

New Mexico Association for the Education of Young Children
INCENTIVES\$ Early Childhood NEW MEXICO Application Form
INCENTIVES\$ is an affiliate of Child Care WAGES\$ in Chapel Hill, N.C.

(Please answer all questions before submitting application.)

County of employment: Social Security number:

I. GENERAL INFORMATION

A. Date of application: B. County of residence:

C. a. Legal name:

First Middle Last
C. b. Have you gone by any other name(s)? If so please indicate name(s) here:

D. Mailing address:

Street City State Zip Code

E. Home phone: ( ) F. Cell phone: ( )

G. Email address:

H. Date of birth: I. Gender: Male Female

J. a. Ethnicity

- Black/ African American Asian American/ Pacific Islander Other
White/ European American Hispanic American/Latino/Latina
American Indian (tribe) Biracial

J. b. Do you prefer to be contacted by a Spanish-speaker? Yes No

K. Have you previously applied to the INCENTIVES\$ Program? Yes No

II. EDUCATIONAL BACKGROUND

A. Indicate each level of training and education you have completed (check all that apply):

Certificates and Credentials:

- 45 Hour Entry Level Class in Early Childhood Date:
New Mexico Child Development Certificate Date:
Child Development Associate Credential (CDA) Date:
One Year Vocational Certificate Date:
Other Date:

College Degrees (check all that apply):

- Associate's Degree in Early Childhood Ed/Child Dev Date: \_\_\_\_\_
- Associate's Degree in Other Field \_\_\_\_\_ Date: \_\_\_\_\_
- Bachelor's Degree in Early Childhood Ed/Child Dev Date: \_\_\_\_\_
- Bachelor's Degree in Other Field \_\_\_\_\_ Date: \_\_\_\_\_
- Master's Degree in Early Childhood Ed/Child Dev Date: \_\_\_\_\_
- Master's Degree in Other Field \_\_\_\_\_ Date: \_\_\_\_\_
- Ph.D. in Early Childhood Ed/Child Dev Date: \_\_\_\_\_
- Ph.D. in Other Field \_\_\_\_\_ Date: \_\_\_\_\_

Licenses:

Early Childhood Teaching License (If you have your teaching license in early childhood please be sure to send us a copy along with your application.)

Other \_\_\_\_\_

B. Do you have a high school diploma or GED?  Yes  No

C. Have you earned any college credits?  Yes  No If you have not earned a college degree yet, approximately how many college credits have you earned? \_\_\_\_\_

D. Are you currently enrolled in early childhood coursework at a community college or university?  Yes  No

E. Are you currently participating in the T.E.A.C.H. Early Childhood® Scholarship Program?  Yes  No

**III. EMPLOYMENT INFORMATION**

A. Program name:

\_\_\_\_\_  
 (If you work at a Head Start or multi-site child and education care program, **be specific as to which site.**)

B. Program director: \_\_\_\_\_

C. Program address:

\_\_\_\_\_  
 Street City State Zip Code

D. Facility Children, Youth and Families Dept. license number: \_\_\_\_\_

E. Program email address: \_\_\_\_\_

F. Program phone: (\_\_\_\_) \_\_\_\_\_ G. Program fax: (\_\_\_\_) \_\_\_\_\_

H. Your employment position:  Family Child Care Home Professional  Director

Assistant Teacher/Aide  Owner/Director

Teacher/Lead Teacher  Assistant Director

Floater  Other \_\_\_\_\_

I. Ages of the children in your classroom or family child care home (check all that apply):

Infants  Threes  Schoolage (Kindergarten – 3rd grade)

Ones  Fours  Schoolage (4th grade and above)

Twos  Fives  Other \_\_\_\_\_

**(Remember you must work with children under five to qualify for INCENTIVES\$.)**

J. Date you began working at this program: \_\_\_\_\_ Month/Day/Year

K. How many hours per week do you work in your program?

\_\_\_\_\_

L. How many hours per week do you work with infants, one-year-olds or two-year-olds? \_\_\_\_\_

M. How many months per year do you work in your program?

**(\*\*If you work less than 12 months a year please indicate which months you have off and if you are paid during your time off.)**

Which months do you have off? \_\_\_\_\_

How many weeks is this specifically? (You can give a specific range. i.e. May 20-Aug 8):

\_\_\_\_\_

Are you paid during your months/weeks off? \_\_\_\_\_

N. What is your current pay before deductions?

\$ \_\_\_\_\_ (check one):  hourly  semi-monthly (two times a month)

weekly  monthly (10 months)  biweekly (every two weeks)  monthly (12 months)

If you are paid a salary please indicate how much you are paid yearly: \_\_\_\_\_

**IV. 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 understand my name and employer’s name may be shared with Training and Technical Assistance Programs (TTAPS) or colleges or universities.

