your estimated gross salary/wages, multiply your federal taxable gross wages for one pay period (as shown on your paycheck stub) by the number of pay periods in a 12-month period (for example, at Stanford there are 24 pay periods per year).

	FEDERAL TAXABLE GROSS WAGES PER PAY PERIOD	# OF PAY PERIODS PER YEAR	PROJECTED ADJUSTED GROSS SALARY/WAGES
Stanford Employee	\$	X 24	= \$
Spouse/Registered Domestic Partner	\$	X	= \$
			Total \$

PART FOUR: STATEMENT OF SPECIAL NEED

Please enclose a description of any special need, as defined in the program guidelines, that may qualify you to receive a larger grant. (See *Special Needs* for more information.) Include any medical and financial documentation that supports your request.

READ AND SIGN

Statement of Understanding — By signing below, I certify that I have attached all applicable tax forms and other income source documents including pay stubs. I understand I must notify the WorkLife Office of any family status changes (i.e. dissolution of marriage or domestic partnership) which could affect my child custody responsibilities during the plan year I receive a Child Care Subsidy Grant. I certify under penalty of perjury that all statements and documentation relating to this application are true. I understand that incomplete or inaccurate information may adversely affect my child(ren)'s eligibility under this Program up to and including repayment to Stanford University of any funds awarded and/or may result in disciplinary action up to and including termination.

X

Employee Signature

Date

Mail this application and all required supporting documentation to:

WorkLife Office
CCSG Applications
P.O. Box 20554
Stanford, CA 94309

Special Notes:

- You may need extra postage.
- The WorkLife Office does not accept applications by fax, ID mail, or delivered in person.
- Questions about completing this form? Call (650) 723-2660 [TTY: (650) 723-1216]
- If you want confirmation that we received your application, please mail via registered mail or include a stamped, self-addressed envelope. Do not call.

Be sure to **sign** the application and **enclose** all the items listed in Part Three above.