

Please complete this 6-page application and sign on page 3. If any pages are missing or incomplete, the application will be delayed in processing.

Application Checklist



<input type="radio"/> Complete application	<input type="radio"/> All questions must be answered. <input type="radio"/> Pages 1 - 3 must be completed by the applicant. <input type="radio"/> Page 4 must be completed by the director, owner or person authorized to provide employment verifications.
<input type="radio"/> Official transcripts Supplements are based on the education documents submitted with your application. Be sure to include official transcripts for ALL college coursework completed at a regionally accredited college or university. Copies of degrees and unofficial transcripts are not accepted. Internet transcripts cannot be accepted unless obtained by the WAGE\$ staff. Workshops and training hours are not acceptable documentation.	Pick the option that best applies to your application: <input type="radio"/> Official transcripts are already on file with WAGE\$ and no additional education has been completed. <input type="radio"/> Transcripts are enclosed. <input type="radio"/> Transcripts are being sent directly from college(s). List colleges sending transcripts here: <i>*You will be processed based on the education submitted. If you do not indicate the colleges sending transcripts, you may be awarded at the wrong level. Remember you must ask the college to send us your transcripts.</i>
<input type="radio"/> Income verification <i>See Section 3, "Ownership Status," for details.</i>	Pick the option that best applies to your application: <input type="radio"/> Schedule C <input type="radio"/> Current pay stub (if employee): pay stub should accurately reflect normal schedule. <input type="radio"/> Most recent tax documentation (if center owner): please submit 1040 and all supporting documents.
<input type="radio"/> Read the Participant Agreement and sign the Statement of Affirmation	See page 3 of this application.
<input type="radio"/> Direct Deposit Form <input type="radio"/> W-9 Form	See page 5 of this application. (Please complete all information including first, middle and last name. These forms do not remain with the packet. Send copy of a voided check.) See page 6 of this application. (Include your full name, SS# and home address, not your employer's.) The name on this form must match your social security card.
<input type="radio"/> Return the application	Send your completed application and required documentation to: Child Care WAGES® TENNESSEE, Signal Centers, 109 N. Germantown Rd., Chattanooga, TN 37411 Need help? Contact a WAGE\$ Counselor at 423-698-8528, Ext. 650 or 651 or email wages@signalcenters.org

1. Applicant Information

Indicate correct options with a check. ✓

Date of application		County of residence		Social Security number	
First name		Middle name		Last name	
				Maiden name (if applicable)	
Mailing address				City	
		State		Zip	
Home phone ()		Cell phone ()		Email address	
Date of birth / /		Gender		Male Female Non-Binary Not Given	
Ethnicity (Optional)		Yes (this includes Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, Spanish)		No	
Do you consider yourself Latinx?					
Do you consider yourself...?		White		American Indian or Alaska Native	
Black or African American		Asian (includes Asian-Indian, Japanese, Chinese, Korean, Vietnamese, Filipino, or other Asian		Native Hawaiian or Pacific Islander (includes Samoan, Chamorro, or other Pacific Islander	
				Other	
				Other, two or more races	

2. Educational Background

Degrees earned (check all that apply)	Major	Colleges attended	Year graduated
<input type="radio"/> Coursework completed but no degree earned			N/A
<input type="radio"/> AA/AAS			
<input type="radio"/> BA/BS			
<input type="radio"/> MA/MS			

Have you earned any college credits that are not listed above? Yes No *If yes, please list:*

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3. Ownership Status

All applicants: please mark the box of the ownership category which best reflects your current situation and follow the instructions listed for the category you choose. Income from ownership and wages will be considered to determine eligibility.

<input type="radio"/> Single Family Child Care Home	I own my child care home and work as teacher/operator. I do not own any other child care facility or home. <i>Verify your income by submitting Schedule C from your most recent tax filing.</i> Date you became owner / /
<input type="radio"/> Single Small Group Child Care Home <i>(Licensed for fewer than 13 children per shift)</i>	I own my child care home and work as operator/teacher or I am listed as an office holder of the incorporated business and work as operator/teacher. I do not own or hold an office in any other child care facility. <i>Verify your income by submitting Schedule C from your most recent tax filing.</i> Date you became owner / /
Center Owner <i>(Licensed for more than 13 children per shift)</i>	I own my child care center and work as an owner/teacher. <i>Verify your income by submitting your tax form 1040 and all supporting documents.</i> Date you became owner / /
<input type="radio"/> No Ownership	I am employed by my child care program. I do not own any child care facility. <i>If you are not an owner, please supply documentation of your pay rate such as a pay stub or employer wage statement to verify income.</i>

4. Participant Agreement

Signal Centers agrees to:

- A. Provide wage supplements to eligible early educators as a special initiative to reward teacher education and continuity of care, thereby providing children ages birth to five more stable relationships with better educated teachers.
- B. Provide IRS-1099 forms at the end of the year to recipients as mandated by current tax law.

The Child Care WAGES® Recipient agrees to:

