

Wait List Application for Child Care Financial Assistance



Family Information: Please list *all* household members, even if you are not applying for them. Unborn children cannot be placed on the waitlist. Only children listed on this application will be added to the wait list. A new application will need to be completed for any additional children.

Mark an **X** in the box if you wish to place child(ren) on the wait list.*

Legal Name	Gender	Race	Date of Birth	Social Security #	Relationship
Parent #1					Self
Parent #2					
Child(ren)					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Gender: M=Male, F=Female Race/Ethnic Group: B=Black, W=White, H=Hispanic, A=Asian, O=Other

Home Address:	Mailing (if different):
City: State: ZIP:	City: State: ZIP:
Home Phone:	Other Phone:
Language spoken at home:	Email:

Do you live in: House Apartment Shelter With Family or Friends? **Are you migrant?** Yes No

Parent/Guardian's marital status: Single Married Divorced Separated Widowed

Parent #1 - Do you attend school? No Yes # of credit hours: _____ Name of school: _____

Parent #2 - Do you attend school? No Yes # of credit hours: _____ Name of school: _____

INCOME INFORMATION:

Parent #1 Employer: _____ Phone #: _____

Hourly Rate: _____ Hours per Week: _____ How Often Paid: _____

Parent #2 Employer: _____ Phone #: _____

Hourly Rate: _____ Hours per Week: _____ How Often Paid: _____

**Please note that all parents in the home MUST be currently employed or attending school to be eligible.*

OTHER MONTHLY INCOME - Including Child(ren)'s Income (note N/A if you do NOT receive):

Child Support (list all voluntary contributions as well as those court-ordered that are paid):

\$ _____ For Whom? _____ How Often? _____

TANF(cash assistance): \$ _____ For Whom? _____ How Often? _____

SSI or SSDI: \$ _____ For Whom? _____ How Often? _____

Social Security Survivor's Benefit \$ _____ For Whom? _____ How Often? _____

Unemployment \$ _____ For Whom? _____ How Often? _____

Other: \$ _____ For Whom? _____ How Often? _____

I certify that the above information is true and correct and that all income is reported. I consent to have the information on this document verified for possible placement on the wait list for child care financial assistance. I must call in to update my information every 3 months in order to remain eligible for the waitlist, and call immediately to report any changes such as address or income.

Parent signature: _____

Date: _____