



Ready2Work Child Care Assistance Program

The La Porte Economic Advancement Partnership is pleased to announce a new program launch for 2022. In an effort to help local job seekers and our local business partners, LEAP is committed to providing childcare assistance on behalf of qualified individuals within the City of La Porte who have been unable to return to work or find new employment due to obstacles related to childcare.

The qualified candidate must demonstrate and provide proof that they have actively pursued and obtained full-time employment in the Greater La Porte area to be considered. A LEAP representative will work with the employer to confirm employment status and eligibility. If awarded assistance, the employee must maintain full-time employment to remain eligible. Termination or voluntary resignation of employment will result in the loss of assistance payments from LEAP.

The La Porte County Family YMCA Childcare and Learning Center and Toddle Tykes Daycare, LLC. will be the two participating childcare facilities. Each are licensed providers in the state of Indiana and hold Level 4 and Level 3 distinctions respectively. The enrollment location for your child(s) will be determined by availability. Payments of \$50.00 per week will be made to your designated provider on a monthly basis directly from LEAP for one calendar year.

Please note that there are a limited number of scholarships available and applications will be considered on a first come, first served basis. The application form can be submitted electronically or by mail. Once your application has been reviewed, you will be contacted by a LEAP representative for a final screening.

For questions, please contact Erik Nelson – Workforce Development Coordinator

Email: erikn@laportepartnership.com

Office: 219-324-8584

Electronic Submissions: erikn@laportepartnership.com

Mail-In Submissions: LEAP - 605 Michigan Avenue, La Porte, IN 46350



Ready2Work Childcare Assistance Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Employer: _____ Start Date: _____ Salary: \$ _____

Child Information

Please list all children needing Childcare. If more than 2, list the additional on a shared line below. --

Full Name: _____ Relationship: _____

DOB: _____ Sex: _____

Full Name: _____ Relationship: _____

DOB: _____ Sex: _____

Additional Information

Please provide a short paragraph explaining your current employment and childcare situation.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If awarded Childcare Assistance from LEAP, I understand that it is my duty to maintain employment to continue receiving assistance of \$50.00 per week for one calendar year.

Signature: _____ Date: _____