

Northeast State Community College
CCAMPIS - Child Care Access Means Parents in School

APPLICATION FOR SERVICE
Academic Year 2021-22
NEW APPLICANTS

Please submit completed CCAMPIS application along with supporting documents to:

Kerrie Hall, CCAMPIS Coordinator
Northeast State Community College
General Studies Building, Room C2301

2425 Highway 75
P.O. Box 246
Blountville, TN 37617

423.354.5273
CCAMPIS@NortheastState.edu

Student Eligibility Requirements:

- Infant through preschool dependent child(ren)
- Completed Free Application for Federal Student Aid (FAFSA)
- Pell Grant eligible (do not have to receive it)
- Enrolled in degree or certificate program
- Enrolled in at least 6 credit hours per semester
- Attend **CCAMPIS** Orientation

Preference given to students:

- Date of completed application packet
- Have an unmet need for full-time childcare assistance
- Enrolled full-time

Items to be completed

- | | |
|--|--|
| | CCAMPIS Application |
| | Photo ID – Driver License/Stated ID/Northeast ID (copy) |
| | Academic Plan* (copy) |
| | Birth Certificate(s) for eligible child(ren) (copy) |
| | TN DHS Child Care Assistance Determination Letter (if have one) |
| | Attend CCAMPIS Orientation: _____ |

***Advising Resource Center (ARC) – C2407**

2nd floor of General Studies Building across the hall from Financial Aid at Blountville and regular visits to Elizabethton, Johnson City, and Kingsport throughout the semester. Services include academic advising, registration assistance, transfer advising, advising for change of major, and academic planning. Phone: 423.323.0214

An up-to-date childcare center listing can be found through the Tennessee Department of Human Service website (<https://www.tn.gov/accweb/>).

A childcare center's Quality Rating status and compliance history report should be verified through the TNDHS website.

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NeSCC ID _____

Last Name _____ First _____

Primary Phone _____ Type Cell Landline

Email - NeSCC _____ Preferred email

Email - other _____ Preferred email

Best way to contact? Text Call Email

Street Address _____
Apartment/Condo Unit # _____
City _____
Zip _____

County _____

Mailing Address (if different than above):

Street Address _____
Apartment/Condo Unit # _____
City _____
Zip _____

Please provide name and phone number of person we can contact if we are unable to reach you.

Contact Name _____
Phone _____
Relationship to You _____

How did you hear about the CCAMPIS Program?

<input type="checkbox"/>	Another CCAMPIS participant	<input type="checkbox"/>	NeSCC email blast
<input type="checkbox"/>	Friend	<input type="checkbox"/>	NeSCC website
<input type="checkbox"/>	CCAMPIS Flyer/Brochure/Poster	<input type="checkbox"/>	Other Northeast State program:
<input type="checkbox"/>	Tennessee Reconnect Program/Info Session	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Social Media (Facebook, twitter, etc.)		

What is your primary campus?

Blountville Elizabethton Gray Johnson City Kingsport

Academic Status

<input type="checkbox"/>	Currently enrolled	<input type="checkbox"/>	Freshman	<input type="checkbox"/>	Sophomore
<input type="checkbox"/>	Not enrolled				

Which Semesters are you requesting CCAMPIS Assistance?

<input type="checkbox"/>	Summer 2021*	<input type="checkbox"/>	Fall 2021	<input type="checkbox"/>	Spring 2022	<input type="checkbox"/>	Summer 2022*
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*If available

What is your major: _____

What degree program are you in:

<input type="checkbox"/>	Associate Degree	Program:	<input type="text"/>
<input type="checkbox"/>	Certificate	Program:	<input type="text"/>

Which semester will you be graduating:

<input type="checkbox"/>	Fall 2021	<input type="checkbox"/>	Spring 2022	<input type="checkbox"/>	Summer 2021
<input type="checkbox"/>	Fall 2022	<input type="checkbox"/>	Spring 2023	<input type="checkbox"/>	Summer 2022
				<input type="checkbox"/>	Summer 2023

What is your last semester GPA?

What is your cumulative GPA?

Who is your academic advisor? _____

(provide a copy of your academic plan)

How many credit hours are you taking:

Summer 2021	<input type="text"/>	Fall 2021	<input type="text"/>
Spring 2022	<input type="text"/>	Summer 2022	<input type="text"/>

2020-21 FAFSA completed and on file with the Office of Financial Aid?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Unsure
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What is you FAFSA – EFC?

What is your Pell Grant Status?

