
CLIENT RESPONSIBILITY AGREEMENT FOR KIDS FIRST FINANCIAL AID



I, _____, _____, agree to the following conditions while receiving financial aid from Kids First – The City of Aspen for my childcare costs.

1. _____ I agree that I will in writing or by email notify Kids First if there are any changes in my/our childcare arrangements, employment, or any household change.
2. _____ I agree to pay the remaining amount of my monthly tuition on time.
 - a. I understand that if I do not pay my tuition to my provider on time each month I will lose my childcare financial aid.
 - b. I understand that my financial aid is based on household income, household size, number of days my child(ren) is/are in care, and number of children in childcare.
3. _____ I understand that I may be asked for an interview to explain and answer any questions that the Kids First Financial Aid Committee may have.
4. _____ I understand that Kids First does not pay financial aid if my family goes on vacation. Financial aid is only paid for the days a parent(s) is/are working.
5. _____ I understand that Kids First financial aid will pay for up to 3 sick days per month. If sick for more than 3 days a doctor’s note is required to verify the illness.
6. _____ I understand that if the documentation in and accompanying the application is false or found to be non-verifiable my financial aid will be terminated immediately.
7. _____ Signed copy of the Child’s Proof of Citizenship form and documentation that the child(ren) is/are lawfully present in the US.

Client signature _____ Date _____

Client signature _____ Date _____

Signatures on this form do not represent approval of childcare assistance