

- *SERVICE NEED** Parent/Guardian #1
- Employment-- # hrs. per week working _____
employer _____
- Self Employed
- Seeking Employment (max. 8 week auth)
- Education and Training # hours per week _____
Please indicate type of education/training
 High School GED Vocational Training
 ESL pursuing Associates/Bachelors Degree
- Maternity Lv.-- **anticipated date of return** _____
- Documented Parent Disability/Parental Incapacity
- Housing search or other shelter activities, if homeless
- Age 65 or over and retired

- *SERVICE NEED** Parent/Guardian #2
- Employment--# hrs. per week working _____
employer _____
- Self Employed
- Seeking Employment (max. 8 week auth)
- Education and Training # hours per week _____
Please indicate type of education/training
 High School GED Vocational Training
 ESL pursuing Associates/Bachelors Degree
- Maternity Lv.--**anticipated date of return** _____
- Documented Parent Disability/Parental Incapacity
- Housing search or other shelter activities, if homeless
- Age 65 or over and retired

PLEASE INDICATE IF ANY OF THE SITUATIONS BELOW APPLY :

- Continuity of care:
 Geographic Relocation (*Family moves within the state*)
 Aging-out (*Child exceeds age limit for current program*)
 Child Left Care Within 3 Months (*Child re-enrolled after temporary termination*)
- Sibling:
 Sibling: Contract (*Sister/brother enrolled in contract program*)
 Sibling: Voucher (*Sister/brother enrolled in voucher program*)
 Sibling: CPC (*Sister/brother enrolled in CPC program*)
- Grandparent/Guardian Family (*Temporary or legal guardians, including grandparents*)
- Child in Foster Care (*Foster families referred by DSS*)
- Child of Military Personnel (*Military personnel in active "war zone "*)
- Child of Homeless Family (*Family is living in a shelter*)
- Parent with Special Needs (*Disability renders parent unable to care for child*)
- Child with Special Needs (*Disability or special need requires child care*)
- Child of Teen Parent (*Teen is 19 years of age or under in high school or under 18 years of age in GED program*)
- Summer Only Care (*Child requires care only for summer, school holidays, vacations, or other school closings*)

***INCOME DETAIL**

***Total Family Size:** _____

Gross MONTHLY wages from Parent/Guardian #1*:\$ _____

Gross MONTHLY wages from Parent/Guardian #2*:\$ _____

+Child Support and/or +Alimony Received:\$ _____

+SSI: \$ _____

+SSDA:\$ _____

+Other: \$ _____

=Sub-TOTAL:\$ _____

-(minus) Child Support and/or -(minus) Alimony paid:\$ _____

=TOTAL MONTHLY INCOME:\$ _____

INCOME FORMULA
 add gross monthly income for 4
 weeks then divide by 4 and
 multiply by 4.33=gross monthly
 income

I certify under penalty of perjury that the information provided is correct and complete to the best of my knowledge. I will immediately report any change in income, family size, working status or childcare needs. I understand that in order to remain on the waitlist I will have to update my information 2 times per year within certain time frames. Cumulative parent data is reported to the Department of Early Education and Care and State Legislature. All information will be held in strict confidence as required under state and federal statutes and regulations. I understand that I am authorizing the agency in receipt of this application to place my information on the Department of Early Education and Care's centralized waitlist. This waitlist will be accessed by a variety of agencies who receive different types of funding to provide assistance for early childcare and education services.

Parent/Guardian signature: _____

Date: _____

If information taken over the phone:

CPC staff signature: _____

Date: _____