



UA Life & Work Connections  
1125 N. Vine Ave.  
Tucson, AZ 85721-0155  
Phone 520-621-4365  
FAX 520-621-4474

## 2009/2010 Employee Child Care Voucher Program Application Form

(Please Print Legibly)

Employee EID \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Campus Department \_\_\_\_\_ P.O. Box \_\_\_\_\_ Phone \_\_\_\_\_

\*Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*I give UA Life & Work Connections permission to contact me about its services and related information using the provided email address (check one) Yes \_\_No \_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**Spouse / Partner Information: To qualify for this program, your spouse/partner (if applicable) must be working or enrolled in school.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

This person is a \_\_full-time \_\_part-time student in a College/University/ Training Program at \_\_\_\_\_  
(Name of Institution)

As proof of family income, attach a copy of your 2008 Tax Statement (do not submit W-2 statement of earnings). If you file separately, both tax statements must be attached. Should current income be less than the amount reflected on your 2008 tax statement due to divorce, separation or death of spouse/partner, your current employee salary will be used as the income guideline. Please indicate below if this is the case.

To the extent that the University provides employees with Dependent Care Benefits in excess of \$5,000/year, such excess is considered taxable income. The annual amount spent on your behalf including the Voucher Program, the Sick Child and Emergency/Back-Up Care Programs and the Flexible Spending Account will appear in Box 10 on your Form W-2 Wage and Tax Statement. Please refer to your professional tax consultant to discuss tax liability information.

**By signing this form, I agree to the following:**

1. I give Child Care and Family Resources permission to confirm my employment, salary, family income and information reported on my enclosed tax return.
2. I understand that it is my responsibility to report any changes regarding my family and employment status, address or child care selection.
3. I understand that it is my responsibility to submit this form and provide updates to UA Life & Work Connections, Child Care and Family Resources, 1125 N. Vine, Room 211, Tucson, AZ, 85721 or by fax at 621-4474. I may call 621-4365 or visit <http://lifework.arizona.edu> for more information.
4. I understand that providing inaccurate information will result in my program disqualification.
5. I understand that changes in the Voucher awards may be necessary to ensure that funds are available throughout the year.
6. I understand that the selection of a child care provider is my exclusive responsibility and that I can request a child care consultation by calling 621-9870. Except for verifying license status at the time of application, the University does not screen or check the background, status, or quality of the child care provider. This is my responsibility as a parent.

Signature \_\_\_\_\_ Date \_\_\_\_\_