

**CHILD CARE ASSISTANCE APPLICATION**

Δ WAITING LIST

~~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: 2<sup>nd</sup> 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 (Source, Gross Amount & How Often) SSI, Social Security, Unemployment Comp., Family Assistance, Child Support, etc.
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: \_\_\_\_\_