******The Child Abuse Prevention Center**

**AmeriCorps Benefits Form**

**2020-2021 Program Year**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Last Name**

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First Name

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Street

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City State Zip

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 | **Service Start Date**

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**Middle Initial**

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**HEALTH CARE – select “elect” or the appropriate box in the “decline” section:**

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| --- |
| **DECLINE**[ ]  I am not interested at this time.[ ]  I am not serving in a full-time capacity.[ ]  I have healthcare that will continue into my term of service. I understand that I may be asked to provide the CAP Center with evidence of my current healthcare coverage. |
| [ ]  **ELECT.** I elect the CAP Center AmeriCorps healthcare plan because **I do not have healthcare** that will continue into my term of service:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 Benefit Start Date Birth DateSocial Security NumberGender: Male [ ]  Female [ ]  |

**CHILD CARE – check the appropriate box in either the “elect” or “decline” section:**

|  |  |
| --- | --- |
| **ELECT**[ ]  To receive the benefit, I must complete and submit a child care application, and meet eligibility requirements. | **DECLINE check one of the following:**[ ]  I am not interested at this time.[ ]  I am not serving on a full-time basis. [ ]  I am currently receiving child care assistance that will continue after I begin service  |

**LOAN FORBEARANCE – check the appropriate box in either the “elect” or “decline” section:**

|  |  |
| --- | --- |
| **ELECT**[ ]  I will request forbearance online through My AmeriCorps. | **DECLINE check one of the following:**[ ]  I do not have outstanding student loans.[ ]  I do not request loan forbearance at this time. |

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