

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
Last Name, First Name		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		N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A

OTHER SOURCES OF INCOME
Child Support \$ _____ mo.
Social Security \$ _____ mo.
TANF* \$ _____ mo. (*Documentation required)
Unemployment \$ _____ mo.
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,

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: _____

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

RETURN THIS FULLY COMPLETED FORM, PAYSTUBS AND/OR SCHOOL SCHEDULE TO:

Children's Bureau, Inc. CCDF Region 2b * 3620 N. Everbrook Lane, Suite F * Muncie, IN 47304 * Phone 765-381-0210 * Toll Free 866-800-8115 * Fax 765-381-0212 08/2018