

## Brown University Child Care Subsidy Application for 1/1/24 – 12/31/24

| <b>Part One: Your Information</b>              |  |   |
|--|--|---|
| <input type="checkbox"/> Faculty               | <input type="checkbox"/> Non-Union Staff             | <input type="checkbox"/> Postdoctoral Research Associate                                  |
| <input type="checkbox"/> Union Dining Services | <input type="checkbox"/> Union Facilities Management | <input type="checkbox"/> Union Library  |
| <b>Name (Last, First, Middle Initial)</b>      |  | <b>Date of Hire</b>   |
| <b>Home Street Address</b>                     |  |   |
| <b>City, State, Zip Code</b>                   |  | <b>Workday ID</b>   |
| <b>Email Address</b>                           |  | <b>Work Extension</b>   |
| <b>Department</b>                              |  | <b>Campus Box</b>   |
| <b>Job Title</b>                               |  | <b>Marital Status</b><br><input type="checkbox"/> Single <input type="checkbox"/> Married |

| <b>Part Two: Your Spouse's Information</b>   |                          |
|--|--------------------------|
| <input type="checkbox"/> Not Applicable  |                          |
| <b>Spouse's Name (Last, First, Middle Initial)</b>   |                          |
| <b>Is your spouse employed at least part-time?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>Spouse's Employer</b> |
| <b>Is your spouse a full-time student?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>Spouse's School</b>   |
| <b>Is your spouse considered legally disabled?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |                          |
| <b>Is your spouse unemployed but actively seeking employment?</b><br>* Your spouse must have legal work authorization to work in the United States. If applicable, a work visa is required and must be attached as documentation.<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |

| <b>Part Three: Your Child's Information</b>      |               |  |                      |  |                       |
|--|---------------|--|----------------------|--|-----------------------|
| Please list children between the ages of 0 to 6. |               |  |                      |  |                       |
| Name<br>(Last, First, Middle Initial)            | Date of Birth | Tax Dependent  | Last 4 Digits of SSN | Type of Child Care   | Estimated Monthly Fee |
|  |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                      | <input type="checkbox"/> In-Home <input type="checkbox"/> Center | \$                    |
|  |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                      | <input type="checkbox"/> In-Home <input type="checkbox"/> Center | \$                    |
|  |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                      | <input type="checkbox"/> In-Home <input type="checkbox"/> Center | \$                    |
|  |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                      | <input type="checkbox"/> In-Home <input type="checkbox"/> Center | \$                    |

**Part Four: Reimbursement Election**

The maximum allowed for the Flexible Spending Account inclusive of the Child Care Subsidy is \$5,000. All subsidy awards approved after Open Enrollment will be processed as post-tax checks.

- Dependent Care Flexible Spending Account (Pre-Tax)  
 Check (Post-Tax)

**Part Five: Documentation**

As part of our application process, we need to review personal information. Be assured this information is kept strictly confidential and securely stored.

Please check off each item as it is enclosed with your application.

|   |  |
|---|--|
| <b>IRS Form 1040</b>                                | <input type="checkbox"/> I have enclosed the first two pages of my federal form 1040 from 2022.<br>(Required if single –or- married and filing jointly).<br><input type="checkbox"/> I have enclosed the first two pages of my spouse’s federal form 1040 from 2022.<br>(Required if married and filing individually). |
| <b>Birth Certificate or Certificate of Adoption</b> | <input type="checkbox"/> I have enclosed a copy of my child(ren)’s birth certificate(s) or certificate(s) of adoption.<br><input type="checkbox"/> My child(ren)’s birth certificate(s) or certificate(s) of adoption are on file in Workday.  |
| <b>* Spouse’s Work Visa</b>                         | <input type="checkbox"/> I have enclosed my spouse’s work visa.<br><input type="checkbox"/> Not applicable   |

**Read and Sign**

**Statement of Understanding** – By signing below, I certify that I have attached all applicable tax forms and other income source documents. I understand I must notify the Benefits Office of any family status changes (i.e. dissolution of marriage or domestic partnership) which could affect my child custody responsibilities during the plan year I receive a Child Care Subsidy. I certify under penalty of perjury that all statements and documentation relating to this application are true. I understand that incomplete or inaccurate information may adversely affect my child(ren)’s eligibility under this Program up to and including repayment to Brown University of any funds awarded and/or may result in disciplinary action up to and including termination.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Submit this application and all required supporting documentation to:**

Childcare@Brown.edu (please send securely via Virtru)