



Coach and Infant Early Childhood Mental Health Consultant (IECMHC) Trauma-Informed Care Financial Training Award Application

Use this form to apply for a Trauma-Informed Care (TIC) Financial Award. Submit this form **within** 12 months of completing an eligible TIC training. Review the [DCYF TIC webpage](#) or the [Workforce, Growth, Quality and Recognition Procedural Manual](#) for more information. For questions regarding your Trauma-Informed Care Financial Award application please email MERIT@dcyf.wa.gov.

First Name _____

Last Name _____

STARS ID _____

Date of Birth _____

Role (Coach or IECMHC) _____

Training Completion Date _____

Employer Organization _____

Training Title _____

State Approved Trainer _____

INSTRUCTIONS

Print or type your response in the spaces above, sign at the bottom of the form, and then email the completed form to MERIT@dcyf.wa.gov

What to expect after you submit this application

Please expect up to 3 months for Child Care Aware of Washington (CCA of WA) to contact you with a DocuSign form which will ask you for payment processing information.

Applicant Agreement

- I acknowledge that my award is based on the amount of funding available. DCYF will distribute Trauma-Informed Care Financial Awards as funds are available.
- I understand that I will receive this award only if I satisfy eligibility requirements, including having active employment in a coach and/or infant and early childhood mental health consultant and completing DCYF-recognized trauma-informed care training recorded in MERIT.
- I have reviewed my application and am ready to submit. I understand that once my application is submitted, I cannot make any changes to my answers.

Signature _____

Date _____