

Low Income Preschool Support (L.I.P.S.) 2026-2027
Buena Vista, Crawford, Sac Early Childhood Iowa



Application Process

Answer the statements on the Parent Attestation Form. If at least one parent has not checked both boxes, please complete a Child Care Assistance (CCA) application you may qualify. Please let the preschool know that you applied. CCA funds would be used before and/or in part with the Low-Income Preschool Support funds. **Early Childhood Iowa funds (ECI) cannot be used to take the place of other state/federal programs. ECI is a funder of last resort.**

Complete the Low-Income Preschool Scholarship. The ECI Scholarship Coordinator will work with the Preschool to determine enrollment, CCA acceptance, amount of funding for L.I.P.S. or denial.

L.I.P.S. applications are approved by the BVCS ECI office by verifying yearly household income, using income tax returns and/or months' work of paystubs.

The L.I.P.S. application is not a part of the Child Care Assistance application. A link to the CCA application can be found on the Health & Human Services website <https://hhs.iowa.gov/child-care>.

Child must turn 3 or 4 years of age prior to September 15, 2026.

Incomplete applications may delay your funding start date.

Approved applications will be reimbursed starting in September (or month received after September) and ending in May.

Application Deadline July 1, 2026. Applications are accepted throughout the year based upon the availability of funds.

Approval notice will be sent to the parent by email or mail. The amount of support will be sent to the preschool identified on the scholarship application in August 2026.

Payment of preschool scholarships will be made directly to the preschool the child attends.

If CCA and/or the L.I.P.S. scholarship does not cover the cost of tuition the parents will be responsible for any remaining amount due.

Preschool Scholarships follow the poverty guidelines issued by the Department of Health and Human Services to determine eligibility [detailed-guidelines-2026.pdf](#). Qualifying families will be below 200% of the poverty guidelines, can receive partial CCA payments, have been denied by CCA, have been denied enrollment into Head Start.

L.I.P.S. are available to Preschool that: have an agreement with BVCS ECI, charge a fee to parents, can be either a private or Statewide Voluntary Preschool Program offering more than 10 hours of preschool.

NOTE: Scholarships are dependent upon funding allocated to the Buena Vista, Crawford, Sac Early Childhood Iowa - Low Income Preschool Support program.

Early Childhood Iowa Local Area Guidance on Child Care Assistance (CCA)

ECI scholarships may be issued once BVCS Early Childhood Iowa (BVCS ECI) has determined all other available funds have been utilized, primarily CCA. The intention of this is to maximize the use of federal funds dedicated to eligible families who are seeking assistance with early learning care and preschool. The BVCS ECI Scholarship Coordinator working in conjunction with the Preschool staff should first determine whether a family meets the basic CCA eligibility requirements listed below. If it appears the household will not meet CCA eligibility, such as when one or both parents are not working the required hours or enrolled in full-time education/training, staff may use the **Parent Attestation Form** to document these factors and avoid unnecessary CCA applications. For official CCA details, families may contact their local Child Care Assistance office, call 1-866-448-4605, or visit hhs.iowa.gov/child-care. The **Parent Attestation Form** is to be submitted to the **BVCS Early Childhood Iowa office** with the L.I.P.S. application for record the family is not eligible to apply for CCA, bvcs.eci.director@gmail.com, or PO Box 174 Breda, IA 51436.

Child Care Assistance Eligibility:

You may be eligible for the Child Care Assistance Program if you:

- Live in Iowa
- Have a child under the age of 13 that needs care (or under the age of 19 if the child has special needs)
- Work or attend an approved training/education program an average of 32 hours a week (28 hours a week if the child has special needs)
- Are unable to work or attend training/education program because of an approved medical reason

Need Help Understanding Eligibility?

[Child Care Assistance – Frequently Asked Questions for Family Eligibility](#)

Contact your local **Iowa Child Care Assistance office** or visit:

<https://hhs.iowa.gov/child-care>

Call: 1-866-448-4605

Link to online CCA Application: <http://ccmis.dhs.state.ia.us/clientportal/default.aspx>

Link to CCA Application: <https://hhs.iowa.gov/media/5181/download?inline>



Parent Attestation Form

This form is intended to reduce paperwork for families that we know will likely not meet eligibility requirements for Child Care Assistance (CCA). Completing this form does not replace a formal application but may help prevent unnecessary CCA Applications. If **at least one parent checked both of the boxes on the attestation**, the household likely does **not currently meet** the basic eligibility criteria for Iowa's Child Care Assistance program and may be automatically denied if an application is submitted at this time.

Parent/guardian 1 Name: _____

Please check any boxes that apply to this parent's current situation:

Employment Requirement Not Met

This parent/guardian is currently not working or working an average of less than 32 hours per week.

Education/Training Requirement Not Met

This parent/guardian is not enrolled in a full-time education or training program.

Parent/guardian 2 Name: _____

Please check any boxes that apply to this parent's current situation (use N/A if there is not a second parent/guardian in the household) :

Employment Requirement Not Met

This parent/guardian is currently not working or working an average of less than 32 hours per week.

Education/Training Requirement Not Met

This parent/guardian is not enrolled in a full-time education or training program.

