

Number of household members sharing income: _____

N/A **Employment**

Applicant: (If you work more than one job, attach additional information)

Employer:	Employers Town:	Occupation:	Work Phone #:
Do you work shift work? Y/N	How often are you paid?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
	Mon	Tues	Wed
	Thur	Fri	Sat
	Sun		
Work Schedule (i.e. 7:00 am – 4:00pm)			
Additional Time Needed for Travel			
From attached last 4 consecutive wage stubs, fill in the boxes:	Pay stub#	Gross wages (before taxes)	Date paid:
<i>If this is a new job, you must provide a letter from your employer indicating hire date, wages/rate per hour and hours/days worked AND total weekly hours. Verification needs to be completed by submitting copies of your first four wage stubs.</i>	1	\$	
	2	\$	
	3	\$	
	4	\$	
			For agency use only:
			Total wages per wage stubs
			Divided by 4
			Total average gross wages
			\$

N/A **Other Adult Household Member:** (If you work more than one job, attach additional information)

Employer:	Employers Town:	Occupation:	Work Phone #:
Do you work shift work? Y/N	How often are you paid?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
	Mon	Tues	Wed
	Thur	Fri	Sat
	Sun		
Work Schedule (i.e. 7:00 am – 4:00pm)			
Additional Time Needed for Travel			
From attached last 4 consecutive wage stubs, fill in the boxes:	Pay stub#	Gross wages (before taxes)	Date paid:
<i>If this is a new job, you must provide a letter from your employer indicating hire date, wages/rate per hour and hours/days worked AND total weekly hours. Verification needs to be completed by Submitting copies of your first four wage stubs</i>	1	\$	
	2	\$	
	3	\$	
	4	\$	
			For agency use only:
			Total wages per wage stubs
			Divided by 4
			Total average gross wages
			\$

N/A **Self-Employment/Rental Income and Source:**

Work Schedule (i.e. 7:00 am – 4:00 pm)

Name of Person	Type of Employment	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Please attach a copy of Schedule C and/or Schedule E from your most recent Tax Return or a monthly Profit and Loss Statement if your business has not yet filed a return. For new businesses, attach a statement estimating anticipated income and expenses for 1 month.

Calculation for Income from Self-Employment and Rental	Self Employment	Rental Income
1. Amount on IRS Form 1040, Schedule C, Line 31 and/or Schedule E, Line 22 for income from rental property.	\$	\$
2. Add amount of depreciation from Schedule C, Line 13 and/or from Schedule E, Line 20 for income from rental property.	\$	\$
3. Total Self Employment/Rental Income	\$	\$

The following expenses cannot be deducted in calculating self-employment. If deducted, they must be added back in as income:

- Payments on principal of the purchase price of income-producing real estate, capital assets, equipment, machinery and other durable goods.
- Net losses from previous periods.
- Federal, State and local income taxes.
- Retirement plans applicable to family members.
- Work related personal expenses.

N/A **Unearned or Other Income**

Do you or any member of your household have any other income? *Please attach a copy of proof of this income (i.e. example, check or award letter)*

Type of Income	Amount	How Often (Please circle one)	Name of benefit recipient
TANF	\$	Weekly Biweekly Monthly Annually	
SSI Benefits	\$	Weekly Biweekly Monthly Annually	
Social Security Benefits	\$	Weekly Biweekly Monthly Annually	
Veterans Benefits	\$	Weekly Biweekly Monthly Annually	
Workers Compensation	\$	Weekly Biweekly Monthly Annually	
Unemployment Compensation	\$	Weekly Biweekly Monthly Annually	
Disability payments	\$	Weekly Biweekly Monthly Annually	
Other	\$	Weekly Biweekly Monthly Annually	

N/A **Child Support Payments**

Please complete the following information for all children. *(If you have been a TANF or PaS client, you should have a support order)*

I do not have a child support order and I do not currently receive child support.

I have a child support order(s) *Attach copy of Orders*

Child: _____ Amount: \$ _____ Weekly Biweekly Monthly Annually

Child: _____ Amount: \$ _____ Weekly Biweekly Monthly Annually

I have a child support order but I do not currently receive support

Attach proof of attempt to collect child support through DHHS Support Enforcement or legal system

I do not have a child support order but I currently receive support

Child: _____ Amount: \$ _____ Weekly Biweekly Monthly Annually

Attach proof of amount

N/A **Child Support Paid Out**

Do you or any member of your household pay child support to an individual who is not a member of your current household? *(Please document amounts paid.)*

Name of payer	Amount	How Often (Please circle one)	Name of person who receives this money
	\$	Weekly Biweekly Monthly Annually	
	\$	Weekly Biweekly Monthly Annually	

N/A **Education/Training Program Student Information**

If the need for child care is based on a school/education schedule, a redetermination must be completed each semester. (Semester defined as Fall, Spring and Summer)

Applicant Name:

Name of School and Location:							
Semester Start Date:		Semester End Date:		Anticipated Graduation Date:			
Please attach a class/school schedule. Days and hours must be included.							
	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Additional Time Needed for Travel							
Additional Time Needed for Studying:							

N/A **Other Adult Household Member Name:**

Name of School and Location:							
Semester Start Date:		Semester End Date:		Anticipated Graduation Date:			
Please attach a class/school schedule. Days and hours must be included.							
	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Additional Time Needed for Travel							
Additional Time Needed for Studying:							

Hours Child Care is Needed: (i.e. 7am – 5 pm)

(Full time care = 30 to 50 hours. Part time care = 20 - 29 hours. Half time care = 19 or less hours.)

Child Name	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hours	Does this child attend Head Start or School If yes, where?	Hours Attending Head Start/School

Eligibility Related Information

	Y/N	Documentation Required
<i>Do you have an open Child Protective Case?</i>		<i>You will need a written referral from your Caseworker</i>
<i>The following applies only to ongoing slots client and to applicants who want to be on the waiting list</i>		
<i>Is any adult member of your household currently unemployed and seeking employment?</i>		<i>You will need to obtain employment to qualify/continue to qualify for a child care subsidy. If you are currently a subsidized slot client and become unemployed, eligibility must be redetermined and you <u>may</u> be eligible for job search services. Please discuss this with your eligibility specialist/agency staff person.</i>
<i>The following applies only to households with two or more adults</i>		
<i>Is any adult member of your household a person who has a disability and is unable to work?</i>		<i>Please attach a Doctor's statement that the disability prevents the adult from caring for the child.</i>
<i>The following subsidies are only available through a Voucher Management Agency</i>		
<i>Is any adult member of your household in a substance abuse rehabilitation program?</i>		<i>Please attach referral from a rehabilitation caseworker and proof that you are participating in a rehabilitation program..</i>
<i>Are you requesting temporary child care services due to a current family emergency/crisis?</i>		<i>Please attach a referral from a professional such as a doctor, a social service agency, a public health agency, etc. which documents your need for temporary services.</i>

Voucher Clients Only: Please check if applicable

This is my application for Redetermination and my Child Care Provider information has not changed. *(If changed, you must complete supplemental sheet.)*

I certify under penalty of perjury that to the best of my knowledge the above information is true. I understand that this information may be provided to the central office of the Department of Health & Human Services for use in administration of this program. I authorize the agency to verify this information by whatever means necessary. I agree to notify the agency within 10 days of any change in income, family size, work or school schedule or employment status.

Signature of Parent/Guardian

Date

Signature of Preparer

Date

Comments:	Return to:
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