

2. Family members

Tell us about all the other people living in your home.

Include all household members, both adults and children. Include family members who do not live with you, but are expected to return to your home.

Adults:

- Include your spouse, the parents of children in your family who live with you, and all other adults living with you whether or not they are family members.
- Include proof of identity for each adult in your family, such as a copy of a driver's license, state identification card, passport, school identification card, or birth certificate.

Children:

- List all children under the age of 18 who live with you. List children in order from oldest to youngest.
- Include children 18 or older if they are full-time students and you provide 50% or more of their financial support.
- Include proof of each child's relationship to you, such as a birth certificate, adoption record, legal guardianship statement or baptismal record.
- Include proof of each child's age, such as one of the items listed above or a school or immunization record.
- Include proof of citizenship or immigration status for each child in need of child care assistance, such as a birth certificate, an adoption record or a USCIS (United States Citizenship and Immigration Services) card.

Note: Proof of citizenship or immigration status will not be used for immigration purposes.

***RACE codes** (list all that apply)

A = Asian B = Black or African American N = American Indian or Alaska Native P = Pacific Islander or Native Hawaiian W = White

PERSON 2					
LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	GENDER <small>Prefer not to say</small> <input type="radio"/> Male <input type="radio"/> Female	SOCIAL SECURITY NUMBER	ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
RELATIONSHIP TO YOU		CITIZENSHIP If this person is a child who needs child care, is the child a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No			
Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No		What is your preferred spoken language?		What is your preferred written language?	

PERSON 3					
LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	GENDER <small>Prefer not to say</small> <input type="radio"/> Male <input type="radio"/> Female	SOCIAL SECURITY NUMBER	ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
RELATIONSHIP TO YOU		CITIZENSHIP If this person is a child who needs child care, is the child a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No			
Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No		What is your preferred spoken language?		What is your preferred written language?	

PERSON 4					
LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	GENDER <small>Prefer not to say</small> <input type="radio"/> Male <input type="radio"/> Female	SOCIAL SECURITY NUMBER	ETHNICITY <i>(optional)</i> Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE <i>(optional)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
RELATIONSHIP TO YOU		CITIZENSHIP If this person is a child who needs child care, is the child a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No			
Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No		What is your preferred spoken language?		What is your preferred written language?	

PERSON 5					
LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	GENDER <small>Prefer not to say</small> <input type="radio"/> Male <input type="radio"/> Female	SOCIAL SECURITY NUMBER	ETHNICITY <i>(optional)</i> Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE <i>(optional)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
RELATIONSHIP TO YOU		CITIZENSHIP If this person is a child who needs child care, is the child a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No			
Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No		What is your preferred spoken language?		What is your preferred written language?	

PERSON 6					
LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	GENDER <small>Prefer not to say</small> <input type="radio"/> Male <input type="radio"/> Female	SOCIAL SECURITY NUMBER	ETHNICITY <i>(optional)</i> Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE <i>(optional)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
RELATIONSHIP TO YOU		CITIZENSHIP If this person is a child who needs child care, is the child a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No			
Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No		What is your preferred spoken language?		What is your preferred written language?	

For additional household members, use the blank page at the end of the application.

3. Child Support and custody arrangement

List all children in your family who have a parent who does not live in your home. If your child spends time with his or her other parent, please describe the schedule or shared custody arrangements.

CHILD 1							
CHILD'S NAME			NAME OF PARENT NOT LIVING IN YOUR HOME			Do you receive child support? <input type="radio"/> Yes <input type="radio"/> No	
Shared Custody/Visitation Schedule – List time child spends with parent who is not in the home.							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

CHILD 2							
CHILD'S NAME			NAME OF PARENT NOT LIVING IN YOUR HOME			Do you receive child support? <input type="radio"/> Yes <input type="radio"/> No	
Shared Custody/Visitation Schedule – List time child spends with parent who is not in the home.							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

CHILD 3							
CHILD'S NAME			NAME OF PARENT NOT LIVING IN YOUR HOME			Do you receive child support? <input type="radio"/> Yes <input type="radio"/> No	
Shared Custody/Visitation Schedule – List time child spends with parent who is not in the home.							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

CHILD 4							
CHILD'S NAME			NAME OF PARENT NOT LIVING IN YOUR HOME			Do you receive child support? <input type="radio"/> Yes <input type="radio"/> No	
Shared Custody/Visitation Schedule – List time child spends with parent who is not in the home.							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

CHILD 5							
CHILD'S NAME			NAME OF PARENT NOT LIVING IN YOUR HOME			Do you receive child support? <input type="radio"/> Yes <input type="radio"/> No	
Shared Custody/Visitation Schedule – List time child spends with parent who is not in the home.							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

4. Student information – children

Complete this section for all children in your family who are **now in school or plan to go to school within the next 12 months**.

