



611 Seventh Avenue, Suite 322, Huntington, WV 25701
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**CENTER ACCREDITATION SUPPORT SERVICES (CASS)
APPLICATION FOR FINANCIAL ASSISTANCE FOR NAFCC
ACCREDITATION**

(Stipends are granted to eligible programs on a first-come, first-serve basis.)

Name _____ Date _____

Program Name (if applicable) _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email address _____

Type of program: Family Home Provider Family Facility Provider

Total number of children enrolled in family child care program _____

Please check the type of stipend(s) you are requesting in this application. Stipends are available as funds allow. Please attach proof of payment with this application.

Self-Study Enrollment Fee

Application Fee

Annual Renewal Fee

Accreditation Package (includes all of the above in one fee)

Are you a NAFCC member or non-member? _____

Please return application to:

Jessica Dianellos
Division of Early Care and Education
350 Capitol Street, Room B-18
Charleston, WV 25301
Phone: (304) 356-4605
Fax: (304) 558-8800