

CHILD CARE ASSISTANCE APPLICATION

Instructions:

Please read the application carefully. Complete all sections of the application. Answer each question completely and to the best of your ability. List everyone in your household. Please print clearly.

The child care application asks you to give us the social security number for everyone in your household. Social security numbers will help us to process your case more quickly. We will only use your social security number in the administration of the Child Care Subsidy Program to help us verify your income, make changes in your case, and assemble research data. Your SSN may also be used in program reviews. If you do not want to give us the social security number for a member of your household, your application for child care will not be denied and services will not be withheld because you do not give us a social security number.

If you should choose not to give the social security number for some members of your household, you must still answer questions about his or her income and answer the other questions on this form. This application must include:

- Copy of state issued ID
- Birth certificates for all children under the age of 18 in your household
- Proof of residency (lease, current utility bill, current bank statement, etc.)
- Verification of employment (check stubs/payment receipts for 4 weeks, 1099 form, etc.)
- Verification of unearned income (if applicable – SSI/SSA award letter, check stubs, etc.)
- Current school schedule (if applicable)

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Δ WAITING LIST

Δ INITIAL APPLICATION

Δ RE-CERTIFICATION

PARENT INFORMATION:

Applicant's Name _____ SSN (Optional) _____ Date of Birth _____ Race _____ Sex _____
 Single _____ Divorced _____
 Married _____ Separated _____ Spouse Name _____ Spouse SSN (Optional) _____ Date of Birth _____ Race _____ Sex _____
 Residential Address _____ City _____ County _____ State _____ Zip _____
 Mailing Address _____ City _____ County _____ State _____ Zip _____
 Telephone: Hm/Cell _____ Wk _____ Currently receiving Family Assistance (FA) benefits? Yes ___ No ___ Date last FA check received _____
 Applicant's Language _____ Currently in school/training? Yes ___ No ___ High School Student? Yes ___ No ___ Name of School _____
 Circle current classification: Freshman Sophomore Junior Senior Highest grade completed: GED ___ High School ___ Vocational/Trade ___ Junior College ___ 4-Year ___
 Applicant's Employer's Name _____ Other Employer's Name _____
 Spouse's Employer's Name _____ Email: _____
Circle one: 2nd Job Other Household Member

HOUSEHOLD INFORMATION: List **EVERYONE** living in the home including applicant, spouse and all children.

	NAME	SSN (Optional)	DOB	Sex	RELATIONSHIP TO APPLICANT/ PARENT	WAGES (PAY) PER HOUR	HOURS WORKED PER WEEK	UNEARNED INCOME <small>(Source, Gross Amount & How Often) SSI, Social Security, Unemployment Comp., Family Assistance, Child Support, etc.</small>
1.								
2.								
3.								
4.								
5.								

Do you or any household member have assets valued at more than one million dollars? Yes ___ No ___ If yes, list your assets and their value: _____

	NAME OF CHILD(REN) WHO NEED CHILD CARE	DAYS CARE IS NEEDED							Where Will Child Receive Care If Application Is Approved	NAME OF SCHOOL CHILD ATTENDS (if applicable)
		M	T	W	T	F	S	S		
1.										
2.										
3.										
4.										
5.										

I certify that the information given is true and complete to the best of my knowledge.
 Total Income: _____ Total Number in the Family: _____
 Applicant Signature: _____ Date: _____
 CMA Worker Signature: _____ Date: _____