EARLY CHILDHOOD ASSISTANCE PROGRAMME (ECAP) APPLICATION

The Ministry of Education offers funding for qualifying young Caymanian children to attend an early childhood centre in support of pre-primary learning opportunities for young children. Eligible children must be between 3 and 4 years old age as of September 1st, 2018.

Please take note of the following:

- The completed application (with all the supporting documents) must be:
  - delivered directly to the reception desk at the Government Administration Building (to the attention of the Early Childhood Care and Education Unit, Second Floor) OR
  - scanned and emailed directly to ecap@gov.ky
- Do not send any completed ECAP applications through the early childhood centres.

Incomplete applications will not be processed. Parents are responsible for providing all the relevant, supporting documents, including:

1. Copy of the child’s birth certificate
2. Proof of the child’s Caymanian nationality (see pg. 9)
3. Proof of legal guardianship - if the child resides with someone other than his/her parent (see pg. 10)
4. Proof of Income (see pg. 10)
5. If unemployed, parent must provide a copy of his/her proof of registration with the National Workforce Development Agency (NWDA) as well as activity with that agency; and a copy of a recent termination letter - if available (see pg. 11)
6. Copies of report(s) pertaining to the child’s special needs (if applicable)
7. Copy of a Government issued identification for the parents e.g. driver’s license or passport picture page

Please use pages 9 – 16 as a guide when completing this application form.
If you have any questions, please email ecap@gov.ky or call 244-5724.

Date received: ECCE Unit Signature and Comments:
This page is for use by the **ECCE Unit, Ministry of Education only**.
Not to be completed by ECAP applicants.

<table>
<thead>
<tr>
<th>Document to be submitted</th>
<th>Y/N/NA</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed application form</td>
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<tr>
<td>Copy of child’s birth certificate</td>
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<tr>
<td>Child’s proof of nationality</td>
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<td>Proof of legal guardianship (if child reside with someone other than the parent)</td>
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<td>Proof of income: 3 recent play slips, current job letter (detailing deductions)</td>
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<td>Proof of income (if self-employed): a bank reference which details average balance in the account, an affidavit signed by a JP or Notary Public verifying parent is self-employed, a copy of Trade &amp; Business Licence.</td>
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<td>Proof of unemployment: termination letter (if available), and registration as a job-seeker extended - NWDA</td>
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<td>If child has special needs, copies of relevant reports</td>
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<tr>
<td>Copy of a Government issued identification for the parents e.g. driver’s license or passport picture page</td>
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**Other information provided:**

____________________________________________________________________________________
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GENERAL INFORMATION

Name of child: _____________________________________________
           (First name) (Last name)
Child’s date of birth: ___________________________          Gender: Male □ / Female □
            Day / Month / Year
Nationality: _____________________________________________

Early childhood centre (preschool) where the child is registered: ____________________________

Monthly cost to attend the centre: ____________________________

Will your child participate in any other early childhood programmes? ________________________

Who does the child live with?   Mother □    Father □    Both parents □

Does a particular parent have custody of the child?   Yes □    No □

If yes, please explain: ____________________________________________________________

Family size at home:   ______ adults   ______ children

The family’s total/combined income per month: __________________

DEPENDANTS

Please list your dependents (i.e. a child, elderly parent or other person who relies on your financial support for valid reasons, such as extended illness or disability)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School/Institution (if child)</th>
<th>Reason for unemployment (if adult)</th>
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FATHER’S INFORMATION

Please provide all the information requested below and sign.

Name: _____________________________ Caymanian: Yes ☐ No ☐

Physical street address: ______________________________________________________

Postal address (include postal code): ____________________________________________

Email address: ________________________________

Phone contact: ___________ (home) ___________ (work) ___________ (cell)

Occupation: _____________________________ Employer: __________________________

How long has the father worked there? ____________

TOTAL INCOME:

The child’s father must list all his sources of income such as: salary/wages, rental income (if property is owned), child maintenance, allowances/funding from agencies e.g. DCFS/Needs Assessment Unit

<table>
<thead>
<tr>
<th>INCOME</th>
<th>WEEKLY/MONTHLY</th>
<th>SOURCE</th>
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I, __________________________ affirm that the above information is current and accurate.

Signed by Father: ________________________________
(Father must also sign on page 8)
MOTHER’S INFORMATION

Please provide all the information requested below and sign.

