

CHILD CARE and DEVELOPMENT FUND (CCDF) Pre-Application (v2-16)

revised 1/24/2019

PLEASE PRINT

Date Completed: _____

Phone: (_____) _____

Last Name: _____ First Name: _____ email address: _____

Street Address: _____ Apt/Lot# _____ City: _____ County: _____ Zip: _____

Are you: Working Attending School If you are working, are you paid: Weekly Bi-Weekly Other: _____

Is a spouse/parent of the child(ren) living with you? Yes No If yes, are they: Working Attending School Other: _____

If a spouse/parent is working, are they paid: Weekly Bi-Weekly Other: _____

PLEASE NOTE: YOU MUST ATTACH A COPY OF A RECENT PAYSTUB FOR YOURSELF AND OTHER ADULT, IF APPLICABLE. IF SELF-EMPLOYED, ATTACH STATEMENT OF PROFIT AND LOSS FOR PREVIOUS MONTH.

Please complete the table below for ALL household members including yourself:

LIST ALL HOUSEHOLD MEMBERS	Date of Birth	Does child need child care services?	Does child have special needs? (See Note)	Relationship to Applicant	Licensed Foster Parent
Last Name, First Name		N/A	N/A	SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A

OTHER SOURCES OF INCOME
Child Support \$ _____ mo.
Social Security \$ _____ mo.
TANF* \$ _____ mo. (*Documentation required)
Unemployment \$ _____ mo.
Other \$ _____ mo.

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)

<p>Additional Questions</p> <p>1. Are you and your family currently living in a homeless or domestic violence shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are you and your family currently living in a car, park or other public place? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do your family assets (cash, retirement, real property, and investments) total more than one million dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p style="text-align: center;">AFFIRMATION STATEMENT</p> <p>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.</p> <p>Signed: _____ Date: _____</p> <p>Your pre-application must be renewed every 90 days. This process is initiated by the Intake Agency by mail. Please notify the agency of any changes to your application, including address.</p>

<p>Check <u>all</u> categories which best describe who is currently watching your child(ren).</p> <p><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 _____</p>

<p>Return completed form to: Geminus Corporation Northwest Indiana CCDF Program 8400 Louisiana Street Merrillville, IN 46410 Phone: (219) 757-1957 or (888) 757-1957 Fax: (219) 738-5283</p>

<p>If you need assistance finding a childcare provider call 1-800-299-1627 or visit the website: www.childcareindiana.org</p>
