

## 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	OTHER SOURCES OF INCOME
		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.)**

Additional Questions

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