

If you chose "Family/friends due to economic hardship", are you temporarily sharing housing due to loss of housing, lack of affordable housing or similar reasons?

☐ Yes ☐ No

## 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><br><input type="radio"/> Male <input type="radio"/> Female | SOCIAL SECURITY NUMBER   | ETHNICITY (optional)<br>Hispanic? <input type="radio"/> Yes <input type="radio"/> No | RACE (optional)<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |  |
| RELATIONSHIP TO YOU   |  | CITIZENSHIP<br>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?<br><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><br><input type="radio"/> Male <input type="radio"/> Female | SOCIAL SECURITY NUMBER   | ETHNICITY (optional)<br>Hispanic? <input type="radio"/> Yes <input type="radio"/> No | RACE (optional)<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |  |
| RELATIONSHIP TO YOU   |  | CITIZENSHIP<br>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?<br><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><br><input type="radio"/> Male <input type="radio"/> Female | SOCIAL SECURITY NUMBER   | ETHNICITY <i>(optional)</i><br>Hispanic? <input type="radio"/> Yes <input type="radio"/> No | RACE <i>(optional)</i><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |  |
| RELATIONSHIP TO YOU   |  | CITIZENSHIP<br>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?<br><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><br><input type="radio"/> Male <input type="radio"/> Female | SOCIAL SECURITY NUMBER   | ETHNICITY <i>(optional)</i><br>Hispanic? <input type="radio"/> Yes <input type="radio"/> No | RACE <i>(optional)</i><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |  |
| RELATIONSHIP TO YOU   |  | CITIZENSHIP<br>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?<br><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><br><input type="radio"/> Male <input type="radio"/> Female | SOCIAL SECURITY NUMBER   | ETHNICITY <i>(optional)</i><br>Hispanic? <input type="radio"/> Yes <input type="radio"/> No | RACE <i>(optional)</i><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |  |
| RELATIONSHIP TO YOU   |  | CITIZENSHIP<br>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?<br><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?<br><input type="radio"/> Yes <input type="radio"/> No |        |
| <b>Shared Custody/Visitation Schedule</b> – 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?<br><input type="radio"/> Yes <input type="radio"/> No |        |
| <b>Shared Custody/Visitation Schedule</b> – 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?<br><input type="radio"/> Yes <input type="radio"/> No |        |
| <b>Shared Custody/Visitation Schedule</b> – 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?<br><input type="radio"/> Yes <input type="radio"/> No |        |
| <b>Shared Custody/Visitation Schedule</b> – 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?<br><input type="radio"/> Yes <input type="radio"/> No |        |
| <b>Shared Custody/Visitation Schedule</b> – 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)

Is anyone employed? ☐ No ☐ Yes

| 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?<br><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?<br><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

Is anyone self-employed? ☐ No ☐ Yes

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?<br><input type="radio"/> Yes <input type="radio"/> No | JOB COUNSELOR'S NAME | JOB COUNSELOR'S PHONE NUMBER |
| ADULT'S NAME | JOB COUNSELOR ASSIGNED?<br><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  |        |         |           |  |              |          |            |
| <b>Days and hours child care is needed with child's primary provider</b>  |        |         |           |  |              |          |            |
|   | 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: _____ |        |         |           |  |              |          |            |
| <b>Days and hours child care is needed with child's secondary provider</b>  |        |         |           |  |              |          |            |
|   | 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: _____ |        |         |           |  |              |          |            |

| <b>CHILD 2</b>  |               |                |                  |                 |  |                 |               |
|---|---------------|----------------|------------------|-----------------|--|-----------------|---------------|
| CHILD'S NAME  |               |                |                  |                 |  |                 |               |
| <b>Days and hours child care is needed with child's primary provider</b>  |               |                |                  |                 |  |                 |               |
|   | <b>MONDAY</b> | <b>TUESDAY</b> | <b>WEDNESDAY</b> | <b>THURSDAY</b> | <b>FRIDAY</b>                                      | <b>SATURDAY</b> | <b>SUNDAY</b> |
| <b>START TIME</b>   |               |                |                  |                 |  |                 |               |
| <b>END TIME</b>   |               |                |                  |                 |  |                 |               |
| 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: _____ |               |                |                  |                 |  |                 |               |
| <b>Days and hours child care is needed with child's secondary provider</b>  |               |                |                  |                 |  |                 |               |
|   | <b>MONDAY</b> | <b>TUESDAY</b> | <b>WEDNESDAY</b> | <b>THURSDAY</b> | <b>FRIDAY</b>                                      | <b>SATURDAY</b> | <b>SUNDAY</b> |
| <b>START TIME</b>   |               |                |                  |                 |  |                 |               |
| <b>END TIME</b>   |               |                |                  |                 |  |                 |               |
| 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: _____ |               |                |                  |                 |  |                 |               |

