



**Michigan 4C Association**  
**\$150.00 Aide/Relative Training Incentive**  
[www.mi4c.org](http://www.mi4c.org)



Name: \_\_\_\_\_  
(Please Print Clearly)

Social Security #: \_\_\_\_\_  
(Social Security# is required for payment purposes only)

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

Provider ID #: \_\_\_\_\_  
**Please Check One:** Aide (53) Relative Provider (54)  
*You must be registered as a Child Care Aide or Relative Child Care Provide through the State of Michigan. Licensed/registered providers do not qualify for this incentive.*

Phone: ( ) \_\_\_\_\_ County: \_\_\_\_\_

**Eligibility requirements:**

- **Aide/Relative incentive is available only ONE TIME.**
- **Complete 16 hours of formal child care training** provided by an approved organization such as: Regional 4C (Community Coordinated Child Care) office, Community College, University, Michigan State University Extension (Better Kid Care), MIAEYC workshops or community education classes.
- **Trainer must sign the form** on the reverse side of this application (**original signature**). Only training that will improve child care skills will be considered as part of the 16 hours. Some examples are: child health and safety, early childhood development, discipline, infant/child CPR & First Aid.
- **Submit two (2) DHS check stubs** or CH-151 forms dated no earlier than 90 days before training and no later than 90 days after training. Children in your care must be subsidized by the Michigan Department of Human Services (DHS).
- Please allow 4-6 weeks for \$150.00 payment to be processed. Incomplete forms will not be processed.

**Please mail to:** Michigan 4C Association  
 Aide/Relative Incentive  
 839 Centennial Way  
 Lansing, MI 48917

*I certify that I have completed at least 16 hours of child care training as shown on reverse side of this application and that I have been providing child care for children receiving child care payments from the Michigan Department of Human Services for at least 90 days. I have applied only once for this award.*

Aide/Relative Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions regarding this incentive, please call 1-800-950-4171

<p><i>For office use only</i>  <b>AIDE/RELATIVE INPUT</b>          Amount: \$ _____          Specialist Approved: _____</p>
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