



**California Transitional Kindergarten/State Preschool Stipend  
(CTKS) Program  
CTKS Reimbursement Application**

| <b>PERSONAL INFORMATION - (PLEASE PRINT)</b>  |             |                       |             |                 |
|---|-------------|-----------------------|-------------|-----------------|
| LAST NAME:  |             | FIRST NAME:           |             | MIDDLE INITIAL: |
| MAILING ADDRESS:  |             |                       | APT#:       |                 |
| CITY:   |             | STATE                 | ZIP CODE:   |                 |
| HOME PHONE:   | WORK PHONE: |                       | CELL/OTHER: |                 |
| LAST 5 DIGITS OF SOCIAL SECURITY: XXX-X _____   |             | WORK EMAIL: _____     |             |                 |
|   |             | PERSONAL EMAIL: _____ |             |                 |
| Do you have a degree? YES <input type="checkbox"/> NO <input type="checkbox"/> Please indicate all that apply <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA |             |                       |             |                 |
| Title/Field of degree: _____  |             |                       |             |                 |
| Do you have a credential? YES <input type="checkbox"/> NO <input type="checkbox"/> Type: _____  |             |                       |             |                 |
| DO YOU HAVE A CHILD DEVELOPMENT PERMIT? YES <input type="checkbox"/> NO <input type="checkbox"/>  |             |                       |             |                 |
| IF "YES", PROVIDE PERMIT LEVEL AND DATE RECEIVED Permit: _____  |             |                       |             |                 |
| MM/DD/YYYY: _____   |             |                       |             |                 |

**UNOFFICIAL COLLEGE TRANSCRIPT COPY MUST BE ATTACHED TO THIS APPLICATION**

| <b>EMPLOYMENT INFORMATION</b>  |                                     |  |  |
|--|-------------------------------------|--|--|
| EMPLOYER: (Name of school district, corporation, etc.)                       |                                     |  |  |
| SITE NAME:   |                                     |  |  |
| ADDRESS:   | CITY:                               | ZIP CODE:  |  |
| PRINCIPAL/DIRECTOR'S NAME:   |                                     | PHONE:   |  |
| EMPLOYMENT START DATE FOR THE CDE PROGRAM YOU CURRENTLY WORK IN: MM/DD/YYYY: |                                     |  |  |
| HOURS WORKED PER WEEK:   | NUMBER OF CHILDREN IN YOUR CLASSES: |  |  |
| PROGRAM OF CHILDREN YOU ARE CURRENTLY WORKING WITH: (PLEASE CHECK BELOW)     |                                     |  |  |
| CA TRANSITIONAL KINDERGARTEN PROGRAM (CTKS) <input type="checkbox"/>         |                                     | CA STATE PRESCHOOL PROGRAM (CSPP) <input type="checkbox"/> |  |

Please **initial each** of the following boxes to certify that you meet and understand all of the eligibility requirements for the CTKS Reimbursement Program.

**YES**  **NO** CTKS 1<sup>st</sup> priority: I am a credentialed Transitional Kindergarten teacher who is working towards completing at least 24 units in early childhood education, childhood development, or a combination of both.

**YES**  **NO** CTKS 2<sup>nd</sup> priority: I am a CSPP teacher who is continuing my education related to professional development including coursework in early childhood education, child development, or both.

**If you could not check YES to one of the questions above, you do not qualify for the CTKS Program.**

I understand to be enrolled in the California Transitional Kindergarten Stipend (CTKS) Program, I must submit the following forms: **CTKS Reimbursement Application (this form), W-9, Authorization to Release Information Form, and college transcripts (unofficial).**

I understand to possibly receive a CTKS reimbursement for educational and professional development expenses which means that either higher education costs or professional development is **ONLY** for child development or early childhood education. I must submit the following:

- Submit each class course syllabus with assigned book title(s)
- Submit continuing education units in early childhood education (unofficial transcripts that prove the required accredited college units in early childhood education or child development, or a combination of both);
- Registration cost(s) receipts; tuition receipts; book receipts;
- Submit official transcript reflecting grade C or better in the approved CD/ECE course.

