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 help us assemble research data. 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.

COMPLETE AND SUBMIT ALL INFORMATION TO: INFO@ACAAlabama.com

In addition to the application, please attach the following to your application via attachment or picture:
SUBMIT ALL OF THE REQUESTED INFORMATION TOGETHER AT THE SAME TIME
* State Issued ID * Birth Certificates for all of your children under the age of 18
* Proof of Alabama Residence- (Utility Bill, lease. mortgage contract)
* Proof of Income (Check stubs for last four weeks of employment) *

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☐ **WAITING LIST**　　　　☑ **INITIAL APPLICATION**　　　　☐ **RE-CERTIFICATION**

PARENT INFORMATION:

Applicant/Parent Name _____ SSN (Optional) _____ Date of Birth _____ Race _____ Sex _____

Marital Status _____ Spouse Name _____ Spouse SSN (Optional) _____ Date of Birth _____ Race _____ Sex ____

Residential Address _____City _____ County _____ State _____ Zip _____

Mailing Address _____City _____ County _____ State _____ Zip _____

Telephone: Home _____ Work _____ Currently receiving Family Assistance (FA) benefits? Yes ___ No ___ Date last FA check received _____

Currently in school/training? Yes ___ No ___ Name of School? _____ Circle current classification: FRESHMAN　SOPHOMORE　JUNIOR　SENIOR

Vocational Goal _____ Highest grade completed _____ Length of Course of Study _____ months.　Applicant's Language_____

Applicant's Employer's Name _____ Other Employer's Name _____

Circle one:　Spouse　　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 (Source, Gross Amount & How Often) SSI, Social Security, Unemployment Comp., Family Assistance, Child Support, etc
1.								
2.								
3.								
4.								
5.								
6.								
7.								

	NAME OF CHILD(REN) WHO NEED CHILD CARE	DAYS CARE IS NEEDED							WHERE IS CHILD IN CARE NOW? (If relative, what relationship) Center, Church Related Center, Family Day Care Home, Relative Care	Where Will Child Receive Care If Child Care Application Is Approved	NAME OF SCHOOL CHILD ATTENDS
		M	T	W	T	F	S	S			
1.										A+ Academy or Jesus Christian D&S	
2.										A+ Academy or Jesus Christian D&S	
3.										A+ Academy or Jesus Christian D&S	
4.										A+ Academy or Jesus Christian D&S	
5.										A+ Academy or Jesus Christian D&S	
6.										A+ Academy or Jesus Christian D&S	

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: _____

DHR-CMA-1973 (April 2002)