I also understand that my name, address, education level, supplement amount, employer name and employer address may be released to funders of the program, the Child Care WAGE\$® Project and to the T.E.A.C.H. Early Childhood® Scholarship Project as needed.

I authorize and consent to the release and sharing of such information by New Mexico Association for the Education of Young Children to the third parties described. I hereby release NMAEYC from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions.

\_\_\_\_\_

\_\_\_\_\_

Applicant’s Signature

Date

Applicant: Please have the owner, director, or person authorized to provide employment verification complete the following questions. A signature confirming the information's validity is required.

**Initial Employment Verification**

Employee/applicant name: \_\_\_\_\_

Early childhood program name: \_\_\_\_\_

Program email: \_\_\_\_\_

CYFD License #: \_\_\_\_\_ STARS Rating: \_\_\_\_\_

Current enrollment in program: \_\_\_\_\_ License capacity \_\_\_\_\_

Program Aspices:

Church/religious  Head Start  Municipal  Non-profit  Public School

Tax-paying  Military  Tribal  Other \_\_\_\_\_

Is your program accredited?  Yes  No

If yes by whom? \_\_\_\_\_

If no CYFD License, please provide Child and Adult Care Food Program name and registration number: Name \_\_\_\_\_ Registration #: \_\_\_\_\_

My program is open to serving children on state child care subsidy and in fact has served at least one such child in the past six months. \_\_\_\_\_ Yes \_\_\_\_\_ No

My program is listed with NewMexicoKids Resource and Referral Service as willing to serve infants, toddlers or 2-year-olds on child care subsidy. \_\_\_\_\_ Yes \_\_\_\_\_ No

Position of employment: \_\_\_\_\_

(If the applicant fulfills duties of more than 1 position, please state how many hours are worked in each.)

Ages of the children in the care of this employee: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

(If the applicant fulfills duties of more than 1 position, please state how many hours are worked in each.)

Current HOURLY rate: \_\_\_\_\_ Employee's start date: \_\_\_\_\_

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 owner, director or authorized representative

\_\_\_\_\_

Name Printed

Position

Date

EACH OF THE FOLLOWING ITEMS IS **REQUIRED** TO PROCESS YOUR APPLICATION. CHECK OFF EACH ITEM AS YOU COMPLETE IT:

- Complete application (All questions **MUST** be answered)
- Official College Transcripts (See details below)
  - Transcripts are enclosed
  - Transcripts are being sent directly from the college
 List colleges sending transcripts: \_\_\_\_\_  
 \_\_\_\_\_

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.

**\*\*\*All college transcripts must be official. That means they must be sent directly from the college attended, via mail or email (etranscripts), or they can be official transcripts that you requested from the college (we will not accept etranscripts that were sent to your email account).**

- Income Verification
  - Income Worksheet if Family Child Care Home Professional (FCCP)  
(You can find this worksheet on the NMAEYC website, [www.nmaeyc.org](http://www.nmaeyc.org), along with the INCENTIVE\$ application. You may also call the NMAEYC office (505) 243-5437, or email [sahara@nmaeyc.org](mailto:sahara@nmaeyc.org), and ask an INCENTIVE\$ staff member to send you a worksheet.)
  - Current pay stub that accurately reflects normal schedule if employee

Education Documentation Requirements: 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. Workshops and training hours are not acceptable documentation.

Commitment periods run mid-month to mid-month. You may apply at any time. Applications must be postmarked by the first of each month to be processed that month. All payments depend upon funding availability.

