

Subsidized Child Care Assistance

Waiting List Survey

Date Sent: _____

Dear Parent/Responsible Adult,

You are receiving this letter because you are on the Subsidized Child Care Assistance waiting list in _____ County. Please complete and return this form to _____ by _____.

Note: Failure to return this form will result in your removal from the waiting list. The information provided on this survey will be used to update your waiting list entry. *If the information provided on this form indicates that you no longer screen eligible for child care assistance, you will be removed from the waiting list.*

Parent or Responsible Adult Information:

Parent or Responsible Adult Name: _____

Address: _____

Telephone #: _____

DOB: _____ Relationship to child: _____

Spouse/Mate's Name (only if in the same household as you): _____

Spouse/Mate Telephone #: _____

Spouse/Mate's DOB: _____ Relationship to Child: _____

Is Spouse/Mate the parent to ANY of the children in the home? _____

Do you currently need child care assistance? _____

Child Information: List ALL children in the home

Child's Name: _____ DOB: _____ SSN (optional): _____

School Name (if school-aged): _____ Need child care? _____

Child's Name: _____ DOB: _____ SSN (optional): _____

School Name (if school-aged): _____ Need child care? _____

Child's Name: _____ DOB: _____ SSN (optional): _____

School Name (if school-aged): _____ Need child care? _____

If you need additional space, please attach a separate sheet

Providing SSN is optional and services will not be denied due to failure to provide SSN.

Child Care Information:

Name of child care provider requested (if known): _____

Do any children in the home have Special Needs? (*Note: Special Needs is defined as a child who has a current IEP, IFSP, PCP or 504 plan*) _____ If yes, who? _____

If no special needs, do any children in the home have developmental delays or risk of delay? ____
If yes, who? _____

Employment & Income:

Are you currently employed? _____ If yes, where? _____

Is your spouse/mate currently employed? _____ If yes, where? _____

If employed, what is your pay rate? _____ How many hours do you work per week? ____
Pay Frequency (weekly, biweekly, etc.) _____

If spouse/mate is employed, what is his/her pay rate? _____

Spouse/mate's weekly work hours? _____

Spouse/mate's pay frequency? _____

Do you receive child support? _____ How much do you receive monthly? _____

Other income received: type, amount and frequency: _____

Does anyone in the home pay **out** child support for a child not in the home? _____

If yes, who pays out child support and how much? _____

School Information:

Do you or your spouse/mate go to school? _____ If yes, who? _____

Name of school: _____

School Schedule: _____

I confirm that the information on this form is correct. I understand that this is not an application for child care assistance and is only used to collect information regarding my waiting list entry. I understand I will be contacted when my name has been reached on the Subsidized Child Care Assistance waiting list.

Printed Name: _____

Signature: _____

Date: _____