

CHILD CARE and DEVELOPMENT FUND (CCDF) Pre-application (v2-16)

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

Are you (check one) Working or Attending School? If you are working, are you paid Weekly Bi-Weekly Other _____
 Is a spouse/parent of the child(ren) living with you? Yes No If yes, are they Working Attending School or Other _____
 If spouse/parent is working, are they paid Weekly Bi-Weekly Other _____

PLEASE NOTE: YOU MUST ATTACH A COPY OF A RECENT PAY-STUB FOR YOURSELF AND OTHER ADULT, IF APPLICABLE. IF SELF EMPLOYED ATTACH STATEMENT OF PROFIT AND LOSS FOR PREVIOUS MONTH.

Complete the table below for ALL household members including yourself.

LIST ALL MEMBERS OF THE HOUSEHOLD Last Name, First Name	Date of Birth	Does child need child care services?	Does child have special needs? (See Note)	Relationship to Applicant	Licensed Foster Parent	
		N/A	N/A	SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support \$ _____ mo.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security \$ _____ mo.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	TANF* \$ _____ mo. (*Documentation required)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	Unemployment \$ _____ mo.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	Other \$ _____ mo.

Special Needs Note: Child must be enrolled in Children with Special Health Care Services, First Steps, Public School Special Education (IEP), or Head Start (professionally diagnosed with disabilities); receiving Supplemental Social Security, or have a statement from health professional. (Documentation must be submitted.)

<p>Additional Questions</p> <p>1. Are you and your family currently living in a homeless or domestic violence shelter? Yes or No</p> <p>2. Are you and your family currently living in a car, park or other public place? Yes or No</p> <p>3. Do your family assets (cash, retirement, real property, and investments) total more than one million? Yes or No</p>

<p style="text-align: center;">AFFIRMATION STATEMENT</p> <p><i>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 and if I complete an application for services.</i></p> <p>Signed, _____ Date _____</p> <p>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.</p>

<p>Check <u>all</u> categories which best describe who is currently watching your child(ren).</p> <p><input type="checkbox"/> Licensed Child Care Center</p> <p><input type="checkbox"/> Licensed Child Care Home</p> <p><input type="checkbox"/> Unlicensed Registered Child Care Ministry</p> <p><input type="checkbox"/> Friend / Relative / Neighbor</p> <p><input type="checkbox"/> Head Start</p> <p><input type="checkbox"/> Pre-School</p> <p><input type="checkbox"/> Before/After School Program</p> <p><input type="checkbox"/> Boys/Girls Club</p> <p><input type="checkbox"/> Nanny (In my own home)</p> <p><input type="checkbox"/> No one at this time</p> <p><input type="checkbox"/> Other _____</p>

Return to: Children's Bureau 520 Tracy Rd. Suite 160, New Whiteland IN 46184 or by Fax 317-535-3615