

Loyola University Maryland  
Child Care Voucher Program  
2024 - 2025

**Application Form**  
(Please print or type)

Employee's Name: \_\_\_\_\_ Loyola ID#: \_\_\_\_\_  
(Last, First, MI)

Department: \_\_\_\_\_ Work Ext: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home or Mobile Phone Number: \_\_\_\_\_

Child Care Center Name: \_\_\_\_\_

Child Care Center Address: \_\_\_\_\_

**To qualify for this program, you must be a benefits eligible employee and your spouse (if applicable) must be working, looking for work, disabled or enrolled in school full-time. Please provide the following spousal information (married employees must provide this information):**

Spouse's Name: \_\_\_\_\_

Spouse is:  Working  Looking for work  Full-time student  Disabled (check all that apply)

Name of Employer/School: \_\_\_\_\_

Address of Employer/School: \_\_\_\_\_  
(Street, City, State, Zip)

**NOTICE: Dependent care benefits received in excess of \$5,000 per calendar year, per family, are considered taxable income by the IRS. These benefits include a combination of vouchers received and use of the dependent care flexible spending account. Please consult with your professional tax advisor to discuss your tax liabilities.**

**By signing this form, I agree to the following:**

1. I give the Human Resources Department permission to confirm any information reported on this form.
2. I give the Loyola payroll office permission to recover any over payments through payroll deduction.
3. It is my responsibility to immediately report any changes regarding relevant family status, employment status, address, and/or childcare selection.
4. It is my responsibility to submit a complete application, copy of the provider license, copy of Form 1040 and the monthly reimbursement forms to the Human Resources Department in a timely manner.
5. Providing false information on the application or any reimbursement forms or false childcare provider license documentation will result in my permanent disqualification from the program.
6. I understand that changes in the amount of the voucher awards may be made by the University from fiscal year to fiscal year.
7. I understand that the selection of a childcare provider is my exclusive responsibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attach documentation of each childcare provider's license for each childcare facility used. A change in childcare providers will require new license documentation. A copy of your Form 1040 must also be attached.  
Email all documents to [ccvp@loyola.edu](mailto:ccvp@loyola.edu)**