

CHILD CARE and DEVELOPMENT FUND (CCDF) Pre-application (v10-14)

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 TAX FORM 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	Licensed Foster Parent
		xxx-xx-	N/A	N/A	SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No
		xxx-xx-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		xxx-xx-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
		xxx-xx-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
		xxx-xx-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A

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.)

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 application, including address.

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 _____

Other Sources of Income

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