



611 Seventh Avenue, Suite 322, Huntington, WV 25701  
Phone (888)WVTECTCR • Fax (304)529-2535  
Email: tcr@wvcds.org

**QUALITY SUPPORT SERVICES  
APPLICATION FOR FINANCIAL ASSISTANCE FOR NAFCC  
ACCREDITATION**

(Stipends are granted to eligible programs on a first-come, first-serve basis.)

Name \_\_\_\_\_ Date \_\_\_\_\_

Program Name (if applicable) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Type of program: Family Home Provider \_\_\_\_\_ Family Facility Provider \_\_\_\_\_

Total number of children enrolled in family child care program \_\_\_\_\_

Please check the type of stipend(s) you are requesting in this application. Stipends are available as funds allow. Please attach proof of payment with this application.

Self-Study Enrollment Fee \_\_\_\_\_

Application Fee \_\_\_\_\_

Annual Renewal Fee \_\_\_\_\_

Accreditation Package (includes all of the above in one fee) \_\_\_\_\_

Are you a NAFCC member or non-member? \_\_\_\_\_

Please return application to:

Jaime L. Price, MS  
Tiered Reimbursement/QRIS Coordinator  
Bureau for Family Assistance  
Division of Early Care and Education  
West Virginia Department of Human Services  
1027 N Randolph Avenue  
Elkins, WV 26241  
Phone: 304-637-5560  
Fax: 304-558-8800