- A. Acknowledge that receiving the full annual supplement is contingent upon completion of two six-month periods. An installment will be issued after each period, based on the education level and the work schedule of the recipient over the six-month period completed. No portion of the award will be issued if the participant leaves her/his program prior to completing the entire six-month commitment period. Time out for leave or summer breaks cannot be counted toward the completion of a commitment period. New applicants need to be employed at the time of the employment confirmation. Employment is verified after a commitment period is complete and when funding is available. The time of confirmations may be delayed due to funding issues, but the applicant must still be employed when money is available in order to be eligible.
- B. Continue employment in a licensed program for the entire commitment period and notify Child Care WAGES® TENNESSEE of any changes.
- C. Allow her/his employer to release employment information including date of employment, position in center, age level of children in care, current salary or hourly rate (including bonuses received) and the number of hours worked each week.
- D. Allow WAGES\$ staff to release information about participation, including education, to director and/or owner.
- E. Acknowledge that the funding for this project is provided from the Tennessee Department of Human Services. The amount allocated by the Tennessee Department of Human Services will determine the amount available for supplements statewide. Payments will depend upon available funding and the recipient's employer is not responsible for providing the supplement should funds no longer be available.
- F. Report and pay any personal income taxes due on annual supplements as required by current tax law.
- G. Acknowledge that Child Care WAGES® TENNESSEE reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- H. Acknowledge that reimbursement to Child Care WAGES® TENNESSEE will be required by the recipient should a salary supplement be issued incorrectly for any reason.
- I. Acknowledge that falsifying application information or documentation may result in the inability to be a participant on this program and the recipient consents to employer and program funder notification if participation is terminated due to failure to comply with documentation requirements.

5. Statement of Affirmation

I, _____ (applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I have read and understand the Participant Agreement.

I understand that I am requesting to be considered for WAGES\$ and acknowledge that I must continue to meet the eligibility requirements of that program in order to receive ongoing supplements.

To be considered for a WAGES\$ supplement, I understand that my contact and participation information may be released to the Tennessee Department of Human Services or other partners. I authorize and consent to the release and sharing of such information by Child Care WAGES® TENNESSEE to the third parties described. I hereby release Child Care WAGES® TENNESSEE/ Signal Centers from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions.


6. Communications Release

- Yes No I consent that my contact information may be utilized for Child Care WAGES® TENNESSEE's E-Newsletter and SMS text communication, and that I have the option to opt out of those communication methods at any time.

Applicant's Signature Date

Printed name County where you work

Send your completed application and required documentation to:

 **Child Care WAGES® TENNESSEE**
Signal Centers
109 N.Germantown Rd.
Chattanooga, TN 37411

Phone 423-698-8528 Ext.650 or 651
wages@signalcenters.org
www.signalcenters.org

7. Employment Information and Verification

This section **must be completed by the director, owner or person authorized** to provide employment verifications. A signature confirming the information's validity is required.

Applicant name		County	
TNDHS license #		Child care program name	
Program mailing address			
Program phone ()		Program email address	
Position of Employment	<input type="radio"/> Family Child Care Educator <input type="radio"/> Floater <input type="radio"/> Assistant Teacher/Aide <input type="radio"/> Other (please give full position title) <input type="radio"/> Teacher/Lead Teacher		
	*If the applicant fulfills duties of more than one position, please specify this.		
Does the applicant work in an TN Pre-K classroom?		Does the applicant work in a Head Start classroom?	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Ages of children in care of this applicant (if applicable)			
<input type="radio"/> Infants <input type="radio"/> Ones <input type="radio"/> Twos <input type="radio"/> Threes <input type="radio"/> Fours <input type="radio"/> Fives <input type="radio"/> School-age			
Total hours worked per week		How many hours per week are spent directly with children birth to five?	
If the applicant fulfills duties of more than one position, please state how many hours are worked in each.		Applicant start date / /	
Months per year your program is in operation <input type="radio"/> 12 months <input type="radio"/> 10 months <input type="radio"/> Other			
How often is the applicant paid? <input type="radio"/> weekly <input type="radio"/> biweekly (every two weeks) <input type="radio"/> semi-monthly (two times a month) <input type="radio"/> monthly (10 months) <input type="radio"/> monthly (12 months)			
How many months per year is the applicant paid? <input type="radio"/> 9 months <input type="radio"/> 10 months <input type="radio"/> 12 months <input type="radio"/> Other			
How many months per year does the applicant work? <input type="radio"/> 9 months <input type="radio"/> 10 months <input type="radio"/> 12 months <input type="radio"/> Other			
Current annual gross salary		Current hourly rate	

In addition to the employment verification above, please verify that you have read and understand the expectations below. Your signature on this application indicates your agreement to:

Provide Child Care WAGES® TENNESSEE with information on teachers and directors employed who have applied for a salary supplement. This information shall include: date employment began, employee's position in center, status of employee (full or part-time, permanent or temporary), age level of children in employee's care, the employee's current salary or hourly pay rate and the number of hours worked each week.

Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a salary supplement. WAGES will not be used as the reason to withhold an otherwise scheduled raise.

I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge.

Signature of director, owner, or person authorized to provide employment verification:

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Printed name Position Date

Signal Centers, Inc.
Accounts Payable
Direct Deposit Authorization Form

Payee First, Middle and Last Name

Phone Number

Date

Check One:

Setup ACH

Change Information

Cancel Direct Deposit

Payee Disclosures

The payee hereby authorizes Signal Centers, Inc. to deposit payments/reimbursements directly into the account indicated below and to initiate, if necessary any entries and adjustments for any direct deposit errors made. Signal Centers, Inc. is not liable for Payee's bank charges resulting from problems associated with direct deposit such as errors in bank information provided by Payee or lack of notification when an account is closed. This authority will remain in effect until a new form is filed.

Payee Information

Social Security Number

Signature of Authorized Signor on Account

Email Address (notice will be sent here)

Printed name of above Signatory

Bank Information

Name of Financial Institution

Phone Number

Account Type

ABA Routing Number (9 digits)

Account Number

****Please include a copy of a voided check or your bank's direct deposit instructions.***

Disclosures

- 1 PRIVACY AND NOTIFICATION: The principal purpose for requesting the information on this form is to verify the Payee's identity and set up an account to receive direct deposits of non-payroll payments.

- 2 If the Payee is an employee of Signal Centers, Inc., provision of the social security number is voluntary pursuant to the Federal Privacy Act of 1974. Taxpayer ID is required for non-employees.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
X	X								
-				X	X	X	X	X	X

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.