

Child Care Assistance Application



Section 1- Parent/Guardian Information

Date _____ Your Name _____ Phone _____
mm/dd/yyyy First MI Last 999-999-9999

Physical Address _____
Street Address City ZIP

Your Date of Birth _____ Family Size _____ Relationship to Child Mother Father Other _____
mm/dd/yyyy

Email _____ Are you working? Yes, Full-Time Yes, Part-Time No

Employer _____ Employer Phone _____
999-999-9999

Employer Address _____
Street Address City ZIP

Spouse/ Partner Name _____ Are they working? Yes, Full-Time Yes, Part-Time No
First MI Last

Employer _____ Employer Phone _____
999-999-9999

Have you received Child Care Assistance from us in the past? No Yes _____
dates

Are you receiving Child Care Assistance from another program? No Yes _____
name

Is anyone in your household Active Duty Military? No Yes, Army Air Force Marines Navy Other _____

Are you currently enrolled in school? No Yes, I am enrolled at _____

I am a Freshman Sophomore Junior Senior Other _____

Is the child(ren) currently enrolled in a child care facility? No Yes _____ (facility name)

Monthly Income	\$ _____
Child Support	\$ _____
SSI/TANF/Food Stamps	\$ _____
Spouse/Partner Income	\$ _____
Other	\$ _____
Total	\$ _____

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Note: If you have more children than this form allows, please let your caseworker know.

Section 2 - Child's Information (List only children 5-years old and younger)

Child's Name _____ Date of Birth _____ Age _____
First MI Last mm/dd/yy

Gender Male Female Prefer to not answer Race Asian Black Hispanic/Latino
Indian White Other _____

Is your child a U.S. Citizen? Yes No Is your child a Cumberland County Resident? Yes No

Does your child have any diagnosed developmental needs? No Yes _____

Is this child receiving
Child Care Assistance from another program? No Yes _____ (name)

Child's Name _____ Date of Birth _____ Age _____
First MI Last mm/dd/yy

Gender Male Female Prefer to not answer Race Asian Black Hispanic/Latino
Indian White Other _____

Is your child a U.S. Citizen? Yes No Is your child a Cumberland County Resident? Yes No

Does your child have any diagnosed developmental needs? No Yes _____

Is this child receiving
Child Care Assistance from another program? No Yes _____ (name)

Child's Name _____ Date of Birth _____ Age _____
First MI Last mm/dd/yy

Gender Male Female Prefer to not answer Race Asian Black Hispanic/Latino
Indian White Other _____

Is your child a U.S. Citizen? Yes No Is your child a Cumberland County Resident? Yes No

Does your child have any diagnosed developmental needs? No Yes _____

Is this child receiving
Child Care Assistance from another program? No Yes _____ (name)

Children over the age of 5-years old

Child's Name _____ Date of Birth _____ Age _____
First MI Last mm/dd/yy

Child's Name _____ Date of Birth _____ Age _____
First MI Last mm/dd/yy

Child's Name _____ Date of Birth _____ Age _____
First MI Last mm/dd/yy

Child's Name _____ Date of Birth _____ Age _____
First MI Last mm/dd/yy

Child's Name _____ Date of Birth _____ Age _____
First MI Last mm/dd/yy

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Definition of Acronyms

PFC - Partnership for Children of Cumberland County, Inc. **ECEF** - Early Care & Education Facility
DCDEE - Division of Child Development Early Education **DSS** - Department of Social Service

Please read and initial the guidelines below:

- _____ I understand that I must be a resident of Cumberland County to qualify for this program.
- _____ I understand that, if approved, I must attend a free workshop, "Tips on Choosing Quality Child Care" offered by PFC.
- _____ I understand that this child care assistance can only be used to provide child care for children birth to five years old and not enrolled in school.
- _____ I can only use a ECEF that is registered with PFC.
- _____ I understand that PFC makes referrals for ECEF and not recommendations. I know it is my responsibility to choose a facility. All early care and education programs identified by the PFC are regulated by the DCDEE or are exempt from licensing. PFC does not license, endorse, or recommend any particular program or facility, nor can we assure you that a program offers or delivers quality care. You are strongly encouraged to visit and carefully interview several programs and check references before making your decision. If PFC identifies a specific program, that does not constitute a recommendation as to the quality of care. You may visit DCDEE's website at ncchildcare.nc.gov to review a listing of DCDEE visits to an early care and education program within the last three years.
- _____ I will notify the ECEF and PFC if my child(ren) will be absent for more than three days.
- _____ I understand that child care assistance may be revoked if my child has more than five (5) unexcused absences from the ECEF. After five (5) unexcused absences, a daily rate may be assessed and I might be responsible for some costs.
- _____ I will notify the ECEF and PFC fourteen (14) days in advance, or as soon as possible, if you plan to terminate child care.
- _____ I understand that my child(ren) must be picked up on time from the ECEF and if I am late, I will be responsible for paying late fees.
- _____ I understand DCDEE mandates state child(ren) cannot be left at the facility for more than ten (10) hours per day. The ECEF is required to notify DSS if this mandate is violated.
- _____ I understand that child care assistance is to be used by parents/guardians classified by PFC as: students, part-time working, crisis, seeking employment, or registration fee only.
- _____ I understand that one or two-parent families must be working, seeking employment, and/or enrolled in school.
- _____ I agree that my personal information can be used on our child care assistance tracking system which is located on our website. Our website is secure and your information is password protected.
- _____ I understand that my 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.
- _____ I agree to pay my Parent Fees directly to the ECEF.
- _____ I understand that beginning the date after my PFC Child Care assistance ends, I will be responsible for all of child care payments.

Parent/Guardian Signature _____ Date _____

STAFF ONLY

Parent Application reviewed and forward to next step in process.

Reviewed by _____ Date _____