- Include start date if not currently in school.
- Include children 18 or older if they are full-time students and you provide 50% or more of their financial support. Include proof of their school status, such as a fee statement or registration confirmation, the expected completion date of their program, and your financial support.
- For preschool age children: Indicate "Head Start" or "preschool" in the "GRADE" field if child attends one of those programs.
- Include proof of school enrollment status for children with earned income.

STUDENT 1				
STUDENT NAME	START DATE	END DATE	SCHOOL NAME	GRADE

Days and times student attends school							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

STUDENT 2				
STUDENT NAME	START DATE	END DATE	SCHOOL NAME	GRADE

Days and times student attends school							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

STUDENT 3				
STUDENT NAME	START DATE	END DATE	SCHOOL NAME	GRADE

Days and times student attends school							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

STUDENT 4				
STUDENT NAME	START DATE	END DATE	SCHOOL NAME	GRADE

Days and times student attends school							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

STUDENT 5				
STUDENT NAME	START DATE	END DATE	SCHOOL NAME	GRADE

Days and times student attends school							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

5. Income

List all income received by you and all members of your family.

- Include income received by family members temporarily absent from your home.
- Report self-employment income in question 5.B. *Self-employment income*.
- Include proof of work schedule and all income for the most current 30 days, such as wages, tips, commissions and bonuses.

A. Earned income (wages)

Income #1				
EMPLOYEE'S NAME		EMPLOYER NAME		EMPLOYER PHONE NUMBER
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE
WORK ADDRESS (if different)		CITY	STATE	ZIP CODE
HOURLY PAY RATE	NUMBER OF HOURS PER WEEK	HOW OFTEN PAID? <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Every other week <input type="radio"/> Two times a month <input type="radio"/> Other _____		
TOTAL AMOUNT PAID BEFORE DEDUCTIONS		WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK

Income #2				
EMPLOYEE'S NAME		EMPLOYER NAME		EMPLOYER PHONE NUMBER
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE
WORK ADDRESS (if different)		CITY	STATE	ZIP CODE
HOURLY PAY RATE	NUMBER OF HOURS PER WEEK	HOW OFTEN PAID? <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Every other week <input type="radio"/> Two times a month <input type="radio"/> Other _____		
TOTAL AMOUNT PAID BEFORE DEDUCTIONS		WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK

B. Self-employment income

Complete this section if you or someone in your family is **self-employed**. Examples of self-employment income include product sales, real estate sales, personal services, farming, in-home child care, and rental property.

Include proof of:

- All self-employment income and expenses, such as federal tax returns or business ledgers.
- Work schedule, such as a calendar with work hours.

Income #1			
ADULT'S NAME		TYPE OF BUSINESS	
START DATE	NUMBER OF HOURS WORKED PER WEEK	MONTHLY INCOME BEFORE EXPENSES	MONTHLY EXPENSES

Income #2			
ADULT'S NAME		TYPE OF BUSINESS	
START DATE	NUMBER OF HOURS WORKED PER WEEK	MONTHLY INCOME BEFORE EXPENSES	MONTHLY EXPENSES

C. Unearned income

Complete this section for each type of **unearned income** you or someone in your family receives.

- Include proof of all unearned income, such as a check stub, an award letter, a financial aid form, or a written statement from the source of the income for the most current 30 days.

Type	Yes	No	Name of person receiving income	How often received	Amount
Public assistance (MFIP, DWP, GA, Tribal TANF)	<input type="radio"/>	<input type="radio"/>			
Child support/Spousal support	<input type="radio"/>	<input type="radio"/>			
Unemployment Insurance	<input type="radio"/>	<input type="radio"/>			
Insurance payments (settlements, short- or long-term disability, etc.)	<input type="radio"/>	<input type="radio"/>			
RSDI (Retirement, Survivors, Disability Insurance)	<input type="radio"/>	<input type="radio"/>			
Supplemental Security Income (SSI)	<input type="radio"/>	<input type="radio"/>			
Veteran benefits (VA)	<input type="radio"/>	<input type="radio"/>			
Contract for deed	<input type="radio"/>	<input type="radio"/>			
Trust income	<input type="radio"/>	<input type="radio"/>			
Interest/dividends	<input type="radio"/>	<input type="radio"/>			
Tribal payments	<input type="radio"/>	<input type="radio"/>			
Cost-effective health care reimbursement	<input type="radio"/>	<input type="radio"/>			
Other (lottery or gambling winnings, inheritance, capital gains, etc.) - list below:	<input type="radio"/>	<input type="radio"/>			
Retirement benefits					
Workers' compensation					

D. Do you expect any changes to work hours or income listed in A, B, or C above?

☐ Yes ☐ No

IF YES, DESCRIBE IN DETAIL

6. Deductions

Complete this section if you or someone in your family has any of the expenses listed for which you are not reimbursed.

