



611 Seventh Avenue, Suite 322, Huntington, WV 25701
Phone (888)WVETCR • Fax (304)529-2535
Email: tcr@wvcds.org

**QUALITY SUPPORT SERVICES
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:

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