Demographic Information Survey 2019

7) What is your PRIMARY language? (the one you speak most of the time)

- [ ] English
- [ ] Spanish
- [ ] Chinese
- [ ] Russian
- [ ] Haitian Creole
- [ ] Korean
- [ ] Italian
- [ ] Other (Please fill in below)

8) What is your age?

- [ ] Less than 18 years
- [ ] 18-24 years
- [ ] 25-34 years
- [ ] 35-44 years
- [ ] 45-54 years
- [ ] 55-64 years
- [ ] 65 years or more
- [ ] Prefer not to answer

9) Do you have a CDA (Child Development Associate) credential or other early childhood certificate or credential?

- [ ] Yes
- [ ] No (Go to #10)

9a) If Yes, which early childhood credential(s) do you have? (Go to #10)

- [ ] Child Development Associate (CDA)
- [ ] Family Child Care Accreditation (FCCA)
- [ ] New York State School Age Child Care Credential (SACC)
- [ ] New York State Infant/Toddler Credential (NYS ITC)
- [ ] Children’s Program Administrator Credential (CPAC)
- [ ] Other

STOP HERE - END OF SURVEY - THANK YOU!
Section 1  Applicant Information

Complete all fields.

First Name: __________________________ Last Name: __________________________

Mailing Address: __________________________ Apt. #: __________________________

City: __________________________ State: __________________________ Zip: __________________________

County of Residence: __________________________ Home Phone: __________________________

Email address: __________________________

Job Title: __________________________

Do you currently hold a permanent/professional teacher certification?  
Yes  No

Are you a U.S. Citizen, Permanent Alien or Resident Alien authorized to work in the U.S.?  
Yes  No

Are you currently providing care for children as part of the regulated adult/child ratio for this program or directly supervising someone who is?  
Yes  No

I submitted my most recent Federal Income Tax Return (1040).  Either 2017 Form 1040 (before 4/15/19) or 2018 Form 1040 (on or after 4/15/19)

Section 2  Child Care Employment Information

Complete all fields.

Name of Child Care Employer: __________________________

Child Care Facility / Work Address: __________________________ Suite/Room #: __________________________

City: __________________________ State: __________________________ Zip: __________________________

Program County/Borough: __________________________ Work Phone: __________________________

(______) _______ - _______

Child Care Program Operating Permit/License #: __________________________ Permit/License Expiration Date: / /

Family Day Care  Group Family Day Care  Day Care Center/Head Start  School Age Child Care

Did you attach Proof of Employment?  
Yes  No

The Educational Incentive Program is sponsored by the New York State Office of Children and Family Services, funded by the federal Child Care Development Fund and administered by the Professional Development Program, Rockefeller College, University at Albany
Section 3  Training Information

Complete all fields.

<table>
<thead>
<tr>
<th>Delivery Type:</th>
<th>Training Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom</td>
<td>Training/Conference/Workshop</td>
</tr>
<tr>
<td>Distance Learning/Online Training</td>
<td>Training leading to a Credential</td>
</tr>
<tr>
<td>Coaching</td>
<td>Credential/Assessment Fee</td>
</tr>
<tr>
<td></td>
<td>College Credit</td>
</tr>
<tr>
<td></td>
<td>Coaching</td>
</tr>
<tr>
<td></td>
<td>CPR/First Aid</td>
</tr>
</tbody>
</table>

![Do not complete this application for CDA activities, use the separate CDA application.]

Name of College/Training Organization:

Title of Training:

Training Start Date: [ / / ]  Training Organization/College Zip Code: [ / / ]

Training End Date: [ / / ]

If the training end date has already passed, proof of completion must be submitted with this application.

Total Cost of Training: $ [ / / ]

Number of College Credits or Training Hours:

Trainer First Name:

Trainer Aspire ID#: (if known)

Trainer Last Name:

Section 4  EIP Agreement

Please read this carefully.

- The information on this application is true.
- I will provide the additional documentation requested to support the information on the application.
- EIP reserves the right to seek additional verification that the tax forms submitted are accurate and authentic.
- I will return all unused EIP awards within 60 days of the training start date or award issue date.
- I am responsible for tuition and costs not covered by EIP.
- I will pay EIP back for all training I do not attend or successfully complete or if it is verified that my eligibility was fraudulently documented.
- I will inform EIP if other scholarships, grants or financial aid pays for my course(s)/training(s).
- I understand EIP scholarships may be considered taxable income. I will follow all federal, state and local requirements regarding reporting and payment of taxes.
- I must provide proof of successful completion for the training above.
- I understand if I do not submit proof of completion, I will not be eligible for future EIP awards until required documentation is received by EIP.
- EIP does not accept faxed applications.
- EIP is not responsible for lost or stolen mail.
- Mail your completed application and supporting documentation together to:
  Professional Development Program
  Educational Incentive Program
  4 Tower Place, 4th Floor
  Albany, NY 12203

Questions? Visit: www.ecetp.pdp.albany.edu  e-mail: eip@albany.edu  or call: 800-295-9616