

Name of Mother/Guardian: _____ Date: _____
 Name of Father/Guardian: _____ Family Size: _____
(If living in the home)
 Address: _____ Telephone Number: _____
 _____ Secondary Number: _____

Please ***ONLY*** list children that PFC will be assisting.

<p>Child's Name: _____ First MI Last Date of Birth: _____ Age: _____ Gender: <input type="checkbox"/> Male or <input type="checkbox"/> Female SSN: _____ Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other Is your child a U. S. Citizen? <input type="checkbox"/> Yes or <input type="checkbox"/> No Is your child a Cumberland County Resident? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	<p>Child's Name: _____ First MI Last Date of Birth: _____ Age: _____ Gender: <input type="checkbox"/> Male or <input type="checkbox"/> Female SSN: _____ Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other Is your child a U. S. Citizen? <input type="checkbox"/> Yes or <input type="checkbox"/> No Is your child a Cumberland County Resident? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	<p>Child's Name: _____ First MI Last Date of Birth: _____ Age: _____ Gender: <input type="checkbox"/> Male or <input type="checkbox"/> Female SSN: _____ Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other Is your child a U. S. Citizen? <input type="checkbox"/> Yes or <input type="checkbox"/> No Is your child a Cumberland County Resident? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
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Are you affiliated with the U.S. Military?
 Yes or No
 If yes which branch: _____
 How are you related to the child(ren) listed?
 Mother Father Grandparent
 Other Relative Foster Parent Other
 Does the child(ren) live with someone other than a parent *(other family members or person who has legal custody or guardianship)* Yes or No

Are you currently working? Yes or No
 If yes, list the name:

 Name of Business

 Address

 Phone Number

Are you currently in school? Yes or No
 If yes, list the name:

 Name of School
 Check the following that applies:
 Freshman Sophomore
 Junior Senior
 Other: _____

Income Verification
 Gross Monthly Wages: _____
 Child Support: _____
 SSI/TANF/FS: _____
 Other Income: _____
(Spouse Income)
Total Income: _____

PFC Child Care Subsidy Application

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Definition of Acronyms:

PFC- Partnership for Children of Cumberland County, Inc.
ECECF- Early Care & Education Facility

DCD- NC Division of Child Development
DSS- Department of Social Services

Please read and initial the guidelines for the PFC Subsidy program:

- _____ You understand that you must be a resident of Cumberland County.
- _____ You understand that you must attend a free workshop, "Tips on Choosing Quality Child Care" offered by PFC.
- _____ This subsidy grant can only be used to provide child care for children birth to five (not enrolled in school).
- _____ Use only ECECF that is registered with PFC.
- _____ PFC makes referrals for ECECF and not recommendation it is the parent responsibility to *choose* a facility.
- _____ Notify the ECECF and PFC if your child (ren) will be absent more than five days.
- _____ Subsidy may be revoked if the child has more than five unexcused absences from ECECF and PFC will only pay a daily rate.
- _____ Notify the ECECF and PFC fourteen days in advance, or as soon as possible, if you plan to terminate child care.
- _____ Children must be picked up on time from the ECECF. You will be responsible for paying late fee.
- _____ Children cannot be left at the facility for more than ten hours per day which is mandated by DCD and your ECECF are required to contact DSS if violated.
- _____ This child care subsidy is to be used by parents classified by PFC as: students, part-time working, crisis, seeking employment or registration fee only.
- _____ One parent in a two-parent family must be working, seeking employment and or enrolled in school.
- _____ You agree that your personal information can be used on our subsidy tracking system which is located on our web site. This site is secure and your information is password protected.
- _____ You do understand that your name and phone number may be used as a reference when PFC is advocating for the young children of Cumberland County. Your information will only be given to local and state officials.
- _____ You agree to pay your Parent Fee directly to your facility.
- _____ After the ending date of your PFC Subsidy you will be responsible for all of your child care payments.

Parent Signature: _____

Date: _____

Return To:
Partnership for Children of Cumberland County, Inc.
Attention: Family Support Unit
351 Wagoner Drive, Suite 200
Fayetteville, NC 28303



FOR PFC STAFF USE ONLY

Parent Application reviewed and forward to next step in process.

Reviewed By: _____ **Date:** _____

Reasons for Denial:

Parent **DENIED** PFC Child Care Subsidy

- Funding unavailable and parent placed on waiting list
- Parent receiving assistance from another subsidy program
- Other: _____
- Not a Cumberland County Resident
- Does not meets eligibility criteria