- These expenses may be deducted from your gross income in determining your co-payment.
- Include proof of deductions, such as check stubs, benefit statements or premium statements.

Expense	How often do you pay?	Amount
Medical insurance premiums		
Dental insurance premiums		
Vision insurance premiums		
Child support paid for a child not living in the home		
Court ordered spousal support		

7. Assets

Assets include cash, bank accounts, vehicles, investments, and real estate (other than your home). Do not include the home you live in, personal belongings, or self-employment assets. How much are your family's assets?

- ☐ My family's assets are **LESS THAN \$1 million** (or equal to \$1 million), **OR**
- ☐ My family's assets are **MORE THAN \$1 million** (your worker will contact you for more information)

8. Request for child care assistance

Complete the sections that apply to adult members of your family.

A. List all *adult* family members who need help paying for child care to attend school or training classes.

- Include family members participating in GED or ESL classes.
- Include proof of school schedules that show the days and times classes meet, including school breaks.

ADULT 1							
ADULT'S NAME				NAME OF SCHOOL OR TRAINING SITE			
SCHOOL PROGRAM ATTENDING						START DATE	
Days and times this adult attends school or training							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

ADULT 2							
ADULT'S NAME				NAME OF SCHOOL OR TRAINING SITE			
SCHOOL PROGRAM ATTENDING						START DATE	
Days and times this adult attends school or training							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

B. List all *adult* family members who need help paying for child care to be able to work.

- Include proof of all work schedules, such as a time card or a letter from employer.

If the work schedule varies, please provide this information for the past two months.

ADULT 1							
ADULT'S NAME				EMPLOYER'S NAME			
Days and times this adult works							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

ADULT 2							
ADULT'S NAME				EMPLOYER'S NAME			
Days and times this adult works							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

C. List all *adult* family members who need help paying for child care to look for work.

ADULT'S NAME	NUMBER OF HOURS PER WEEK REQUESTED (up to 20)
ADULT'S NAME	NUMBER OF HOURS PER WEEK REQUESTED (up to 20)

D. List all *adult* family members who need help paying for child care to attend MFIP orientations or other MFIP/DWP activities in an approved employment plan.

ADULT'S NAME	JOB COUNSELOR ASSIGNED? <input type="radio"/> Yes <input type="radio"/> No	JOB COUNSELOR'S NAME	JOB COUNSELOR'S PHONE NUMBER
ADULT'S NAME	JOB COUNSELOR ASSIGNED? <input type="radio"/> Yes <input type="radio"/> No	JOB COUNSELOR'S NAME	JOB COUNSELOR'S PHONE NUMBER

9. Child care needs

List all children who are attending or are in need of child care.

- Child care assistance is available for children under age 13 and for children with disabilities under age 15.
- Complete the provider questions if you currently use or have chosen a child care provider(s) for your child.
- Contact your county or tribal human services office if your child has special needs and needs specialized care.
- Child care assistance can only pay two providers per child, one primary and one secondary provider.

CHILD 1							
CHILD'S NAME							
Days and hours child care is needed with child's primary provider							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
PRIMARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
PRIMARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							
Days and hours child care is needed with child's secondary provider							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
SECONDARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
SECONDARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							

CHILD 2							
CHILD'S NAME							
Days and hours child care is needed with child's primary provider							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
PRIMARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
PRIMARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							
Days and hours child care is needed with child's secondary provider							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
SECONDARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
SECONDARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							

CHILD 3							
CHILD'S NAME							
Days and hours child care is needed with child's primary provider							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
PRIMARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
PRIMARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							
Days and hours child care is needed with child's secondary provider							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
SECONDARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
SECONDARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							

CHILD 4							
CHILD'S NAME							
Days and hours child care is needed with child's primary provider							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
PRIMARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
PRIMARY CHILD CARE PROVIDER'S ADDRESS				CITY		STATE	ZIP CODE
WHERE IS CARE PROVIDED?					IS PROVIDER RELATED TO THE CHILD?		
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home					<input type="radio"/> Yes <input type="radio"/> No		
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							
Days and hours child care is needed with child's secondary provider							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
SECONDARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
SECONDARY CHILD CARE PROVIDER'S ADDRESS				CITY		STATE	ZIP CODE
WHERE IS CARE PROVIDED?					IS PROVIDER RELATED TO THE CHILD?		
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home					<input type="radio"/> Yes <input type="radio"/> No		
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							

CHILD 5							
CHILD'S NAME							
Days and hours child care is needed with child's primary provider							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
PRIMARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
PRIMARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							
Days and hours child care is needed with child's secondary provider							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
SECONDARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
SECONDARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							

Important! Please read and sign this application.