

## Guidelines on Collecting Video Stories on CCAP Cuts

We are asking child care providers to use their smart phones to help us collect stories of parents who have lost, or will soon lose their CCAP to help us document the impact for legislators.

**Goal:** 1:00 to 2:30 minute video of those impacted by the CCAP cuts.

**Target:** Parents and caregivers who have lost their CCAP due to the recent cuts

**Deadline:** January 21

**Tips:** Film the videos using portrait landscape (with your phone held horizontally); prop your phone on a stable surface to minimize camera movement; focus in on the storyteller's face and torso; and ask questions to encourage them to share important details of their story but try not to insert your own voice or speak for them.

**Step One:** Ask the caregiver to sign the consent form (below). Identify for the participant how and where the video will be shown. Ask if they would like a copy sent to them in order for them to also post it publicly.

### Step Two:

Start the video and ask the following questions:

1. Will you tell us your first name, the county where you currently reside, how many children you have and their ages? *NOTE: It's very important to capture their county for legislators*
2. Can you tell me when your child care assistance was cut and how your child care has changed since then? How much do you pay per week for child care?
3. How has your employment changed since your CCAP was cut? Are you still able to work?
4. Are you having difficulty paying your bills? Have the cuts led to other changes in your life? (prompt: changes to schedule, missed opportunities, additional stress)
5. And how have the cuts affected your child(ren)?

### Step Three:

Thank the parents for sharing their stories and and ask them to call the Governor at (502) 564-2611 and their legislators at 1-800-372-7181 and leave the following message:

***"Education is important, especially in the early years. Cuts to CCAP are hurting families like mine. Please lift the freeze on applications and restore funds for CCAP this session."***

### Step Four:

Email the video and the consent form to Shannon Moody at [smoody@kyyouth.org](mailto:smoody@kyyouth.org). If the size is too large, you can upload the files to Google Drive and share them with us.



KENTUCKY YOUTH ADVOCATES

## CONSENT FORM

### SHARE YOUR STORY: Budget cuts = Rainy Days for Kids

Kentucky Youth Advocates is a non-profit children's interest organization that seeks to improve the lives of Kentucky's children and families. We are working with partners to restore funding for the Child Care Assistance and Kinship Care Programs. If you are willing to allow us to use your, or your child's image, please complete the form below.

\*Name (s): \_\_\_\_\_

\*County: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned, do hereby grant permission to Kentucky Youth Advocates to publically use the submitted video footage of me and/or my minor child(ren). I understand that this video may be used in Kentucky Youth Advocates' print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Printed name of subject(s) in photo(s): \_\_\_\_\_

E-Signature of subject(s), if over 18 yrs. old:

X \_\_\_\_\_

Printed name of parent/guardian, if subject is under 18 yrs. old: \_\_\_\_\_

E-Signature of parent/guardian, if subject is under 18 yrs. old:

X \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature: \_\_\_\_\_