

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

Date Completed: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you:  Working  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  Other: \_\_\_\_\_

If a spouse/parent is working, are they paid:  Weekly  Bi-Weekly  Other: \_\_\_\_\_

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

Please complete the table below for **ALL** household members including yourself:

LIST ALL HOUSEHOLD MEMBERS	Date of Birth	Does child need child care services?	Does child have special needs? (See Note)	Relationship to Applicant	Licensed Foster Parent	OTHER SOURCES OF INCOME
Last Name, First Name		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 a health professional. (Documentation must be submitted)**

**Additional Questions**

1. Are you and your family currently living in a homeless or domestic violence shelter?  
 Yes  No

2. Are you and your family currently living in a car, park or other public place?  
 Yes  No

3. Do your family assets (cash, retirement, real property, and investments) total more than one million dollars?  
 Yes  No

**AFFIRMATION STATEMENT**

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.

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

Check all categories which best describe who is currently watching your child(ren).

Licensed Child Care Center  
 Licensed Child Care Home  
 Unlicensed Registered Child Care Ministry  
 Friend / Relative / Neighbor  
 Head Start  
 Pre-School  
 Before/After School Program  
 Boys/Girls Club  
 Nanny (In my own home)  
 No one at this time  
 Other \_\_\_\_\_