

**Family Guidance Center of Alabama
Child Care Management
2358 Fairlane Drive Bldg H
Montgomery AL 36116
Phone (334) 270-4100 ~~~ Fax (334) 244-1689**

CHILD CARE ASSISTANCE APPLICATION

Instructions:

Please read the application carefully. Complete all sections of the application. Answer each question completely and to the best of your ability. List everyone in your household. Please print clearly.

The child care application asks you to give us the social security number for everyone in your household. Social security numbers will help us to process your case more quickly. We will only use your social security number in the administration of the Child Care Subsidy Program to help us verify your income, make changes in your case and help us assemble research data. If you do not want to give us the social security number for a member of your household your application for child care will not be denied and services will not be withheld because you do not give us a social security number.

If you should choose not to give the social security number for some members of your household you must still answer questions about his or her income and answer the other questions on this form.

FAMILY GUIDANCE CENTER CHILD CARE ASSISTANCE APPLICATION

WAITING LIST

INITIAL APPLICATION

RE-CERTIFICATION

PARENT INFORMATION:

Applicant/Parent Name _____ SSN (Optional) _____ Date of Birth _____ Race _____ Sex _____
Marital Status _____ **Spouse Name** _____ **Spouse SSN (Optional)** _____ **Date of Birth** _____ **Race** _____ **Sex** _____
Residential Address _____ **City** _____ **County** _____ **State** _____ **Zip** _____
Mailing Address _____ **City** _____ **County** _____ **State** _____ **Zip** _____
Telephone: Home _____ **Work** _____ **Currently receiving Family Assistance (FA) benefits?** Yes ___ No ___ **Date last FA check received** _____
Currently in school/training? Yes ___ No ___ **Name of School?** _____ **Circle current classification:** FRESHMAN SOPHOMORE JUNIOR SENIOR
Vocational Goal _____ **Highest grade completed** _____ **Length of Course of Study** _____ months. **Applicant's Language** _____
Applicant's Employer's Name _____ **Other Employer's Name** _____
Circle one: Spouse 2nd Job Other Household Member

HOUSEHOLD INFORMATION: List EVERYONE living in the home including applicant, spouse and all children.

#	NAME	SSN (Optional)	DOB	Sex	RELATIONSHIP TO APPLICANT/PARENT	WAGES (PAY) PER HOUR	HOURS WORKED PER WEEK	UNEARNED INCOME <small>(Source, Gross Amount & How Often) SSI, Social Security, Unemployment Comp., Family Assistance, Child Support, etc</small>
1.								
2.								
3.								
4.								
5.								
6.								
7.								

#	NAME OF CHILD(REN) WHO NEED CHILD CARE	DAYS CARE IS NEEDED							WHERE IS CHILD IN CARE NOW? <small>(If relative, what relationship) Center, Church Related Center, Family Day Care Home, Relative Care</small>	Where Will Child Receive Care If Child Care Application Is Approved	NAME OF SCHOOL CHILD ATTENDS
		M	T	W	T	F	S	S			
1.											
2.											
3.											
4.											
5.											
6.											

I certify that the information given is true and complete to the best of my knowledge.

Total Income: _____ Total Number in the Family: _____

Applicant Signature: _____ Date: _____

CMA Worker Signature: _____ Date: _____