**COVID-19 Child Care Subsidy Request**

Case Western Reserve University is offering a child care subsidy to all full time undergraduate, graduate, and professional students, as well as post-doctoral fellows and scholars. The subsidy is limited to $600 per semester per household to off-set child care costs. To be eligible, students must attend classes throughout the semester (starting August 24, 2020) and post-doctoral fellows and scholars must be appointed for the entire semester. All applying for the subsidy must have at least one school-age child in grades K-4 enrolled in a public or private school and school district that has declared remote learning for the fall of 2020. **All applications must be received on or before 5:00 p.m. on October 31, 2020 and include certification that the school district as well as school has made a decision to go remote. You must provide either a printout from the website, letter, or email from the school district and school declaring remote learning. In addition, receipts from the childcare facility/provider must be submitted with the request.**

|  |  |  |  |
| --- | --- | --- | --- |
| Post-Doctoral Fellow/Scholar or Student  Name | | CWRU Student ID # | |
| Check One: ☐ Post-Doctoral Fellow/Scholar ☐ Professional Student  ☐ Graduate Student ☐ Undergraduate Student | | | |
| Local Address | Local Phone # | | CWRU Email Address |

**Please complete the below section for each child in the household by including their name, grade for the 2020-2021 school year, school district, and name of the school of which they attend. In addition, please ensure you have included the documentation from the school and district that shows the decision to go remote.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Child’s Name*** | ***Grade for 2020-2021 School Year*** | ***Name of School & District (include documentation from district and school)*** | ***Name of Childcare Facility/Provider (include receipt)*** | ***Amount*** |
|  |  |  |  | ***$*** |
|  |  |  |  | ***$*** |
|  |  |  |  | ***$*** |
|  |  |  |  | ***$*** |
|  |  |  |  | ***$*** |

***Total: $***

**Please submit this completed form, along with the documentation from your child(ren)’s school district and school, and receipts to [childcare-application@case.edu](mailto:childcare-application@case.edu).**

|  |  |
| --- | --- |
| My signature affirms that all information provided on this form is complete and true to the best of my knowledge. I acknowledge that the reimbursement is a taxable benefit and understand that it may be added to my taxable income with applicable tax withholdings being taken on my next paycheck or the University will issue me an IRS Form 1099 for federal income tax reporting purposes. | |
| **Signature** | **Date** |