By signing below, I acknowledge that:

- The above information is correct
- This is not a CCA Application and if my circumstances change, I can fill out a CCA Application at any time.

Parent/Guardian Name (Printed): _____

Signature: _____ **Date:** _____

If at least **one parent has not checked** both boxes, **complete a Child Care Assistance (CCA) application** you may qualify. CCA funds would be used before and/or in part with the Low-Income Preschool Support funds. Contact your local Iowa **Child Care Assistance office** call: 1-866-448-4605 or visit:

<https://hhs.iowa.gov/child-care>

Link to online CCA Application: <http://ccmis.dhs.state.ia.us/clientportal/default.aspx>

Link to CCA Application: <https://hhs.iowa.gov/media/5181/download?inline>

Please check all that apply.

I applied for CCA date on _____ I am waiting to hear back from Health & Human Services.

I **am** eligible to receive CCA. Include copy of notification letter with L.I.P.S. application & let the Preschool know.

I applied and I **am not** eligible to receive CCA. Include copy of denial letter with L.I.P.S. application and let the Preschool know.

I am attending a Department of Education Preschool - Statewide Voluntary Preschool, that does not accept CCA.

I verify I have looked into all options to assist in paying for preschool and I am not eligible for any other funding source for preschool support.



Low Income Preschool Support Application 2026-2027 School Year

Preschool of Choice:		Location:	
Hours of Preschool Day:	Days Attending Preschool	Yearly Tuition:	
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F		

CHILD INFORMATION ~ Please complete **both** Ethnicity and Race of Child information.

Name of Child Attending Preschool: First and last:	Date of Birth:	Ethnicity of child:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not Hispanic
Race of Child, must choose one	<input type="checkbox"/> Native America or Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> African American	<input type="checkbox"/> Multi-racial
	<input type="checkbox"/> White	<input type="checkbox"/> Asian		

PARENT & HOUSEHOLD INFORMATION ~ Please print clearly.

Name of Parent: First and last:	County of Residence:	<input type="checkbox"/> Buena Vista	<input type="checkbox"/> Crawford	<input type="checkbox"/> Sac	<input type="checkbox"/> Other, list:
Name of Parent: First and last:	Phone Number:	Email Address:			
Mailing Address:	City:	State:	IA	Zip Code:	
Marital Status of Head of Household:	Education Level of Head of Household: Select highest level completed				Household Size:
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered	<input type="checkbox"/> Middle school or lower	<input type="checkbox"/> Some High School	<input type="checkbox"/> GED	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Trade/Vocational Training	<input type="checkbox"/> 2 Yr. College Degree	<input type="checkbox"/> 4 Yr. College Degree	<input type="checkbox"/> Master's Degree or higher	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7

HOUSEHOLD INCOME VERIFICATION: Eligibility is based on your income. **Please supply a copy of one of the following:** Page 1 and 2 of your tax return, or copies of paystubs for one months' time. Please send copies, your documents will not be returned and please cover up social security numbers.

Name of person/s with income: _____ Employer name: _____ (Please circle) Paid: Weekly - Twice a month - Every 2 Weeks - Monthly

Name of person/s with income: _____ Employer name: _____ (Please circle) Paid: Weekly - Twice a month - Every 2 Weeks - Monthly

Parent Agreement to Participate & Release of Information I, (name – printed) _____, **Agreement:** I agree to participate as a recipient of low-income preschool support through the BVCS Early Childhood Iowa scholarship program and assure that I will comply with the provisions identified on this application. Child is not eligible for other funding including State Child Care Assistance, Head Start, other tuition support, and if my family's income was identified to be under 200% of the federal poverty level. I will notify the BVCS ECI office of any change is made with my income.

Release of Information: I authorize BVCS Early Childhood Iowa and/or its agents or designees from the following agencies: preschool listed as Preschool of Choice, preschool program in which the applicant enrolls, Head Start if my income is at or below 100% of the federal poverty level, has my authorization to share any necessary information with the above agencies related to eligibility, attendance, cost of program, developmental level. I understand that this information may be requested throughout the year, and this release shall expire one year from the date of my signature hereto, contact the above organization to verify that we qualify for on the above assistance. I understand my financial information will be reviewed annually. I agree my child will attend preschool 75% of the time (unless excused) or I will pay the difference.

Signature of parent/guardian _____ **Date:** _____

Parents are responsible for partial payments to the preschool. **Return Applications by July 1, 2026, either to your Preschool or send them to:**
 BVCS Early Childhood Iowa; PO Box 174, Breda, IA 51436 and/or email: bvcs.eci.director@gmail.com Phone contract: 712-673-4610.

FOR OFFCIE USE:										
Date Received	Student Qualifies	<input type="checkbox"/> < 100%	<input type="checkbox"/> 101-125%	<input type="checkbox"/> 160% CCA	<input type="checkbox"/> 126-185%	<input type="checkbox"/> 186-200%	<input type="checkbox"/> Denied CCA	<input type="checkbox"/> Ineligible CCA	<input type="checkbox"/> Over	
CCA Payment \$		Scholarship Payment \$			Approved by:			Date:		
Comments:										