

ON MY WAY PRE-K 2025-2026 ENROLLMENT

Dear Families,

Thank you for your interest in On My Way Pre-K (OMWPK) for the 2025–2026 school year. We have begun processing applications and want to ensure you are up to date on important program changes.

What's New This Year:

- **Enrollment cap:** Enrollment is capped at 2,500 total children, with a portion reserved for families meeting limited eligibility criteria.
- **Voucher coverage:** Only the Pre-K child will be eligible for an OMWPK voucher—siblings must apply separately through CCDF or other programs.
- **Start date:** Vouchers will begin when the Pre-K program starts (late July or early August), and wraparound care can be covered through CCDF.
- **Eligibility threshold:** Family income eligibility is now set at 140% of the Federal Poverty Level (previously 150%).
- **Job Search:** To qualify, a parent or guardian must be working, in school, or attending job training. Job search is no longer a qualifying activity for OMWPK eligibility.
- **Voucher coverage:** The maximum voucher amount is capped at \$6,800 per year, with a provider reimbursement rate of \$147.82/week.

Learn more about these changes and find frequently asked questions at the [OMWPK website](#).

Changed Your Mind or No Longer Eligible?

If you no longer wish to participate—or believe the program updates affect your eligibility—you can withdraw your application by contacting your [Eligibility Office](#).

Thank you again for your interest. If you have questions or need help, contact your [Eligibility Office](#) or [On My Way Pre-K Manager](#).

Sincerely,

The Office of Early Childhood and Out-Of-School Learning



APPLICANT WORKSHEET FOR CHILD CARE SERVICES

State Form 56907 (R3 / 7-24)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

CHILD CARE AND DEVELOPMENT FUND (CCDF) / ON MY WAY PRE-K PROGRAM

Name of applicant	Case number	Date of birth of applicant (month, day, year)	Cell phone number () ()	Other contact phone number () ()
Street address (number and street, city, state, and ZIP code)			County	Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing address (if different from above) (number and street, city, state, and ZIP code)			Primary language spoken	E-mail address

ADULTS LIVING IN HOUSEHOLD

	First Name, Last Name	Date of Birth (month, day, year)	Relationship to Applicant	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No	School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed	Hours Working or in School per Week	Days per Week Care is Needed (S, M, Tu, W, Th, F, S)
APPLICANT			SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
CO-APPLICANT				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

CHILDREN LIVING IN HOUSEHOLD

Child's First Name, Last Name	Date of Birth (month, day, year)	Relationship to Applicant	Child Needs Child Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Lives in Household With <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Earliest Drop-Off <input type="checkbox"/> AM <input type="checkbox"/> PM	Latest Pick-Up <input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

INCOME DISCLOSURE – Include all income received

Income Source	Monthly Amount	For Whom	Verification That Must Be Attached	Income Source	Monthly Amount	For Whom	Verification That Must Be Attached
Child Support			Amount must be listed, even if zero (0).	Wages / Salary			Pay stub or cancelled check (front and back) and wage detail form (if applicable)
Social Security			Award letter, check stub, or verification from agency	Housing Assistance			None
Supplemental Social Security			Award letter, check stub, or verification from agency	SNAP			None
TANF			Amount must be listed, even if zero (0).	Work Study			None
Unemployment			Amount must be listed, even if zero (0).	Other			Attach appropriate documentation

ANSWER THE FOLLOWING QUESTIONS.

1. What school district does your child attend?	2. Are you living in a homeless shelter or domestic violence shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are you living in your car, a park, or other public place? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you living in a residence with family and/or friends? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do any of the children on this application have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or your co-applicant active in the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or your co-applicant active in the National Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have assets which exceed one (1) million dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S RIGHTS AND OBLIGATIONS

I understand the following pertaining to my obligations of verifying my eligibility for child care benefits:

- I understand it is my responsibility to furnish the Eligibility Office with complete and accurate information including, but not limited to, income and family composition. I understand I will be required to submit proof of information provided.
- I understand that I may be requested to verify these statements and give my consent to the agency, from where I am requesting services, to make any necessary contacts and verify statements.
- I understand subsidized child care will not begin until all forms are completed and I have received written notice from the Eligibility Office or their representative.
- I understand I must report to the Eligibility Office when my service need ends, my TANF status changes, my family composition changes, I move to another state, I obtain a new phone number, I have total assets which exceed one (1) million dollars, or I have a change in income which exceeds 85% of the State median income (SMI), within ten (10) calendar days of the change and provide supporting documentation, if necessary.
- I understand I may be asked to cooperate with state and/or federal personnel in any investigation. I further understand my failure to cooperate may result in termination from the program.

