CHILD CARE REQUEST FOR WAITING LIST PURPOSES

Date of Request: _____ Date Received: _____
Do you need an interpreter? Yes _____ No _____
Casehead Name: _____ Casehead Social Security Number _____-_____-_____
Address (Residence): _____
Address (Mailing): _____
Phone: Home _____Work _____ Cell _____

	Casehead	Spouse/Other Parent
List Reason(s) for Need of…		
Child care (work, school, etc.)	_____	_____
If employed, where?	_____	_____
Number of hours per week	_____	_____
If in school, where?	_____	_____
Circle program	**GED/ABE/HS Diploma**	**GED/ABE/HS Diploma**
Name of Curriculum	_____	_____
Gross Wages per Month	_____	_____
All Other Monthly Income _	_____	_____

Child(ren) Name(s)	Date of Birth	Child in School? (Yes or No)	Special Needs Child (Yes or No) If yes, circle IFSP or IEP

To what provider do you plan to take your child(ren)? _____

_____ _____
Signature of Casehead Date

REPORT IMMEDIATELY IF YOU HAVE A CHANGE IN NEED FOR CHILD CARE, ADDRESS OR PHONE NUMBER. FORM MUST BE FILLED OUT COMPLETELY OR WE MAY BE UNABLE TO PLACE YOU ON THE WAITING LIST. IF MORE SPACE IS NEEDED; USE THE BACK OF THIS FORM.

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