CHILD DAY CARE SUBSIDY WAITING LIST

*****PLEASE PRINT*****

MOTHER'S NAME (last, first) _____ SS#* _____DOB

FATHER'S NAME (last, first) _____ SS#* _____DOB

MAILING ADDRESS _____

CITY, STATE, AND ZIP CODE_____Phone # __

Child's Name	Date Of Birth	Is the child a US citizen? (Y or N)

IF YOU ARE PREGNANT, WHAT IS YOUR EXPECTED DUE DATE?_____

DO YOU RECEIVE PUBLIC ASSISTANCE: MEDICAID WFFA/TANF OR SSI

SOURCES OF HOUSEHOLD INCOME: * If both parents are in household include gross wages for both parents.

*Gross Payroll Wages _____ Child Support _____ SSA_____
Worker's Comp _____Unemployment_____Alimony_____

OTHER HOUSEHOLD MEMBERS INCOME_____

_____

A.	DO YOU NEED ASSISTANCE BECAUSE YOU ARE EMPLOYED?	YES	NO
	ARRA: Are you working full-time or part-time(less than 30 hrs per week)?	Full time	Part-time
	ARRA: Are you job searching?	YES	NO
B.	DO YOU NEED ASSISTANCE BECAUSE YOU GO TO SCHOOL?	YES	NO
	ARRA: Did you graduate from school as of 12/1/08 and are you job searching?	YES	NO
C.	ARE YOU RECEIVING ASSISTANCE FOR ANOTHER CHILD(ren)?	YES	NO
D.	ARE YOU LIVING IN A SHELTER?	YES	NO
E.	WOULD YOU LIKE INFORMATION REGARDING CHILD CARE ISSUES?	YES	NO
F.	DOES YOUR CHILD HAVE SPECIAL NEEDS OR DEVELOPMENTAL NEEDS?	YES	NO
	IF YES TO QUESTION F, DO YOU HAVE AN IEP (*INDIVIDUALIZED EDUCATION PLAN*) AND/OR IFSP (*INDIVIDUALIZED FAMILY SERVICE PLAN*)	YES	NO

For information on choosing and using quality child care, please call Child Care Services Association (CCSA) at (919) 779-2220

By signing below, I hereby certify that all information on this form is true and accurate. Also, I give Wake County Human Services permission to release my information to other agencies that may assist me with childcare funding.
* Please note: SSN not required for eligibility, but may be used for verification purposes.

PARENT'S SIGNATURE AND DATE********PLEASE SIGN ON THE ABOVE LINE.**

Important Note: If your mailing address changes, it is your responsibility to notify our office of this change. Failure to do so could cause a missed opportunity to be notified of funding and your name to be removed from our waiting list.

Mail to: WCHS – Child Care Subsidy – 319 Chapanoke Road - Suite 104 - Raleigh, NC 27603 Phone: 919/773-7600 Fax: 919-773-7597
E-mail to: wakechildcare@yahoo.com