### 2016 EIP Demographic Information Survey

Directions: Please check off ONE answer for each question unless directed otherwise. When asked to provide numbers, please write individual numbers in the boxes provided.

1) Work Zip Code

2) County of Employment

3) For how many years have you been a child care provider? (Round to the nearest year, e.g., 2.5 years would be 3 years.)

4) What is your highest level of completed education?

- Grades 1-11  (Go to #5.)
- High School Diploma/High School Equivalency  (Go to #5.)
- Some college  (Go to #4a.)
- Associate’s Degree  (Go to #4b.)
- Bachelor’s Degree  (Go to #4b.)
- Masters Degree or Higher  (Go to #4b.)

4a) How many credits have you completed?

(Go to #5.)

4b) Did you receive your degree in the past 12 months?

- Yes
- No

5) In what type of child care setting do you work?

- Family Day Care
- Group Family Day Care
- School Age Child Care
- Day Care Center
- Head Start Program
- Legally Exempt
- Other  (Please fill in below.)

6) What is your current job title?

- Director
- Assistant Director
- Day Care Provider
- Day Care Assistant
- Day Care Substitute
- Head or Lead Teacher
- Assistant Teacher
- Aide
- UPK (Universal Pre-K) Teacher
- Other  (Please fill in below.)

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? (Check all that apply.)

- Yes
- No  (Go to Question #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!

10) Are you familiar with the CDA credential?

- Yes  (Go to #10a.)
- No  (Go to #10c.)

10a) Are you currently working on obtaining a CDA?

- Yes  (Go to #10c.)
- No  (Go to #10b.)

10b) Are you interested in pursuing a CDA?

- Yes  (Go to #10c.)
- No  STOP HERE - END OF SURVEY - THANK YOU!

10c) If you would like more information about the CDA, please provide your email address below.
Complete all fields.

### Section 1  Applicant Information

**First Name:**

**Last Name:**

**Mailing Address:**

**Apt. #:**

**City:**

**State:**

**Zip:**

**Home Phone:** ( )  -  

**County of Residence:**

**Email address:**

- [ ] Yes  
- [ ] No  
  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  
  I am enrolled in an early childhood or related degree program in an institution of higher education.

- [ ] I submitted my most recent Federal Income Tax Return (1040).
  Either 2014 Form 1040 (before 4/15/16), or 2015 Form 1040 (on or after 4/15/16)

### Section 2  Child Care Employment Information

- [ ] 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  
  Are you employed (full-time or part-time) in a child care center or program?

- [ ] Yes  
- [ ] No  
  Are you a Teacher/Booster/Teacher Aide in a Head Start or Child Care Program?

**Day Care Program Operating Permit/License/Registration Number:**

**Exp. Date:**

- [ ] Proof of employment is attached.
  See page 18 of the EIP Information Booklet.

**Work Phone:** ( )  -  

**Program County/Borough:**

**Job Title:**

**Name of Child Care Employment:**

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

Select Delivery Type and Course Type. Complete all fields.

Select Delivery Type and Course Type

☐ Distance Learning/Online Training
☐ College Credit
☐ Course/Conference/Workshop
☐ Individualized Training Program (ITP)
☐ CPR/First Aid

OR

☐ Classroom
☐ Coursework leading to a Credential
☐ Credential/Assessment Fee

Do not complete this application for CDA activities, use separate CDA application.

Name of College/Training Organization: ___________________________

Title of Course: ___________________________

Trainer First Name: ___________________________  Trainer Last Name: ___________________________

Trainer Aspire ID#: ___________________________  Training Organization/College Zip: ____________

Total Cost of Course: _________  Number of College Credits or Training Hours per Course: _______

Course Start Date: _________ / _________ / _________  Course End Date: _________ / _________ / _________

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

Section 4  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 course start date or award issue date.
- I am responsible for tuition and costs not covered by EIP.
- I understand if I do not submit proof of course completion I will not be eligible for future EIP awards until required documentation is received by EIP.
- I will pay EIP back for all courses 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 course completion for the course above.
- 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 course completion for the course above.

Your original signature indicates you have read, understood and agreed to the statements above.

Applicant's Signature: ____________________________________________  Date: __________

Please print name: ____________________________________________

Did You...

☐ complete sections 1, 2, and 3?
☐ attach all required documents?
☐ read, sign and date the agreement?
☐ mail the application by the appropriate deadline?

EIP is not responsible for lost or stolen mail.

EIP does not accept faxed applications.

Mail your completed application and required documentation together to:

Professional Development Program
Educational Incentive Program
4 Tower Place, 4th Floor
Albany, NY 12203

Online applications are also available at: www.ecetp.pdp.albany.edu
Questions? visit www.ecetp.pdp.albany.edu  e-mail eip@albany.edu  or call 800-295-9616.