Name: _____________________________  Caymanian: Yes [ ]  No [ ]

Physical street address: _________________________________________________________

Postal address (include postal code): ______________________________________________

Email address: ________________________________________________________________

Phone contact: __________(home) __________(work) __________(cell)

Occupation: _____________________________  Employer: ____________________________

How long has the mother worked there? __________

TOTAL INCOME:

The child’s Mother must list all her sources of income such as: salary/wages, rental income (if property is owned), child maintenance, allowances/funding from agencies e.g. DCFS/Needs Assessment Unit

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<thead>
<tr>
<th>INCOME</th>
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I, ________________________ affirm that the above information is current and accurate.

Signed by Mother: _____________________________

(Mother must also sign on page 8)
GUARDIAN’S INFORMATION
This page must be completed in the event that another caregiver (other than biological parents) has legal guardianship of the child.

Please provide all the information requested below and sign.

Name: _____________________________ Caymanian: Yes ☐ No ☐

Physical street address: _________________________________________________________

Postal address (include postal code): _______________________________________________

Email address: ______________________________________

Phone contact: __________ (home) __________ (work) __________ (cell)

Occupation: _____________________________ Employer: ____________________________

How long has the guardian worked there? __________

TOTAL INCOME:

The child’s Guardian must list all his/her sources of income such as: salary/wages, rental income, child maintenance, allowances/funding from agencies e.g. DCFS/Needs Assessment Unit

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<th>INCOME</th>
<th>WEEKLY/MONTHLY</th>
<th>SOURCE</th>
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I, ______________________ affirm that the above information is current and accurate.

Signed by Guardian: ________________________________

(Guardian must also sign on page 8)
SPECIAL NEEDS SERVICES

This page must be completed by parents who have a child receiving special education needs services. Please list all services being received e.g. Early Intervention Programme (EIP), which are in relation to your child’s special needs. You are also required to state costs not covered by insurance which are incurred by receipt of these services.

<table>
<thead>
<tr>
<th>Service being received</th>
<th>Service provider</th>
<th>Frequency (how often)</th>
<th>Cost to parent</th>
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Is your child on a special diet?  Yes ☐  No ☐  If yes, please explain: ____________________  .................................................. Average cost? ________________  __________

Does your child require special medication? ____________________________________________

Is the medication covered by insurance? ______________________________________________

What is the average cost of medication per month? ______________________________________

Please give details (including cost) of any consistent medical appointments (local or overseas) which pertain to your child’s special needs.

<table>
<thead>
<tr>
<th>Medical Need</th>
<th>Medical Centre/Doctor’s Information</th>
<th>Frequency of Appointments</th>
<th>Average Cost (including travel, accommodations) which is incurred (not covered by insurance or other source)</th>
<th>Details of Insurance Coverage (which assist with cost)</th>
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On separate sheet, please list details of paper which pertain to your child’s special need which may not have been captured in the information above.
Father, Mother, and Guardian, please read carefully and sign below:

- My signature below affirms that I understand that for my application to be processed I must submit the correct documentation which to the best of my knowledge is true and correct.

- I understand that if the Early Childhood Care and Education (ECCE) Unit needs additional information in order to process my application, it is my responsibility to provide all relevant information. I therefore agree that the ECCE Unit may contact my employer and other persons or agencies to verify that I have provided accurate information on this form.

- I give permission for the ECCE Unit to share information with the National Workforce Development Agency (NWDA) or the Needs Assessment Unit (NAU), if needed.

- I am aware that a willful misrepresentation of any material fact made by me in this application or in discussion with member of the ECCE Unit or the Oversight Committee may result in this and future applications being refused.

- I understand that the ECCE Unit will monitor my child’s attendance at the early childhood centre and that his/her grant will continue as long as he/she attends the early childhood centre regularly.

- I understand that, if my application is successful, funding may be discontinued if I have submitted dishonest, misleading or inaccurate information.

- I agree to notify the ECCE Unit if: my contact information or circumstances change (e.g. financial, number of dependents, status); or if I would like to change my child’s registration to a different centre.

