



## Cerro Gordo, Hancock, Worth Empowerment Area Infant and Toddler Quality Child Care Program

### Tell Us About the People in Your Home

If both parents/step-parents or caretakers are in the home, include information for both.

Parent/step-parent or caretaker name	Social Security Number	Phone (    )	Email
Parent/step-parent or caretaker name	Social Security Number	Phone (    )	Email
Street	City	State	Zip

### List all children less than 2 years of age needing child care.

Indicate the race and ethnicity of each child. Your answer will not affect your eligibility for child care. Use the following codes:

Race: (choose all that apply)

**W** = White

**B** = Black or African American

**A** = Asian

**I** = American Indian or Alaskan Native

**N** = Native Hawaiian or other Pacific  
Islander

Ethnicity:

**H** = Hispanic or Latino

**N** = Not Hispanic or Latino

Name (First, Last)	Relationship to you	Country of Birth	Birth Date	Social Security Number	Sex	Race	Ethnicity	U.S. Citizen Yes/No

List all other people living in your home, including children 2 years of age and older that attend child care.

Name	Relationship to you	Birth Date	Enter "X" if person attends child care

### Child Care Provider Information

Provider name	Phone (    )
Street	City
	State
	Zip

**Eligibility for Service**

<b>Parent/Guardian:</b>	<b>Parent/Guardian:</b>
Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours a week?	How many hours a week?
What is your hourly wage?	What is your hourly wage?
Employer name:	Employer name:
Phone:	Phone:
Are you a student? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Are you a student? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
School name:	School name:
Have you lost your job in the last six months? <input type="checkbox"/> Yes Indicate last day of employment: _____ <input type="checkbox"/> No	Have you lost your job in the last six months? <input type="checkbox"/> Yes Indicate last day of employment: _____ <input type="checkbox"/> No
If you lost your job, are you currently seeking work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you lost your job, are you currently seeking work? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours a week will your child need child care while you are at work, in class or completing job search activities (including travel time)? <u>Remember</u> , this child care program only pays for child care when you are working, in class or completing job search activities. _____	

**To determine eligibility for this child care program, attach your pay stubs from the last 30 days, pages 1 and 2 from last year's Federal Income Tax Statement, or a letter from your employer stating your wage and the number of hours you work each week. If you are a student, attach a copy of your class schedule.**

**Monthly Family Income**

List your family income below. If you are not the parent/step-parent of the child needing care, list only the child's income.

Gross Wages (before taxes)	\$	SSI	\$
FIP Benefits	\$	Social Security	\$
Child Support or Alimony	\$	Other	\$

If you are receiving Food Assistance, FIP, or medical assistance please write your worker's name here

\_\_\_\_\_.

Signature

Date

**RELEASE OF INFORMATION:**

I hereby authorize the following Cerro Gordo County offices; Iowa Department of Human Services, Iowa Workforce Development, any training or educational program in which the applicant is involved, and any childcare or preschool program in which the applicant is currently enrolled to release confidential information concerning my personal situation to the CGHW Empowerment if such information is necessary for me to receive the services I am applying for. I also authorize CGHW Empowerment to release to the previously named agencies and persons, confidential information if such information is deemed necessary. This release is valid until June 30, 2011.

Signature

Date