



## Child Care Contractor Services (CCCS) Eligibility Certification Form

### Parent or Caretaker Info:

Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed			
Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No		Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native		
Are you a veteran? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Other		
Are you a Foster Parent or CPS Caretaker? <input type="radio"/> Yes <input type="radio"/> No		Language spoken in the household:		
Are you a former Foster child? <input type="radio"/> Yes <input type="radio"/> No				
Are you a teen parent? <input type="radio"/> Yes <input type="radio"/> No		If yes, are you currently working on your High School diploma or working toward your GED? <input type="radio"/> Yes <input type="radio"/> No		
Physical Address	Apt #	City/State/Zip		
Mailing Address (if different than above)	Apt #	City/State/Zip		
Home Phone	Cell Phone	E-Mail Address:		
Current Employer:		Current School/Training:		
Address:		Address:		
City/State/Zip:		City/State/Zip:		
Work Phone:	Ext:	Hours:		
Hours Working per Week:	Hourly Pay Rate (required): \$	Date of Enrollment:		
Date of Hire: / /	Training/Certification Degree you are pursuing:			
Pay Frequency:	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-weekly <input type="radio"/> Bi-monthly			
Other Monthly Income:	Tips \$	Unemployment \$	Overtime \$	Bonuses \$
	Commission \$	Other \$		Workman's Comp \$

### Second Parent Info (Only if living within the same household) or Additional Employment Information:

Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed			
Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No		Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native		
Are you a veteran? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
Are you a teen parent? <input type="radio"/> Yes <input type="radio"/> No		If yes, are you currently working on your High School diploma or working toward your GED? <input type="radio"/> Yes <input type="radio"/> No		
Current Employer:		Current School/Training:		
Address:		Address:		
City/State/Zip:		City/State/Zip:		
Work Phone:	Ext:	Hours:		
Hours Working per Week:	Hourly Pay Rate (required): \$	Date of Enrollment:		
Date of Hire: / /	Training/Certification Degree you are pursuing:			
Pay Frequency:	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-weekly <input type="radio"/> Bi-monthly			
Other Monthly Income:	Tips \$	Unemployment \$	Overtime \$	Bonuses \$
	Commission \$	Other \$		Workman's Comp \$

### Do you or the second parent receive any of the following?

Food Stamps: <input type="radio"/> Yes <input type="radio"/> No	Housing Assistance: <input type="radio"/> Yes <input type="radio"/> No
Child Support: <input type="radio"/> Yes <input type="radio"/> No If yes, how much per month?	Social Security : <input type="radio"/> Yes <input type="radio"/> No
SSI: <input type="radio"/> Yes <input type="radio"/> No If yes, how much per month?	SSI for whom?
TANF: <input type="radio"/> Yes <input type="radio"/> No If yes, how much per month?	TANF for whom?

**PLEASE RESPOND:** Should you be eligible for services, you may be asked to renew your information on file with us in 3 months. At that time, you will be required to prove that you are actively seeking child support for all of your children living in household under the age of 18. **Do you agree to meet this requirement?**  Yes  No

**Note: THIS FORM MUST BE COMPLETE; failure to do so will DELAY OR DENY ASSISTANCE.**



## Child Care Contractor Services (CCCS) Eligibility Certification Form

**FORM MUST BE COMPLETE; failure to do so will delay your determination for eligibility and assistance may be DISCONTINUED OR DENIED.**

### Information Regarding Each Child Needing Care:

1. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

2. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

3. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

4. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

**Note: If you have additional children who need child care assistance, please complete the following page and return with your form.**

### Other Members of Household - children who do not need care or any individuals who you claim as a dependent for Income Tax purposes.

1. Last Name	First Name	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	
Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown			

2. Last Name	First Name	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	
Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown			

### Total Number of Persons in Household:

What is the TOTAL NUMBER OF PERSONS living in the household (this includes parent/caretaker, spouse, all children, and any other dependent persons)?

### Certification:

I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws; (2) I am entitled to be notified about my eligibility for services within 20 calendar days from the date of this application; (3) I, or my representative, may appeal denial, reduction, or termination of services; (4) services will be provided without regard to sex, race, creed, color, national origin, or disability; (5) the information on this application is confidential; (6) By signing this form, I am applying for services from **Workforce Solutions or their child care contractor**. I give permission to **Workforce Solutions or their child care contractor** to contact a third party to verify income or family size, and use the Social Security numbers listed for identification and verification of Social Security benefits and income.

All information provided represents a complete and accurate statement of my family's circumstances at the time of application. I agree to report any changes to this information within 10 business days of the change.

**Parent or Caretaker Signature:**  **Date:**

#### OFFICE USE ONLY

Employees: Complete the information below or complete the Automated Case Data in the computer system.

Group Code: # of children in care:	Family Size: Monthly Parent Fee:	Total Income:	Elig Dates:	Days in Care:
<b>ELIGIBILITY SPECIALIST SIGNATURE:</b> <input style="width: 300px;" type="text"/>		<b>DATE:</b> <input style="width: 100px;" type="text"/>		

## Child Care Contractor Services (CCCS) Eligibility Certification Form

**FORM ADDENDUM:**

**PLEASE COMPLETE if you have need additional space.**

**Applicant Name:**

**Information Regarding Each Child Needing Care (children over 13 years of age are typically not eligible for assistance):**

<b>1. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>2. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>3. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>4. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>5. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>6. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>7. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>8. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		