Father: ________________________________ Date: _________________

Mother: ________________________________ Date: _________________

Legal Guardian: __________________________ Date: _________________
The Application Process:

In order to ensure that information submitted is accurate and relevant, all ECAP application forms are processed by the Early Childhood Care and Education (ECCE) Unit. If necessary, parents and/or other agencies will be contacted to verify details or submit additional information. The following is the timeline for this process:

<table>
<thead>
<tr>
<th>ECAP application received by ECCE Unit</th>
<th>Sent to Oversight Committee for a decision</th>
</tr>
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<tbody>
<tr>
<td>March 1 to April 30</td>
<td>Reviewed by the Oversight Committee on May 2</td>
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<tr>
<td>May 1 to June 15</td>
<td>Reviewed by the Oversight Committee on June 29</td>
</tr>
<tr>
<td>July 1 to August 15</td>
<td>Reviewed by the Oversight Committee on August 31</td>
</tr>
<tr>
<td>After August 31</td>
<td>Reviewed on an ‘as needed basis’.</td>
</tr>
</tbody>
</table>

Subsequently, the EC Unit will notify applicants of the Oversight Committee’s decision.

Children who are granted **supplementary funding** will receive the maximum of $450 per month. Children who are granted **basic funding** will receive the maximum of $275 per month. Funding is sent directly to the EC centre.

Documents for Submission:

**Proof of status**
Documentation proving that the child is Caymanian should include:

- Copy of birth certificate as proof of birth in the Cayman Islands AND evidence that at least one parent is Caymanian
  OR
- Copy of Letter of Confirmation from the Immigration Department for the child
  OR
- Copy of Acknowledgement Letter for the child (if Caymanian by virtue of obtaining Cayman Status)

- **Proof of legal guardianship** (if the child resides with someone other than his/her parents) documents to be submitted with the ECAP application include:
  - Court Order detailing legal Guardian
  OR
- Written documentation from Department of Children and Family Services detailing legal Guardian

**Proof of income**
This should include:
- Pay slip (recent): salary earned, including Pension and Health Insurance payments
  If wages vary, at least 3 pay slips must be submitted so that the average can be ascertained.
  AND
- Job letter: This should include salary/wage received and the amount paid for Pension and Health Insurance, indicating frequency of payments (weekly, bi-weekly, monthly, quarterly).

**Total income:**
This includes every source of income, in addition to a salary. For example: regular maintenance payments, financial assistance received from the DCFS or NAU, or income from investments such as property rental.

If any sources of income are inconsistent or vary over time, please make note of this on the form. ECCE Unit staff may check to verify all statements made on the form, so please ensure that adequate and accurate information is given. Proof of income should be provided, such as:
- Court Order document
- Cheque stub
- Letter from agency (such as DCFS or NAU) explaining financial support received and the duration of that support

**Self-employment:**
This refers to persons who are engaged in a self-owned business from which they derive an income. Self-employed persons need to provide all of the following:
- a bank reference which details average balance in the account,
- a statement written by the self-employed parent stating that he/she is self-employed and the nature of the business. This statement should be notarized by a JP or Notary Public,
- a copy of the Trade & Business Licence (if applicable) for the business owned.
• Proof of Unemployment:

Please provide:

- Copy of termination letter from the parent’s most recent job.
- Proof of registration with National Workforce Development Agency (NWDA):

  Parent must inform NWDA of intention to apply for ECAP funding and sign a Release of Information form at NWDA giving them permission to share information with the Early Childhood Unit.

  1. Caymanian parent: must register with NWDA as Job Seeker Extended, providing evidence of participation in the NWDA work readiness programme(s) and/or interviews attended
  2. Non-Caymanian parent: must register with the NWDA as a Job Seeker, and submit proof of registration

- If parents are married and one parent is a home-maker (by choice), this is not considered to be “un-employment” and this section does not apply to that parent. The choice to have one parent remain at home as a “home-maker” should be explained in writing with this application.

Early Childhood Centre Choice:

Parents are encouraged to register their child at an early childhood centre before submitting the ECAP form. Some centres reach capacity between the end of August and the start of September, so it is advisable to begin visiting childhood centres in advance. At the time of application, if parents have not decided which centre their child will attend, they may refer to the brochure “Finding a Quality Early Childhood Centre for Your Young Child” as a guide.
## FINANCIAL MEANS TESTING CRITERIA