**Send your completed application and required documentation to:**  
**NMAEYC**  
**2201 Buena Vista SE, Suite 424**  
**Albuquerque, NM 87106**  
**(505) 243-KIDS (243-5437)**

This agreement is between the INCENTIVE\$ Program recipient and the New Mexico Association for the Education of Young Children (NMAEYC), the administering agency for INCENTIVE\$. Each applicant must read the following statements and sign that he or she understands the agreement. INCENTIVE\$ is an affiliate of Child Care WAGE\$® in Chapel Hill, N.C.

**The INCENTIVE\$ Early Childhood NEW MEXICO Program agrees to:**

- A. Provide wage supplements to eligible early childhood professionals as a special initiative to reward teacher education and continuity of care, thereby providing children younger than age three with 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 INCENTIVE\$ Early Childhood NEW MEXICO Program Participant agrees to:**

- A. Acknowledge that receiving the full annual supplement is contingent upon completion of two six-month periods of employment. 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 or registered home for the entire commitment period and notify the INCENTIVE\$ Program of any change in licensure or registration status.
- 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 and the number of hours worked each week.
- D. Allow INCENTIVE\$ staff to release information about participation, including education, to director and/or owner.
- E. Acknowledge that individual application and participation information may be shared with funders, the Child Care WAGE\$® Project or the T.E.A.C.H. Early Childhood® Scholarship Program and that name and place of employment may be shared with Training and Technical Assistance Programs (TTAPS) or community colleges or universities, if needed.
- F. Acknowledge that the supplements are provided by the NMAEYC through the generosity of United Way of Central New Mexico, the Brindle Foundation and the NM Children, Youth and Families Department. Payments will depend upon available funding, and the recipient's employer is not responsible for providing the supplement should funds no longer be available.
- G. Report and pay any personal income taxes due on annual supplements as required by current tax law.
- H. Acknowledge that NMAEYC reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- I. Acknowledge that should an error made by the participant, confirmation contact, or INCENTIVE\$ staff lead to the overpayment of a supplement, the participant will be required to reimburse the INCENTIVE\$ Program for the difference. While we do not anticipate this occurrence, it is necessary that each payment be accurate.



*I have read and understand the above agreement:*

\_\_\_\_\_  
Authorized Agent Signature, INCENTIVE\$ Program

\_\_\_\_\_  
2015  
(date)

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Recipient Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
(county of employment)

PARTICIPANT RETURN COPY TO:  
**New Mexico Association for the Education of Young Children**  
**2201 Buena Vista SE, Suite 424**  
**Albuquerque, NM 87106**

Phone 505-243-5437 or Fax 505-242-7310

**New Mexico Association for the Education of Young Children**

# INCENTIVES\$ Early Childhood NEW MEXICO Program Contract

This document is a contract between \_\_\_\_\_ and the New Mexico Association for the Education of Young Children. Under the terms of the contract, teachers employed by \_\_\_\_\_ and meeting the INCENTIVES\$ Early Childhood New Mexico Program criteria will be eligible to receive salary supplements.

**Name:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **agrees to:**

A. Provide NMAEYC with information on teachers and directors employed by the above named program 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.

B. Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a salary supplement.

**New Mexico Association for the Education of Young Children agrees to:**

A. Verify all employment information on applicants initially and at the end of each six month period.

B. Evaluate applicant eligibility and supplement amount on the basis of documented education and pay rate.

C. Notify applicants of their eligibility.

D. Compile information on applicants' education levels, pay levels, and award amounts.

E. Award semi-annual salary supplements to approved participants when funding is available.



\_\_\_\_\_  
Authorized Agent Signature 2015  
(date)  
New Mexico Association for the Education of Young Children

\_\_\_\_\_  
Program Authorized Agent Name/Title (Please Print)

\_\_\_\_\_  
Signature (date)

Early Childhood Program Name: \_\_\_\_\_

EARLY CHILDHOOD PROGRAM KEEP ORIGINAL AND RETURN COPY TO:

**INCENTIVES\$ EARLY CHILDHOOD NEW MEXICO**  
**New Mexico Association for the Education of Young Children**  
**2201 Buena Vista SE, Suite 424**  
**Albuquerque, NM 87106**  
**Phone 505-243-5437 Fax 505-242-7310**