

OFFICE USE ONLY
 already on ECCIMS
 Put on ECCIMS (date) _____

Waitlist Application for Early Education and Care Childcare Financial Assistance
 (mail/fax/email back to contact info. in top left corner)

***This info. is required in order to be placed on the Department of Education and Care's Centralized Waitlist**

PARENT/GUARDIAN #1

_____/_____
 Name / Date of Birth

*Soc. Sec. # (if refused check here)

*Relationship to child

*Address

*City, state, zip
 (_____) _____

*home phone
 (_____) _____

Cell phone

Email

Primary Language: _____

***SERVICE NEED**

Employment-- # hrs. per week working _____
employer _____

Self Employed

Seeking Employment (max. 8 week auth)

Education and Training # hours per week _____

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

PARENT/GUARDIAN #2 (only if residing in household)

_____/_____
 Name / Date of Birth

*Soc. Sec. # (if refused check here)

*Relationship to child

*Address

*City, state, zip
 (_____) _____

*home phone
 (_____) _____

Cell phone

Email

Primary Language: _____

***SERVICE NEED**

Employment-- # hrs. per week working _____
employer _____

Self Employed

Seeking Employment (max. 8 week auth)

Education and Training # hours per week _____

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

Children 12 and under you want to place on waitlist- if more space is needed please attach on a separate paper

*Name (first and last)	*Date of birth	*gender of child	*Relationship to parent /guardian.	*When do need childcare?	*Soc. Sec. #	*Does this child have a disability?	*Race/ ethnicity of child.	*Primary lang.

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	\$
+TAFDC	\$
+Other Income (please specify _____)	\$
=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 1 time 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.

Please add me to the CFCE EMAIL LIST to receive info. about FREE upcoming programs and events?

Yes No EMAIL ADDRESS: _____

Parent/Guardian signature: _____

Date: _____

If information taken over the phone:

CPC staff signature: _____

Date: _____