



Government of the Virgin Islands of the United States
DEPARTMENT OF HUMAN SERVICES

Office of Childcare & Regulatory Services

**Subsidy, Resource & Referral
Summer Program**

Dear Applicant:

Thank you for your interest in our summer subsidy assistance program. The Office of Child Care & Regulatory Services aids eligible parents during the summer for children ages 3-12 from **June to August**.

The preliminary application and supporting documents for the summer can be emailed to blockgrant.application@dhs.vi.gov or the child care specialists listed below. If you cannot email the documents, you may drop off the application and supporting documents at our office in your district.

Upon review of your documents, an in-person or telephone interview will be conducted.

- **Income verification** (completed and signed by HR Office): **Both incomes must be submitted if they are married.**
- **The last two (2) check stubs if paid bi-weekly or four (4) if paid weekly (If being paid in cash, a notarized letter from employer with Tax ID Number.)**
- **If self-employed, submit a current tax return (stamped by IRB)**
- **Letter of enrollment from school, UVI, or training program**
- **Birth Certificate (s) dependents under age 18 (household, legal children birth or court-ordered)**
- **Valid Picture (Applicants)**
- **Proof of Residence**
- **Social Security Card(s) – Parents and Participating child(ren)**
- **Immunization Card(s) for participants (must be updated)**
If not Immunized, please submit an Exempt Letter from the Department of Health
- **If you are not the parent (Affidavit of legal Guardianship or Power of Attorney)**
- **Provider Information (Licensed Day Care or Summer Camp of your choice)**

All summer program cases will be closed after three (3) months of summer assistance.

St. Thomas District– Samantha Rey, email address: samantha.rey@dhs.vi.gov

St. Croix District – Dora Maxwell, email address: dora.maxwell@dhs.vi.gov and
Luz Camacho, email address: luz.camacho@dhs.vi.gov



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DEPARTMENT OF HUMAN SERVICES

Office of Childcare & Regulatory Services

Subsidy, Resource & Referral Program

Summer Only

PRELIMINARY APPLICATION

Application No.: _____

NAME OF APPLICANT: _____ SS# _____ (required)

Check one	
Single	<input type="checkbox"/>
Married	<input type="checkbox"/>

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NOS.: _____
WORK CELL HOME

PLACE OF EMPLOYMENT: _____ Phone# _____

SCHOOL OR TRAINING PROGRAM: _____

ARE YOU A TEEN PARENT? YES NO

ANNUAL INCOME: \$ _____

FAMILY SIZE: _____

Name of the child (ren) requesting assistance	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Summer Camp of Choice: _____

I hereby certify that the above information is correct and true. I understand that the information will be verified. I also understand that deliberate false information will result in a delay or disqualification of my childcare subsidy.

Signature of Applicant

Date

Official use only	
<input type="checkbox"/> ELIGIBILITY	<input type="checkbox"/> COMPLETED <input type="checkbox"/> NO LONGER INTERESTED <input type="checkbox"/> NO SHOW <input type="checkbox"/> OTHER
<input type="checkbox"/> INELIGIBILITY	<input type="checkbox"/> INSUFFICIENT HOURS <input type="checkbox"/> NOT IN COMPONENT <input type="checkbox"/> OVERQUALIFIED

If you are found eligible, you will be placed on the waiting list upon the availability of funds; however, if you are ineligible, you will be notified.