I understand the following pertaining to my child care provider:

- I understand I must request a provider change by submitting a complete and current Provider Information Page to the Eligibility Office no later than noon the day before the last business day of the week. I understand that I cannot change providers until the vouchers are updated.
- I understand the choice of caregiver is not only my choice, it is my responsibility.
- I understand it is my responsibility to report any suspected child abuse and neglect to the proper authority and others have the same responsibility concerning my child/children.
- I understand reimbursement for my child/children's care will be made directly to the provider, unless the care is provided in my home by a non-resident, in which case the payment will be made directly to me. It is my responsibility to reimburse the provider for services rendered as well as any co-payments. I also understand it is my responsibility to withhold and make all applicable Internal Revenue Service (IRS) payments for my child care provider and for the end of the year reporting to the IRS.
- I understand my provider must provide care at the address listed on the voucher.
- I understand parents, step-parents or custodians will not be paid as caregivers for their own children.
- I understand that failure to pay any child care co-payment could result in my family being terminated from this funding assistance.
- I understand that my child is expected to attend child care full-time and my child receives forty-five (45) absence days per enrollment year to be used if they are sick, on vacation, or have an emergency and cannot attend. I understand that my child care provider will still be paid for these days.

I understand my rights in receiving child care benefits through the CCDF/On My Way Pre-K program:

- I understand information concerning my family regarding the CCDF/On My Way Pre-K voucher program, and the services I receive, will be treated as confidential and will be used solely for the administration of the CCDF/On My Way Pre-K voucher program.
- I understand my right to file a written complaint.
- I understand I can submit a written appeal if I disagree with an action taken regarding my eligibility for CCDF/On My Way Pre-K.

I understand my child care benefits may be terminated for any of the following reasons:

- Failure to respond to requests for additional information related to eligibility determination from the Office of Early Childhood and Out of School Learning or its agents within the required time frame.
- Failure to pay weekly copayment owed, if reported within thirty (30) days from first missed payment.
- Failure to fully reimburse CCDF/On My Way Pre-K eligible in-home (nanny) provider.
- Failure to remain current on any existing repayment agreements determined by the Office of Early Childhood and Out of School Learning.
- Failure to select a CCDF/On My Way Pre-K eligible provider.

I understand my child care benefits will be terminated for any of the following reasons:

- Excessive unexplained absences.
- A change of residency outside of the State.
- Substantiated fraud or intentional program violations.
- Failure to provide complete information at time of authorization or update.
- CCDF/On My Way Pre-K Household income does not meet financial eligibility.
- CCDF/On My Way Pre-K Household does not meet service need requirements.
- Copayment exceeds total weekly subsidy.
- Failure to select a CCDF/On My Way Pre-K eligible provider.
- I understand that my child/children's vouchers will be terminated once they have accumulated forty-five (45) absence days. If my child/children's vouchers are terminated for excessive absences, I understand that I must wait ninety (90) days to re-apply for child care services.

DISCLOSURE STATEMENT

Indiana Code Section 35-43-5-4 Fraud – Defrauding Creditors

(a) A person who: (1) with the intent to obtain property or data, or an educational, governmental, or employment benefit to which the person is not entitled, knowingly or intentionally: (A) makes a false or misleading statement; or (B) creates a false impression in another person; (2) with the intent to cause another person to obtain property, knowingly or intentionally: (A) makes a false or misleading statement; (B) creates a false impression in a third person; or (C) causes to be presented a claim that (i) contains a false or misleading statement; or (ii) creates a false or misleading impression in a third person; (3) possesses, manufactures, uses, or alters a document, instrument, computer program, or device with the intent to obtain: (A) property; (B) data; or (C) an educational, governmental, or employment benefit; to which the person is not entitled; or (4) knowingly or intentionally engages in a scheme or artifice to commit an offense described in subdivisions (1) through (3); commits fraud, a Class A misdemeanor except as otherwise provided in this section.