**All receipts and documentation listed above MUST be included with this form.**

**CTKS teachers only:** I understand that that either higher education costs or professional development is **ONLY** for child development or early childhood education, and **no general education or other units can be reimbursed.**

I understand that I must be continuously employed in TK or CSPP classroom at the time I receive my stipend. Stipends are issued directly to each approved CTKS program participant.

I confirm that I work at least 15 hours per week directly with children, in a classroom setting, and more than 50% of my time is spent working with children in CTKS or CSPP classrooms.

I understand that stipends may be denied, withdrawn, or withheld in the future if any information reported on is found to be intentionally misleading or inaccurate.

I authorize CTKS Reimbursement Program to use the included information for the purpose of determining my eligibility for the program, and statistical reporting.

**Attached receipts for tuition reimbursements are as follows:**

|                | Amount | Description/Course Title |
|----------------|--------|--------------------------|
| <b>Tuition</b> | _____  | _____                    |
| <b>Fees</b>    | _____  | _____                    |
|                | _____  | _____                    |
| <b>Books</b>   | _____  | _____                    |
|                | _____  | _____                    |
| <b>Total</b>   | _____  | _____                    |

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Early Learning and Development California Transitional Kindergarten Stipend (CTKS) Program

## AUTHORIZATION TO RELEASE INFORMATION

I give permission for the El Dorado County Office of Education to verify any information utilized to determine my CTKS eligibility during the time I am enrolled in the program.

I authorize the sharing of information between agencies to verify employment eligibility. Agencies that may be contacted include, but are not limited to, the El Dorado County Office of Education, educational agencies, social service agencies, and other employers.

I give my permission for the El Dorado County Office of Education to request from and/or provide to other publicly funded agencies any eligibility information needed to ensure proper use of funds issued through the California Department of Education (CDE), Early Education and Support Division (EESD).

If the information I provided to the El Dorado County Office of Education is found to be inaccurate and/or does not meet program eligibility, I understand that I will be withdrawn from the CTKS Program, and I will not be eligible to receive a tuition reimbursement stipend if I do not meet all program requirements.

**By signing this agreement, I agree to abide by program rules and provide the El Dorado County Office of Education with all the necessary information to certify my participant eligibility. I declare under penalty of perjury that all information that I provide to the El Dorado County Office of Education is true and correct and that all documents submitted to the El Dorado County Office of Education are to the best of my knowledge true and correct.**

\_\_\_\_\_  
Print: CTKS Participant First & Last Name

\_\_\_\_\_  
CTKS Participant Signature

\_\_\_\_\_  
Date

**Send the completed application to:  
El Dorado County Office of Education  
Elizabeth Blakemore  
6767 Green Valley Road  
Placerville, CA 95667  
(530)295-2312**

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

|   |   |   |
|---|---|---|
| <b>Print or type<br/>See Specific<br/>Instructions on page 2.</b> | Name (as shown on your income tax return)   |   |
|   | Business name/disregarded entity name, if different from above  |   |
|   | Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate |   |
|   | <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  |   |
|   | <input type="checkbox"/> Other (see instructions) ▶   |   |
| Address (number, street, and apt. or suite no.)                   |   | Requester's name and address (optional) |
| City, state, and ZIP code   |   |   |
| List account number(s) here (optional)                            |   |   |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| Social security number |  |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|--|
|                        |  |  |  |  |  |  |  |  |  |

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Employer identification number |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|
|                                |  |  |  |  |  |  |  |  |  |

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Vendor/Organization Code \_\_\_\_\_

Title of Training \_\_\_\_\_

Date \_\_\_\_\_ (mm/dd/yyyy)

Complete this form if you work directly with children in a **child care center, school-age child care, family child care home, elementary school classroom (e.g., TK)** or as an **individual child care provider**.

