

# PAEYS

## Performance and Education Yield Success

*PAEYS is a program of Iowa AEYC*

### APPLICATION

#### Contact Information:

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 (first) (MI) (last)  
 Address \_\_\_\_\_ (physical mailing, if different) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Email Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Phone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

#### Educational Background:

Degrees earned (check all that apply)	Major	Colleges attended	Year graduated
<input type="checkbox"/> No degree earned			
<input type="checkbox"/> AA/AS/AAS			
<input type="checkbox"/> BA/BS			
<input type="checkbox"/> MA/MS or higher			

College certificate/diploma/credentials earned	Area of study	Colleges attended	Years attended

Have you earned any college credits that are not listed above?  Yes  No If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently enrolled in college coursework?  No  Yes If Yes, what field of study? \_\_\_\_\_

Are you a currently participating in the T.E.A.C.H. Early Childhood® IOWA scholarship program?  No  Yes

Have you participated in T.E.A.C.H. in the past?  No  Yes

**Please send college transcripts to document all education earned**

Return this application with required documentation to:

**PAEYS**

**Iowa Association for the Education of Young Children**

5525 Meredith Drive, Suite F, Des Moines, IA 50310

Phone: 800-469-2392, 515-331-8000 Fax: 515-331-8995 info@iowaaeyc.org



Iowa Association for the Education of Young Children

**DEMOGRAPHIC INFORMATION - THIS INFORMATION WILL BE USED FOR STATISTICAL AND DEMOGRAPHIC PURPOSES AND WILL NOT DETERMINE ELIGIBILITY**

**Gender:**  Female  Male  Non-Binary

**Date of Birth** \_\_\_\_\_  
(Month) (Day) (Year)

**Family Structure**

How many people live in your household? \_\_\_\_\_

Indicate family structure:  Single, no children  Single parent/grandparent  
 Married, no children  Married Parent/Grandparent  
 Other (please list): \_\_\_\_\_

**Do you consider yourself Latinx?**

No  Yes (This includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish)

**Do you consider yourself...?**

White  Asian  
 Black or African American  Native Hawaiian or Pacific Islander  
 American Indian or Alaska Native  Other Race: \_\_\_\_\_

**Languages you can speak fluently:**  English  Spanish  Arabic  Other: \_\_\_\_\_

**Preferred language:** \_\_\_\_\_

**EMPLOYMENT STATUS (check all that apply)**

**What is your current job title?** \_\_\_\_\_

**Agency name:** \_\_\_\_\_

**How many hours per week do you work?** \_\_\_\_\_

**How many hours per week do you provide direct service to families or supervision to service providers?** \_\_\_\_\_

**How many months per year do you work?** \_\_\_\_\_

**Beginning date of employment at current program?** \_\_\_\_\_

**How many children does your program serve (include all children in each family)?** \_\_\_\_\_

**How long have you worked in family support?**

less than 2 years  2-5 years  6-10 years  10+ years

**Program model:**  Early Head Start  Healthy Families  
 Nurse Family Partnership  Parents as Teachers

**Is your position:**  MIECHV  HOPES

**PARTICIPANT AGREEMENT**

**Iowa Association for the Education of Young Children agrees to:**

- A. Provide wage supplements to eligible family support professionals.
- B. Provide IRS-1099 forms at the end of the year to recipients as mandated by current tax law.

**The PAEYS recipient agrees to:**

- A. Acknowledge that receiving the full annual supplement amount is contingent upon completion of four three-month periods. An installment will be issued after each period, based on the education level and the individual’s performance measure data over the three-month period completed. No portion of the award will be issued if the participant leaves her/his employing site prior to completing the entire three-month time period.
- B. Continue employment in a program that meets the funder-specific eligibility requirements for the entire commitment period and notify Iowa AEYC of any change in eligibility. If the eligibility status changes during a three-month commitment period, participation and supplement amount may be impacted.
- C. Participants in a supervisory role will agree to enroll in the Institute for the Advancement of Family Support Professionals. Participants in a supervisory role will agree to complete one supervisor module per quarter until all modules are successfully completed.
- D. Allow her/his employer and/or the Iowa Department of Public Health to release employment information including date of employment, current position, current salary or hourly rate and the number of hours worked each week, and progress made toward established benchmarks and performance measures.
- E. Allow PAEYS staff to release information about participation, including education, to supervisor.
- F. Acknowledge that individual application and participation information may be shared with funders or their designees and that name and place of employment may be shared.
- G. Acknowledge that payments will depend upon available funding and the recipient’s employer is not responsible for providing the supplement should funds no longer be available.
- H. Report and pay and personal income taxes due on annual supplements as required by current tax law.
- I. Acknowledge that Iowa AEYC reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- J. Acknowledge that falsifying application information or documentation may result in the inability to be a participant on this program and the recipient consents to employer and program funder notification if participation is terminated due to failure to comply with documentation requirements.

