Child Care RESOURCES
Giving every child a great start

Child Care Financial Assistance Program
Client Application

Please print clearly

Part A: Applicant

1. Today's date: ____/____/____ 2. Applicant Parent/Guardian: ☐ Mother ☐ Father ☐ Guardian

3. Name: _____ 4. Date of Birth: _____/_____/_____
Last First MI

5. Address: _____
Street (include apt. #) City Zip code

6. Family status: ☐ Married ☐ Partnership ☐ Single/Head of Household 7. Veteran or Active Duty Military Member: ☐ Yes ☐ No

8. Ethnicity/race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ European American/Caucasian
(check all that apply) ☐ Latino/Hispanic ☐ Pacific Islander ☐ Other ☐ Unknown

9. Immigrant or Refugee ☐ Yes ☐ No (US Citizenship is **NOT** required for our program)

10. Home phone: _____ - _____ - _____ Work phone: _____ - _____ - _____ Message phone: _____ - _____ - _____

11. Work status (check one): ☐ Working ☐ Work/Student ☐ Student ☐ Seeking Employment

12. Employer _____ 13. Training Program/School _____

Address _____ 14. Job/Training Program Title _____

15. If in school/training program: Start date: ____/____/____ End date: ____/____/____

Part B: Other Parent/Guardian

16. Other Parent/Guardian: ☐ Mother ☐ Father ☐ Guardian ☐ No Other Parent

17. Name: _____ 18. Date of Birth: _____/_____/_____
Last First MI

19. Address: _____
Street (include apt. #) City Zip Code

20. Veteran or Active Duty Military: ☐ Yes ☐ No

21. Ethnicity/race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Other
(check all that apply) ☐ European American/Caucasian ☐ Latino/Hispanic ☐ Pacific Islander ☐ Unknown

22. Immigrant or Refugee ☐ Yes ☐ No (US Citizenship is **NOT** required for our program)

23. Home phone: _____ - _____ - _____ Work phone: _____ - _____ - _____ Message phone: _____ - _____ - _____

24. Work status (check one): ☐ Working ☐ Work/Student ☐ Student ☐ Seeking Employment

25. Employer _____ 26. Training Program/School _____

Address _____ 27. Job/Training Program Title _____

28. If in school/training program: Start date: ____/____/____ End date: ____/____/____

Part C: Hours of Care

29. Hours when care is needed (enter number of hours each day and total as instructed):

DAY	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Weekly Total	Child Care Provider/Program	Explain any special circumstances
Child #1										
Child #2										
Child #3										
Child #4										

30. Will you need to change your child care arrangements during the summer, school vacations, etc.? Please specify _____

_____

Office Use Only

Family ID # _____ CCR Rep _____ Incorporated ☐ Yes ☐ No Limited E? ☐ Yes ☐ No

Child ID # _____	Child ID # _____	Child ID # _____	Child ID # _____
☐ Summer only	☐ Summer only	☐ Summer only	☐ Summer only
Extra summer care required? ☐ Yes ☐ No	Extra summer care required? ☐ Yes ☐ No	Extra summer care required? ☐ Yes ☐ No	Extra summer care required? ☐ Yes ☐ No
Provider ID # _____	Provider ID # _____	Provider ID # _____	Provider ID # _____

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Part D. Gross Monthly Income Calculations

31. Number of dependents (including yourself and spouse/partner): _____

32. List all eligible income sources. **Attach copies of required documentation of income sources** as explained in the instructions. If you are a student, attach class schedule, official copy of registration and income verification (i.e. DSHS case #, wage stubs, financial aid award letter, etc.)

Gross Monthly Salary #1_____ $_____

Gross Monthly Salary #2_____ $_____

Other (specify)_____ $_____

Other (specify)_____ $_____

33. How have your child care costs been paid up to this date? _____

Part E. Children's Information – If you need more space, please attach an additional sheet of paper.

34. Child #1 Name: _____
Last First MI

35. Date of Birth: ____/____/____ 36. Sex: ☐ Female ☐ Male 37. Current age: _____ years, _____ months 38. Dependent of Veteran or Active Duty Military Member

39. Ethnicity/race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ European American/Caucasian ☐ Yes ☐ No
(mark all that apply) ☐ Latino/Hispanic ☐ Pacific Islander ☐ Other ☐ Unknown

40. Any special needs, handicaps or health problems (please specify): _____

41. Child #2 Name: _____
Last First MI

42. Date of Birth: ____/____/____ 43. Sex: ☐ Female ☐ Male 44. Current age: _____ years, _____ months 45. Dependent of Veteran or Active Duty Military Member

46. Ethnicity/race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ European American/Caucasian ☐ Yes ☐ No
(mark all that apply) ☐ Latino/Hispanic ☐ Pacific Islander ☐ Other ☐ Unknown

47. Any special needs, handicaps or health problems (please specify): _____

48. Child #3 Name: _____
Last First MI

49. Date of Birth: ____/____/____ 50. Sex: ☐ Female ☐ Male 51. Current age: _____ years, _____ months 52. Dependent of Veteran or Active Duty Military Member

53. Ethnicity/race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ European American/Caucasian ☐ Yes ☐ No
(mark all that apply) ☐ Latino/Hispanic ☐ Pacific Islander ☐ Other ☐ Unknown

54. Any special needs, handicaps or health problems (please specify): _____

55. Child #4 Name: _____
Last First MI

56. Date of Birth: ____/____/____ 57. Sex: ☐ Female ☐ Male 58. Current age: _____ years, _____ months 59. Dependent of Veteran or Active Duty Military Member

60. Ethnicity/race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ European American/Caucasian ☐ Yes ☐ No
(mark all that apply) ☐ Latino/Hispanic ☐ Pacific Islander ☐ Other ☐ Unknown

61. Any special needs, handicaps or health problems (please specify): _____

Certification of Information and Permission to Verify Eligibility Information

I/We declare under penalty of perjury under the laws of Washington that the information I/we have given is true, correct and complete to the best of my knowledge. I/We understand that incorrect or false statements may result in civil or criminal actions by Child Care Resources. I/We hereby give permission for Child Care Resources to make any necessary contacts to establish eligibility.

Parent/Guardian signature: _____ Date ____/____/____

Parent/Guardian signature: _____ Date ____/____/____

Mail completed application to:
Child Care Resources, Attn. CCFA, 1225 S. Weller Suite 300, Seattle, WA 98144
or fax to 206-461-3726.