NAME AFFIRMATION

State Form 57096 (R/ 5-24)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

The CCDF/OMW program must use the Applicant or Co-Applicant's Legal Name (as shown on their ID) for their Case Name.

The Applicant or Co-Applicant must complete a Name Affirmation form when they submit paperwork that shows a name that is different than their Legal Name (Maiden/Married Name, Hyphenated Last Names, Middle Names, Different Spellings, Shortened Versions of their Legal Name, and/or Aliases).

Legal Name of Individual (as it appears on ID)	Check one: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
List any other names that are listed on documents provided that do not match the Legal Name shown on the ID exactly.	
Printed name	
Printed name	
Printed name	
Printed name	

AFFIRMATION

I hereby affirm, under the penalties of perjury, that:

- I am the above-named individual and I have personally prepared this statement.
- All of the names listed above are names that I am also known by, and all are the same person.
- This statement is true to the best of my knowledge.

Signature of Applicant / Co-Applicant

Date (month, day, year)



ON WAY PRE-K PARENT AGREEMENT

I, _____ (insert your name) parent/guardian of _____ (insert child's name), have enrolled my child in an approved On My Way Pre-K provider and will fully participate in the requirements of the Pre-K voucher program. I understand that the overall goal of this program is to provide high quality preschool education to my child.

As a recipient of this program, I understand that my family will receive the following benefits:

- Pre-k education for my child at an approved high-quality On My Way Pre-K provider.
- Participation in a kindergarten readiness assessment.
- Participation in family engagement activities provided by my selected Pre-K provider.

As a result of receiving these benefits, I agree to the following:

- My child will regularly attend the Pre-K program. I understand that my child cannot miss more than 40 days in an enrollment year.
- I will participate in family engagement activities offered by my selected Pre-K program including meetings with my child's teacher to discuss my child's progress.
- I understand that information from my child's voucher application, excluding income, may be shared with my selected On My Way Pre-K provider.
- I understand that I may be financially responsible for any difference between the amount my Pre-K provider charges and the voucher reimbursement rate in the form of an overage that is paid to the provider weekly.

By my signature I attest that I understand the following:

- On My Way Pre-K is an academic program and my child's attendance is important to his/her school readiness success.
- My participation in my child's education, including participation in the On My Way Pre-K program, is an important part of my child's school success.

- My child will attend the Pre-K program for the dates listed on the Provider Information Form submitted during enrollment.
- Providing incorrect or misleading information on any of the forms required by the On My Way Pre-K voucher program, including but not limited to application documentation and attendance records, may result in immediate termination of my child's voucher, and repayment of any fees overpaid on behalf of my child.

(Printed Name)

(Child Name)

(Signed Name)

(Date)



CHILD CARE AND DEVELOPMENT FUND (CCDF)/ON MY WAY PRE-K (OMW) PROVIDER INFORMATION

State Form 57222 (R3 / 7-24)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

INSTRUCTIONS: Your provider must complete this information in its entirety and sign the form.

Applicant/Co-Applicant. Please upload this document to your online application or submit this document to assist in prompt completion of your child care/OMW vouchers. If you wish to make a provider change, you must submit this form to the eligibility office by noon on Thursday, to be effective the following week or payment for care may become your responsibility. Your provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. If you have any questions, please contact your local eligibility office.

Name of applicant		Applicant phone number		Applicant email address	
Name of program			License / registration / exemption number		Provider's current Paths to QUALITY (PTQ) Level <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Address where care is provided (number and street, city, state, and ZIP code)			Program County		Program Telephone number ()
What date will the child begin care? (month, day, year)		Is this a provider change? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this for a child who is reauthorizing their case? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of provider
 Licensed Home Licensed Center Registered Ministry License Exempt Home License Exempt Facility Providing Care in Child's Home Public, Private or Charter School

Hours of operation (i.e. 7 AM to 6 PM) _____ Days of operation (Check all that apply.)
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Name of CCDF Child(ren) (First and Last)	Date of Birth (month/day/year)	Charge for Current Age	H -Half Day F- Full Day	Charge for Next Age Group (If child is currently Infant, list charge for Toddler)	School-Age (Before and After School)	School-Age Other (Charge for School Break weeks, evening or weekend care)

FOR SCHOOL AGE CHILDREN ONLY (Please include a school calendar for ALL School Aged children.)