### Confidential Profile for Direct Service Participants

#### California Department of Education, Early Education and Support Division, Quality Improvement Training

This training is funded through the California Department of Education (CDE), Early Education and Support (EESD) Division with Child Care Development Fund Quality Improvement dollars. The collection of this information will help to inform CDE and other stakeholders about who participates in professional development activities and inform state planning efforts.

These questions are asked for statistical reporting purposes only and the information collected will be used only for statistical purposes. Your individual information is **confidential** and no individual identifying information will be reported.

The following three questions are asked in order to allow the CDE to collect and update information each time you participate in a quality improvement training, without needing to collect your name. Individual information remains confidential and will not be reported in any way. Please complete this information each time you receive this form.

1. What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
2. In what city were you born? \_\_\_\_\_
3. What are the last five digits of your social security number? X X X - X \_\_\_\_ - \_\_\_\_

#### Education Information

4. What is your highest level of education? Please check only one answer.
 

|  |  |  |
|--|--|--|
| <input type="checkbox"/> No high school diploma/No GED | <input type="checkbox"/> AA/AS (2-year college degree) | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High School diploma/GED       | <input type="checkbox"/> BA/BS (4-year college degree) | <input type="checkbox"/> Doctorate       |
5. Do you have a college degree from a foreign country?
 

|                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I do not have a degree |
|------------------------------|-----------------------------|---|
6. If you have a degree, please select the area that best represents the major for any degree you have attained. Please check all that apply.

| Degree               | ECE/Child or Human Development | Education/Psychology/Social Work | Business/Math/Science/Health | Other                    |
|----------------------|--------------------------------|----------------------------------|------------------------------|--------------------------|
| AA/AS/2-year college | <input type="checkbox"/>       | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> |
| BA/BS/4-year college | <input type="checkbox"/>       | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> |
| Master's             | <input type="checkbox"/>       | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> |
| Doctorate            | <input type="checkbox"/>       | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> |

7. If you hold a current California child development permit, indicate your current level:
 

|  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> I do not have a permit        | <input type="checkbox"/> Associate teacher             | <input type="checkbox"/> Master teacher  | <input type="checkbox"/> Program director |
| <input type="checkbox"/> Assistant teacher             | <input type="checkbox"/> Teacher                       | <input type="checkbox"/> Site supervisor |   |
| <input type="checkbox"/> Children's Center Instruction | <input type="checkbox"/> Children's Center Supervision |  |   |
8. If you hold a current California teaching credential, indicate which credential(s). Please check all that apply.
 

|   |  |  |                                |
|---|--|--|--------------------------------|
| <input type="checkbox"/> I do not have a credential       | <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> School Nurse Services     | <input type="checkbox"/> Other |
| <input type="checkbox"/> Administrative Services          | <input type="checkbox"/> Multiple Subject                  | <input type="checkbox"/> Single Subject            |                                |
| <input type="checkbox"/> Bilingual Specialist             | <input type="checkbox"/> Pupil Personnel Services          | <input type="checkbox"/> Specialist Instruction    |                                |
| <input type="checkbox"/> Clinical/Rehabilitative Services | <input type="checkbox"/> Reading/Language Arts             | <input type="checkbox"/> Speech-Language Pathology |                                |

**IF YOU ARE NOT CURRENTLY EMPLOYED IN ECE, SKIP TO QUESTION #22.**

**Employment Information**

**9. Which best describes the setting or program you primarily work in? Please check only one answer.**

- Licensed child care center/early childhood program (including Head Start, After-school program, etc.)
- Licensed family child care home
- License-exempt center or school-age program (e.g. Cal-SAFE, military child care, parent co-op)
- Informal provider (family, friend, neighbor)  Other (please specify) \_\_\_\_\_

**10. If you work in a center or school-based ECE program, which best describes your primary position?**

- Assistant teacher/teacher aide/associate  Site supervisor  Director – multi-site
- Teacher/lead teacher/associate  Assistant Director  Executive director
- Teacher-director  Director – single site  Other (please specify) \_\_\_\_\_
- Specialized teaching staff (e.g. special education teacher, supervising master teacher, tutor)
- Professional support staff (e.g. curriculum specialist, mental health consultant)

If working as a substitute please specify position type in which you more frequently work as a substitute.

