



I understand Family Connections will pay 20% of my parent co-payment **or** general childcare fees each month directly to my childcare program not exceeding \$250.00. I am responsible for the remaining balance owed to my childcare program. I understand funding for this program is limited to a 1-year term, Wisconsin Shares participant(s) and 1-3 months ALICE participant(s) effective from ____ to ____.

Participation Requirements

- Enrolled in the Wisconsin Shares Subsidy Program or FPL is between 200-300%
- Participant(s) must be willing to work cooperatively with coordinator
- Meet with coordinator at the 6 and final month of program eligibility
- Contact coordinator about any changes including:
 - ✓ address/telephone number
 - ✓ employment
 - ✓ Wisconsin Shares
 - ✓ childcare program
 - ✓ other income change

Since this program is funded through grants and donations, childcare payments may decrease or be suspended at any time should we be granted a lesser amount per grant cycle. Program will notify you if this is to occur.

If you have a grievance, the concern can be discussed with the Connections Coordinator. If you decide to speak to the Connections Coordinator and an agreement cannot be reached, you may choose to discuss your concerns with the Executive Director.

By signing below, I agree to the eligibility requirements for participation in the Connections Program.

Participants Signature _____ Date_____

Coordinators Signature _____ Date_____

Noncompliance will result in termination and/or possible reimbursement of funding received from the Connections Program through Family Connections.

Family Connections, INC. holds the right to terminate this contract if noncompliance or ethical concerns arise.

Effective June 26, 2023