



CHILD CARE AND DEVELOPMENT FUND (CCDF) / ON MY WAY PRE-APPLICATION

State Form 56895 (R / 7-21)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

INSTRUCTIONS: Your pre-application must be renewed every ninety (90) days. This process is initiated by the Intake Agency by mail.
Please notify the agency of any changes to your application, including address.

| | | | |
|--|-------------------------|---|----------------|
| Date completed (month, day, year) | Telephone number () | Last name | First name |
| Address (number and street, city, state, and ZIP code) | | | E-mail address |
| Are you: <input type="checkbox"/> Working <input type="checkbox"/> Attending School | | If you are working, are you paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other: | |
| Is a spouse / parent of the child(ren) living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, are they: <input type="checkbox"/> Working <input type="checkbox"/> Attending School | |
| Are you or spouse enrolled in an Education / Training Program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If working, are they paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other: | |
| | | Are you or spouse currently on Medical or Maternity leave? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Please complete the table below for **ALL** household members including yourself.

| Last Name, First Name | Date of Birth (month, day, year) | Does child need child care services? | Does child have special needs? (See Note.) | Relationship to Applicant | Licensed Foster Parent? | Other Sources of Income |
|-----------------------|-------------------------------------|--|--|------------------------------|--|--|
| | | N/A | N/A | Self | <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Support: \$ per month |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security: \$ per month |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | N/A | TANF*: \$ per month * Documentation required. |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | N/A | Unemployment: \$ per month |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | N/A | Other: \$ per month |

Special Needs Note: Child must be enrolled in Children with Special Health Care Services, First Steps, Public School Special Education (IEP) or Head Start (professionally diagnosed with disabilities); receiving Supplemental Social Security or have a statement from a health professional. (Documentation must be submitted.)

| ADDITIONAL QUESTIONS | | | |
|--|--|---|--|
| Are you and your family currently living in a homeless or domestic violence shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you and your family currently living in a car, park or other public place? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do your family assets (cash, retirement, real property, and investments) total more than one million dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Check <u>all</u> categories which best describe who is currently watching your child(ren). <input type="checkbox"/> Licensed Child Care Center <input type="checkbox"/> Licensed Child Care Home <input type="checkbox"/> Unlicensed Registered Child Care Ministry <input type="checkbox"/> Friend / Relative / Neighbor <input type="checkbox"/> Head Start <input type="checkbox"/> Pre-School <input type="checkbox"/> Before / After School Program <input type="checkbox"/> Boys / Girls Club <input type="checkbox"/> Nanny (In my own home) <input type="checkbox"/> No one at this time <input type="checkbox"/> Other: | | | |

| AFFIRMATION STATEMENT | | |
|---|---------------------------|-------------------------|
| I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this pre-application when and if I complete an application for services. | | |
| Signature of applicant | Printed name of applicant | Date (month, day, year) |