



CHILD CARE DEVELOPMENT FUND (CCDF) County Child Care Subsidy Pre-Application

Date Completed _____ Phone: Area Code (_____) Number _____
 Last Name _____ First Name _____
 Street Address _____ City _____ Zip _____

Are you a licensed foster parent? Yes No

Are you (check one) Working or Attending School? If you are working, are you paid Weekly Bi-Weekly Other

Is a spouse living in your household? Yes No If yes, is your spouse Working, Attending School or Other _____

PLEASE NOTE: YOU MUST ATTACH A COPY OF A RECENT PAY-STUB FOR YOURSELF AND YOUR SPOUSE, IF APPLICABLE. IF SELF EMPLOYED ATTACH TAX FOR SCHEDULE C (not more than 6 months old) or STATEMENT OF PROFIT AND LOSS

Complete the table below for ALL household members including yourself.

LIST ALL MEMBERS OF THE HOUSEHOLD Last Name, First Name	Date of Birth	Social Security Number (Optional)	Does child need child care services?	Does child have special needs? (See Note)	Relationship to Applicant
			N/A	N/A	SELF
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Needs Note: Child must be enrolled in one of the following: Children with Special Health Care Services, First Steps, Public School Special Education (IEP), or Head Start (professionally diagnosed with disabilities); or receiving Supplemental Social Security. (Documentation must be submitted to Intake)

Other Sources of Income

Child Support \$ _____ month
 Social Security \$ _____ month
 TANF* \$ _____ month
 Unemployment \$ _____ month
 Other \$ _____ month
 *(Documentation of TANF is required)

I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this pre-application when/if I complete an application for services.

Signed, _____ Date _____

Your pre-application must be renewed every 90 days. This process is initiated by the Intake Agency by mail. Please notify the agency of any changes to your application, including address.