**Statement of Affirmation:**

I, \_\_\_\_\_ (applicant’s name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I have read and understand the Participation Agreement. To be considered for a PAEYS supplement, I understand that my name, address, email, education level, supplement amount, employer name and employer address may be released to funders of the program or their designees. Information may also be shared with T.E.A.C.H. Early Childhood® IOWA as needed to support my participation in any of the programs listed. I authorize and consent to the release and sharing of such information by Iowa AEYC to the third parties described. I hereby release Iowa AEYC from any liability or damages that may result from the release of sharing such information, including possible inaccuracies, errors, or omissions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**\*Please keep a copy of this page for your records**

**APPLICATION CHECKLIST (TO BE COMPLETED BY THE APPLICANT)**

- Complete application (all questions answered)
- Completed participation agreement statement (pg. 3)
- Completed initial employment verification (pg. 4)
- Transcript(s) for all college education

**C. EMPLOYMENT VERIFICATION** — TO BE COMPLETED BY APPLICANT'S SUPERVISOR \*IF YOU ARE A SUPERVISOR APPLYING, PLEASE SELF-REPORT\*

Employee/applicant name \_\_\_\_\_

Name of Organization \_\_\_\_\_ Counties Served \_\_\_\_\_

Program model:  Early Head Start  Healthy Families  
 Nurse Family Partnership  Parents as Teachers

Position is:  MIECHV  HOPES

Position of employment \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Current hourly rate of pay \_\_\_\_\_ Employee's start date at the program \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's e-mail address \_\_\_\_\_

In addition to the employment verification above, please verify that you have read and understand the expectations below. As an employer of staff participating on PAEYS, your signature on this application indicates your agreement to:

Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a salary supplement. PAEYS will not be used as the reason to withhold an otherwise scheduled raise.

*I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge:*

Signature of authorized personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Position: \_\_\_\_\_

## PAEYS

### Frequently Asked Questions

#### What is PAEYS?

PAEYS stands for Performance and Education Yield Success and is a project that provides performance- and education-based salary supplements to the family support workforce employed by a MIECHV-funded site in Iowa. The project is designed to increase employee retention, education, performance and compensation.

#### Who is eligible to receive a salary supplement?

Any family support professional or supervisor of family support professionals who provide direct service in a MIECHV-funded site in Iowa may be eligible. The individual must work at least 10 hours per week funded by MIECHV (.25 FTE) and maintain a caseload or supervise individuals that maintain a case load of at least three families. The recipient must also have a level of education that appears on the PAEYS supplement scale. Please contact a PAEYS counselor at Iowa AEYC for more information about specific eligibility requirements or visit our website for more information.

#### How much will I receive?

Salary supplement amounts are tied to the recipient's level of education. Checks are issued each three months (quarterly). The amount received will reflect time worked during the three-month period and successful completion of individual performance benchmarks. Eligible individuals will receive between \$400 and \$1,200 annually.

#### What do I have to do to participate in PAEYS?

Complete an application and provide proof of college education earned.

#### How are supplements received?

Checks are typically sent to eligible participants on a quarterly basis, following verification of employment and successful completion of individual benchmarks, as confirmed by the Iowa Department of Public Health.

#### How can I increase the level of the supplement I receive?

PAEYS participants at Levels 1 & 2 can increase their supplement amounts by gaining more education. Iowa AEYC and the T.E.A.C.H. Early Childhood® IOWA project offer scholarships to family support professionals who want to earn college credits toward related credentials or degrees. Contact T.E.A.C.H. Early Childhood® IOWA (515-331-8000 or [teach@iowaaeyc.org](mailto:teach@iowaaeyc.org)) for more information. Participants are encouraged to send PAEYS an updated transcript after the completion of any formal coursework so staff can determine the highest possible award.

**Do I have to pay taxes on the supplement I receive?**

Yes, because the salary supplement is income. Participants will receive an IRS-1099 form at the end of the year if they received \$600 or more from Iowa AEYC during the calendar year. Recipients are responsible for reporting and paying personal income taxes due.