**11. If you work in a family child care home, which best describes your primary position?**

- Owner/operator of the family child care  Assistant in the family child care  Other (please specify) \_\_\_\_\_

**12. What is your city of employment?** \_\_\_\_\_

**13. What is your county of employment?** \_\_\_\_\_

**14. What is your zip code of employment?** \_\_\_\_\_

**15. Please write in (if less than one year, write in 1):**

- Number of years you have been employed in the ECE field \_\_\_\_\_
- Number of years you have been employed with your current employer \_\_\_\_\_
- Number of years you have been employed in your current position with your employer \_\_\_\_\_

**16. How many paid hours per week and months per year do you work at your current job, on average?**

- Number of paid hours per week \_\_\_\_\_
- Number of months per year \_\_\_\_\_

**17. How many children are currently enrolled in your classroom or program? If you are a teacher, provide the number of children in your classroom. If you are a director or work in a family child care home, provide the number of all the children in your program.** \_\_\_\_\_

**18. How many children of the following age groups are in your classroom, child care center, or family child care home? This number should equal the number of children that you listed above in question 17.**

- Less than one year \_\_\_\_\_
- 1 year old \_\_\_\_\_
- 2 years old \_\_\_\_\_
- 3 years old \_\_\_\_\_
- 4 years old through prekindergarten \_\_\_\_\_
- School-age in before/after school program \_\_\_\_\_

**19. Do you currently care for children who are dual language learners?**

- Yes  No  Don't know

**20. Do you currently care for children who have an Individualized Family Service Plan (IFSP), an Individualized Education Plan (IEP)?**

- Yes  No  Don't know

**21. What is your current gross salary, for this early care and education job, (before taxes and other deductions)? Please**

**Respond only once – by hour or by month or by year.** Wage information is collected to help the California Department of Education better understand and report on wage levels of early care and education providers. All information will remain confidential and will be used for statistical purposes only.

- Per hour \_\_\_\_\_ or Per month \_\_\_\_\_ or Per year \_\_\_\_\_

**Demographic Information** This information is collected to help the California Department of Education better understand the characteristics and needs of people participating in their education and training programs. All information will remain confidential and will be used for statistical purposes only.

**22. What is your gender?**

- Female                       Male

**23. How do you identify your race/ethnicity? Please check only one answer.**

- Asian                                       Native American/Alaskan                       Multi-racial  
 Black/African-American               Pacific Islander                                       Other (please specify) \_\_\_\_\_  
 Latino/Hispanic                               White/Caucasian

**24. What is the primary language you speak at home?**

- English                                       Spanish     Hmong  
 Mandarin and/or Cantonese               Tagalog     Other (please specify) \_\_\_\_\_  
 Russian     Vietnamese

**25. Please check all the languages you speak fluently.**

- English                                       Spanish     Hmong  
 Mandarin and/or Cantonese               Tagalog     Other (please specify) \_\_\_\_\_  
 Russian     Vietnamese

**26. The California ECE Workforce Registry is a state, regional and local collaboration designed to track and promote the education, training and experience of the early care and education workforce for the purpose of improving professionalism and workforce quality to positively impact children. If you would like more information or to sign up for this workforce registry please go to their website: <https://www.caregistry.org/>**

If you have a registry ID number, do you give us permission to include the information provided on this form (including date of birth, and last five digits of your social security number) to the registry? Submission of your information to the registry will be done in a confidential and secure manner.

- Yes     No

If you checked "yes" please enter your number below.  
Your registry ID number: \_\_\_\_\_.

**Thank you very much for completing the registration form!**