<input type="checkbox"/>	Receiving Pell Grant	<input type="checkbox"/>	Eligible, but not receiving Pell Grant	<input type="checkbox"/>	Unsure
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Are you a first generation college student?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Race/Ethnicity

<input type="checkbox"/>	Alaska Native	<input type="checkbox"/>	Hawaiian or other Pacific Islander
<input type="checkbox"/>	Asian	<input type="checkbox"/>	White
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Two or More Races
<input type="checkbox"/>	Hispanic/Latino		

Gender

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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Household Status

<input type="checkbox"/>	Married
<input type="checkbox"/>	Not Married and Dependent on Parent(s)
<input type="checkbox"/>	Not Married and Independent

Household

Total Household Members (including self)	<input type="text"/>
How Many Dependent Children	<input type="text"/>
How many under the age of 5	<input type="text"/>

How many dependent children under the age of 5 do you want to register with CCAMPIS?

First Name	Last Name	Date of Birth	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List children currently using childcare services:

Child (Age)	Childcare Center (or provider)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Do you need Full-Time care?

No Yes Other:

Are you currently receiving financial assistance for childcare costs? (Your answer will not affect CCAMPIS eligibility.)

No Yes Other:

<input type="checkbox"/>	Families First; co-pay: \$ _____
<input type="checkbox"/>	Smart Steps; co-pay: \$ _____
<input type="checkbox"/>	Other:

Consider applying for State of Tennessee Department of Human Services childcare assistance.
CCAMPIS subsidies can be used in conjunction with TNDHS child care certificate program.

Have you found/selected a 2 or 3-Star Quality rated childcare center?

No

Yes

Childcare Center

2 or 3-Star Quality Rated

Director	

No Yes

Director	

No Yes

Have you applied?

No

Yes

Other:

Are you on a waiting list?

No

Yes

Other:

Did you have an application/wait list fee?

No

Yes

Amount: \$

Comments:

SUPPLEMENTAL QUESTIONS

How will participation in the CCAMPIS program help your unmet need for childcare assistance?

What is your employment status?

Full-Time Part-Time Not Employed

Where: _____

If applicable, describe how participation in the CCAMPIS program will change your employment status:

During the hours of CCAMPIS provided childcare, I plan to:

<input type="checkbox"/>	Attend class	<input type="checkbox"/>	Obtain coaching/tutoring assistance
<input type="checkbox"/>	Take earlier class	<input type="checkbox"/>	Obtain advising/counseling support
<input type="checkbox"/>	Take later class	<input type="checkbox"/>	Participate in group study projects or meetings
<input type="checkbox"/>	Have additional study time	<input type="checkbox"/>	Spend more time in the library/computer lab
<input type="checkbox"/>	Other:		

How important is the CCAMPIS grant to help complete your degree or certificate?

Very Unimportant
 Unimportant
 Neither Important nor Unimportant
 Important
 Very Important

Comments:

Would you be able to enroll or persist at Northeast State without CCAMPIS assistance?

No Yes Other:

Would you be able to graduate from Northeast State without CCAMPIS assistance?

No Yes Other:

Please select additional services you are in need of:

Academic coaching
 Personal counseling
 Food
 Shelter
 Transportation
 Other:

Statement of Understanding

To receive assistance, the **CCAMPIS** program requires access to student records. I therefore authorize the **CCAMPIS** program access to my records at Northeast State Community College. This information will be held in strictest confidence, in accordance to college policies and procedures. Records may include: Student financial aid information, income level, other grants received, course grades and attendance, transcripts and other related documents.

I understand that this application will be considered for eligibility but does not guarantee participation in the program. I further understand that I may be placed on a waiting list for subsidy assistance. Upon acceptance and before subsidy funds are dispersed, I understand that I will be required to sign the **CCAMPIS** Participant Agreement, which will detail program requirements and obligations of the program.

I understand that changes in student and/or financial aid status may result in loss of the **CCAMPIS** childcare subsidy. I also understand that I will need to reapply each semester. I will notify the **CCAMPIS** Coordinator of any changes in my financial aid status, student status or provider status. I also understand that receiving the childcare subsidy does not make Northeast State Community College obligated, in any way, to provide me with childcare services needed; nor does it make Northeast State legally liable for anything that would happen at my children's childcare center(s).

Printed Name: _____

Signature: _____
Submitted as an electronic signature

Date: _____

Office Use Only

Date Received: _____

Is Application Packet Complete?

No

Yes

Missing Items:

Date of completed application: _____

Next Step: Complete Participant Eligibility Worksheet