<table>
<thead>
<tr>
<th>Number of Dependents</th>
<th>Total income</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Less than $2,500 per month</td>
<td>$2,501 – 3,250 per month</td>
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<tr>
<td>1</td>
<td>Supplementary</td>
<td>Basic</td>
</tr>
<tr>
<td>2</td>
<td>Supplementary</td>
<td>Supplementary</td>
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<tr>
<td>3</td>
<td>Supplementary</td>
<td>Supplementary</td>
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<tr>
<td>4 or more</td>
<td>Supplementary</td>
<td>Supplementary</td>
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</table>

Personal expenditure is **not** considered when processing applications, unless it relates to special or medical needs. There are also specific extenuating circumstances that may affect the financial status of the family and may be considered when processing the application. These may include:

- ill health of a parent or a dependent
- a serious family emergency, such as a sudden death of a parent, or a parent being deported from the Cayman Islands
- ongoing health issue(s) or condition(s) of a parent or dependent which may substantially affect the family’s financial status
- multiple children of the same age (e.g. birth of multiples or 2 children born within the same year) who will require the same level of support and financial expenditure at the same time
- sudden job loss of a parent
- the sudden acquisition of additional dependent(s) due to court ordered placements or becoming legal guardians as a result of the death of the biological parent(s)

Documentation must be provided verifying information presented on extenuating circumstances.

If any of the above extenuating circumstances pertain to you, the Oversight Committee has the authority to:

- Consider applications even after the deadline has past
- Consider expenditure when means testing the parents
- Disregard the ceiling rate
- Grant funding for a specified amount of time instead of September 1 – June 30
Dependents (page 3):

According to the Immigration Law, a dependent is defined as the spouse, child, stepchild, adopted child, grandchild, parent, stepparent, grandparent, brother, sister, half-brother, or half-sister, each of whom is wholly or substantially dependent upon the respective individual (in this case, the ECAP applicant/parent). Such dependents may include:

- Children under the age of 18
- Persons above 18 years old who are still in school (e.g. training institute, college or university)
- Elderly family members who do not have an income to support themselves
- Adults whose care relies on the parent applying for ECAP funding. In such cases, the ECAP parent will be asked to attach a medical letter or relevant document that proves that the adult is a dependent in the parent’s care, and is relying on the parent

Personal Information (pages 4, 5, 6):

- All current information, including telephone and email contacts must be provided. When processing the application, the ECCE Unit staff may need to contact the applicant to ascertain additional information.
- The decision regarding the application will be communicated via email or phone, therefore it is imperative that updated contact information is provided.
- Information is required for both parents, as either parent may be contacted to verify information on the form during the processing of the application. If the child has one (1) Caymanian parent who is absent from his/her life or is deceased, this does not disqualify the application.
- If parents live separately, only the income of the parent the child lives with will be considered. If the parent who the child lives with receives a contribution from the other parent (court order as Maintenance or Child Support, or as an informal arrangement), the amount contributed will be considered instead of the other parent’s entire income.
ECAP Monthly Payments:

- If the early childhood centre’s fees are above the amount that the child is approved for, the parent is responsible to pay the balance of the monthly fee. This funding does not cover registration fees, cost of uniforms, supplies, meals, field trips or any additional fees incurred.
- If approved to receive funding, a monthly cheque is sent directly to the respective centre.
- If the child changes early childhood centres, it is the parent’s responsibility to provide advance notice to the Early Childhood Care and Education Unit and the manager of the early childhood centre so that the funding can be sent to the correct centre. Failure to do so may result in the parent incurring additional fees.

Parental requirements during the time when funding is received

Each parent whose child receives ECAP funding is expected to complete the following throughout the period of funding:

1) Ensure active, positive participation in the early childhood centre. For example, ensuring attendance at Parent Teacher Association meetings and progress reporting meetings, volunteering when the opportunity arises, respecting the rules and expectations of the centre, demonstrating a positive and caring attitude while at the centre, and communicating with the early childhood centre staff regarding your child.

2) Use the services of the Family Resource Centre. Each family must partake in offerings of the Family Resource Centre that pertain to their needs, such as the education/information sessions, individual Parent Coaching or individual sessions as arranged by the Family Resource Centre. Further information regarding the Family Resource Centre will be communicated to successful applicants.

3) Perform at least 3 hours of community service. It is recommended that you complete at least 1 hour per quarter/term. Community Service could include beach/community clean-ups, volunteering at the Pines or the Humane Society, or assisting at Meals on Wheels. There are also other ways to serve our community. The whole family can get involved and make it a memorable time of fun and learning.