| <b>CHILD 3</b>  |               |                |                  |  |               |                 |               |
|---|---------------|----------------|------------------|--|---------------|-----------------|---------------|
| CHILD'S NAME  |               |                |                  |  |               |                 |               |
| <b>Days and hours child care is needed with child's primary provider</b>  |               |                |                  |  |               |                 |               |
|   | <b>MONDAY</b> | <b>TUESDAY</b> | <b>WEDNESDAY</b> | <b>THURSDAY</b>                                    | <b>FRIDAY</b> | <b>SATURDAY</b> | <b>SUNDAY</b> |
| <b>START TIME</b>   |               |                |                  |  |               |                 |               |
| <b>END TIME</b>   |               |                |                  |  |               |                 |               |
| 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: _____ |               |                |                  |  |               |                 |               |
| <b>Days and hours child care is needed with child's secondary provider</b>  |               |                |                  |  |               |                 |               |
|   | <b>MONDAY</b> | <b>TUESDAY</b> | <b>WEDNESDAY</b> | <b>THURSDAY</b>                                    | <b>FRIDAY</b> | <b>SATURDAY</b> | <b>SUNDAY</b> |
| <b>START TIME</b>   |               |                |                  |  |               |                 |               |
| <b>END TIME</b>   |               |                |                  |  |               |                 |               |
| 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: _____ |               |                |                  |  |               |                 |               |

| <b>CHILD 4</b>  |               |                |                  |  |               |                 |               |
|---|---------------|----------------|------------------|--|---------------|-----------------|---------------|
| CHILD'S NAME  |               |                |                  |  |               |                 |               |
| <b>Days and hours child care is needed with child's primary provider</b>  |               |                |                  |  |               |                 |               |
|   | <b>MONDAY</b> | <b>TUESDAY</b> | <b>WEDNESDAY</b> | <b>THURSDAY</b>                                    | <b>FRIDAY</b> | <b>SATURDAY</b> | <b>SUNDAY</b> |
| <b>START TIME</b>   |               |                |                  |  |               |                 |               |
| <b>END TIME</b>   |               |                |                  |  |               |                 |               |
| 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: _____ |               |                |                  |  |               |                 |               |
| <b>Days and hours child care is needed with child's secondary provider</b>  |               |                |                  |  |               |                 |               |
|   | <b>MONDAY</b> | <b>TUESDAY</b> | <b>WEDNESDAY</b> | <b>THURSDAY</b>                                    | <b>FRIDAY</b> | <b>SATURDAY</b> | <b>SUNDAY</b> |
| <b>START TIME</b>   |               |                |                  |  |               |                 |               |
| <b>END TIME</b>   |               |                |                  |  |               |                 |               |
| 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: _____ |               |                |                  |  |               |                 |               |

| <b>CHILD 5</b>  |               |                |                  |  |               |                 |               |
|---|---------------|----------------|------------------|--|---------------|-----------------|---------------|
| CHILD'S NAME  |               |                |                  |  |               |                 |               |
| <b>Days and hours child care is needed with child's primary provider</b>  |               |                |                  |  |               |                 |               |
|   | <b>MONDAY</b> | <b>TUESDAY</b> | <b>WEDNESDAY</b> | <b>THURSDAY</b>                                    | <b>FRIDAY</b> | <b>SATURDAY</b> | <b>SUNDAY</b> |
| <b>START TIME</b>   |               |                |                  |  |               |                 |               |
| <b>END TIME</b>   |               |                |                  |  |               |                 |               |
| 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: _____ |               |                |                  |  |               |                 |               |
| <b>Days and hours child care is needed with child's secondary provider</b>  |               |                |                  |  |               |                 |               |
|   | <b>MONDAY</b> | <b>TUESDAY</b> | <b>WEDNESDAY</b> | <b>THURSDAY</b>                                    | <b>FRIDAY</b> | <b>SATURDAY</b> | <b>SUNDAY</b> |
| <b>START TIME</b>   |               |                |                  |  |               |                 |               |
| <b>END TIME</b>   |               |                |                  |  |               |                 |               |
| 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.