Date school year begins (mo/day/yr)	Date school year ends (mo/day/yr)	Does school-age child need break care vouchers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this form On My Way Pre-K wraparound or break care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will child attend this same provider for summer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summer Program begin and end dates
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FOR ON MY WAY PRE-K CHILDREN ONLY

Name of OMW Child (First and Last)	Date of Birth (month/day/year)	OMW Pre-K Weekly Charge	H -Half Day F- Full Day	OMW Pre-K Start Date (month/day/year) First possible date-Sun July 20	OMW Pre-K End Date (month/day/year) Latest possible date-first Sat. in June	Max Reimbursement for ALL Full-Time OMW providers
						\$147.82/week
						\$147.82/week

If you are a public, private or charter school, does the OMW child listed need break care vouchers (weeks of care at a DIFFERENT provider when your school is closed/not in session)? Yes No

If yes, a school schedule must be provided

Are you related to any the child(ren) listed above? Yes No

If Yes, please list relationship.

PROVIDER AFFIRMATION Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in these programs

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program available on www.childcarefinder.in.gov. I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signature of provider	Printed name of provider	Date (month, day, year)
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Excessive Absence Policy (Updated 2/2/25)

Providers are responsible for tracking attendance and recording absences for all children in their program. Providers are still paid for these occasional absences, and absences will be tracked against an Excessive Absence policy of 40 occasional days (or 20 consecutive days) per enrollment year, across all providers where a child is enrolled.

There are several benefits of regular attendance to children and families.

- Children's learning and development grows through consistency.
- Children's social and emotional growth is enhanced.
- Children are more prepared for school.

If a child is part-time and not expected to attend every day the provider can mark an Off Day for the day the child is not regularly expected to attend. For example, if the child's normal schedule is Tues-Fri the provider would mark Monday as an Off Day, Off Days do not count against the 40-day absence total and should be the same days every week. If the Off Days are not consistently on the same day each week, then Absences must be marked.

Full-time children will be recorded as Absent any time they miss a day when the provider is open and operating, whether the absence was pre-planned (vacation) or not (illness/emergency). Full-time children should not have any Off Days marked.

The parent of any child who will not be using care for two (2) weeks or more should notify the eligibility office to set up a gap in their voucher, so the absences do not continue to accumulate against the excessive absence total. Providers do not receive payment when there is a gap created.

Warning letters will be issued to families and all providers where a child is enrolled when they have missed 10, 20, 30 and 35 days, with voucher termination at 40 days. **Families must wait 90 days to reapply to the waiting list for vouchers when a child was terminated due to excessive absences.** Vouchers will also be ended if the child has missed 20 consecutive days, but the case will remain open, and the child is still eligible for vouchers through the end of the subsidy period if needed.

If a family provides documentation about a child's chronic or serious medical condition or hospitalization, they can be approved for additional absence days if needed. This process is conducted on a case-by-case basis. This does not apply to normal illnesses, which will be marked as Absences.



Office of Early Childhood and Out of School Learning

Income Eligibility Determination

CCDF and OMW Pre-K

(Effective 5/1/25)

	<u>TO GET ON THE PROGRAM:</u> A family cannot make over this amount monthly. This is figured on gross income before taxes and includes wages, SSI, TANF, unemployment and child support.	<u>TO STAY ON THE PROGRAM:</u> A family cannot make over this amount monthly. This is figured on gross income before taxes and includes wages, SSI, TANF, unemployment and child support.
Size of Family	Maximum Monthly Gross Income (before taxes)	Maximum Monthly Gross Income (before taxes)
2	\$2,468	\$4,977
3	\$3,109	\$6,148
4	\$3,751	\$7,319
5	\$4,393	\$8,490
6	\$5,034	\$9,661
7	\$5,676	\$9,881
8	\$6,318	\$10,100
9	\$6,959	\$10,320
10	\$7,601	\$10,540
11	\$8,243	\$10,759
12	\$8,884	\$10,979
13	\$9,526	\$11,198
14	\$10,168	\$11,418
15	\$10,809	\$11,637