

ICCSD Before and After School Bridge Care Application



Date _____ Date Request for Funds to Begin: _____

Please fill out the information below and return to your BASP Director. Information received is confidential.

- If you are waiting on Child Care Assistance (CCA) and seeking **short term** funding please check here: _____
- If you do not qualify for CCA and are applying for **long term** funding please check here: _____

Student's Name: _____ Student(s) School: _____

Student's Name: _____

Parent Name(s): _____

Address: _____ City / State: _____

Telephone Number: _____ Number of Members in your Household: _____

Annual Household Income Range

Please circle your income range.

Number in the Family				
2	\$0 - \$20,826	\$20,827 - \$29,637	\$29,638 - 32,040	\$32,041 or more
3	\$0 - \$26,208	\$26,209 - \$37,296	\$37,297-\$40,320	\$60,480 or more
4	\$0 - \$31,590	\$31,591 - \$44,955	\$44,956-\$48,600	\$48,601 or more
5	\$0 - \$36,972	\$36,973 - \$52,614	\$52,615 - \$56,880	\$56,881 or more
6	\$0 - \$42,354	\$42,355 - \$60,273	\$60,274-\$64,160	\$64,161 or more
7	\$0 - \$47,748	\$47,750 - \$67,950	\$67,951 - \$73,460	\$73,461 or more
8	\$0 - \$53,157	\$53,158 - \$75,646	\$75,647 - \$81,780	\$81,781 or more

Are you in a temporary living situation? (doubled-up; in a hotel / motel; in shelter; living in vehicle)

Yes No

Funding Requested:

Number of months: _____ Full (\$ / month) _____ Partial (\$ / month)

Family member - please give a brief explanation of why funds are being requested:

Parent Signature: _____ Date: _____

Student Family Advocate - please detail why this request for funds is being submitted:

Student Family Advocate Signature: _____ Date: _____

Please return form to: Amy Clair, Coordinator of Extended Day Learning
Iowa City Community School District
1725 N. Dodge Street
Iowa City, Iowa 52245
(319)688-1000 ext.2643

For Office Use Only:

Funding Amount Approved: _____

Date of Approval: _____

Signature: _____