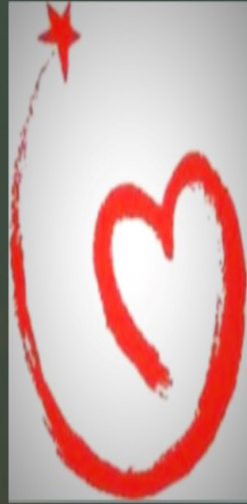


ITCC Waiting List Application



INDIAN TOWNSHIP- CCDF/CCDBG
CHILDCARE + DEVELOPMENT PROGRAM



EVERY CHILD MATTERS



SCAN ME





Office Use Only

Today's Date: _____

Entered by: _____

Indian Township Child Care CCDBG Waiting List Application

This is an application for subsidized child care. This application does not guarantee you will receive services.

You must contact ITCC once every three (3) months to request to remain on the wait-list.

You must also contact us within ten (10) business days with any updates or changes that occur to any information requested below.

Total family size -

Number of adults and children living in the household: _____

Parent/Guardian #1:					
First Name	Last Name	Home #	Work #	Cell/Message #	
Marital Status:		Relationship to Child:		Email Address	
Parent/Guardian #2:					
First Name	Last Name	Home #	Work #	Cell/Message #	
Marital Status:		Relationship to Child:		Email Address	
Household Information:					
Street Address:		City:	State: ME	Zip:	County: Washington
Reason (Need) for care/Eligibility:			Adult #1	Adult #2	
Child Protective Services (CPS) or At-Risk			<input type="checkbox"/>	<input type="checkbox"/>	
Parent in rehabilitation program			<input type="checkbox"/>	<input type="checkbox"/>	
Employment			<input type="checkbox"/>	<input type="checkbox"/>	
College/job-training/traditional trade			<input type="checkbox"/>	<input type="checkbox"/>	
Both employment and training/education			<input type="checkbox"/>	<input type="checkbox"/>	
Seeking Employment (Job Search)			<input type="checkbox"/>	<input type="checkbox"/>	
Homeless or seeking housing			<input type="checkbox"/>	<input type="checkbox"/>	
Currently on TANF or has been in the last 24 months in Maine or has received a lump sum diversion payment in the last 24 months. If yes, what county? _____			<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Gross Income and Sources (Before taxes and any other deductions):			Adult #1	Adult #2	
Employment Salary or wages/(before taxes) self-employment - (after taxes)			\$	\$	
Child support received			\$	\$	
Public assist TANF			\$	\$	
Unemployment			\$	\$	
Social Security/Disability/Death benefits			\$	\$	
Other Income (please describe):			\$	\$	
Total Gross Income:			\$	\$	

Wait List Application for Indian Township Child Care Subsidy- CCDF/CCDBG

The following information should be completed regarding only those children living in the home for which you have legal responsibility.

Priorities for Wait List



1. Children from Families with Very Low Income, Children receiving protective custody, in foster care, and Children with Special Needs will be given first-priority over other Children otherwise eligible for Child Care Subsidy.
2. All other Parents are selected from the Wait List on a first-come, first-served basis, based on the date the program received the completed program application.

	Child #1	Child #2	Child #3	Child #4
First Name				
Last Name				
Date of Birth				
Gender (M/F)				
Does the child have Special Need?	<u>Y</u> <u>Y/N</u> <u>N</u>	<u>Y</u> <u>Y/N</u> <u>N</u>	<u>Y</u> <u>Y/N</u> <u>N</u>	<u>Y</u> <u>Y/N</u> <u>N</u>
If Yes, does child have IEP, IFSP, or 504?				
Is this a Foster Child or CPS?	<u>Y</u> <u>Y/N</u> <u>N</u>	<u>Y</u> <u>Y/N</u> <u>N</u>	<u>Y</u> <u>Y/N</u> <u>N</u>	<u>Y</u> <u>Y/N</u> <u>N</u>
Is a sibling currently enrolled in the program?	<u>Y</u> <u>Y/N</u> <u>N</u>	<u>Y</u> <u>Y/N</u> <u>N</u>	<u>Y</u> <u>Y/N</u> <u>N</u>	<u>Y</u> <u>Y/N</u> <u>N</u>
What type of care will this child need? (please circle all that apply)	Full-Time Part-Time Half-Time Quarter-Time No services	Full-Time Part-Time Half-Time Quarter-Time No services	Full-Time Part-Time Half-Time Quarter-Time No services	Full-Time Part-Time Half-Time Quarter-Time No services

I understand the following:

- This information being provided is needed to determine my eligibility for a subsidized child care program and will be verified prior to my enrollment.
- This is not a first come first serve program. Eligible families are ranked based on need, family size, and adjusted income.
- I must contact ITCC once every three (3) months to keep my name on the list.
- I must call within ten (10) business days with any updates or changes to my information.

By signing this form, I am stating that the information is true and correct to the best of my knowledge.

Please return the application by mail, email, fax, or in person to: ATTN Tracy Dore

Print Name:	Signature:	Date:
Mail: Po. Box 301 Princeton, ME 04668 Email:ccdf@itccpass.com or t.d@itccpass.com (Preferred Method- Likely to received quicker) Fax:207-796-0822 8 Kennebasis Rd Indian Township, ME.04668 Phone: 207-796-2301 ext:6110		