



CHILD CARE AND DEVELOPMENT FUND (CCDF) / ON MY WAY APPLICATION

State Form 56895 (R2 / 3-24)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

INSTRUCTIONS: Your application must be renewed every ninety (90) days while on the Waiting List. This process is initiated by the Eligibility Office. Please notify the Eligibility Office of any changes to your application, including address, within 10 days.

First Name	Last name	Telephone number ()
Address (number and street, city, state, and ZIP code)		County
E-mail address		
Are you: <input type="checkbox"/> Working <input type="checkbox"/> Attending School <input type="checkbox"/> Job Searching <input type="checkbox"/> On Maternity or Medical Leave		What is your gross monthly income (before taxes)?
Is a spouse / parent of the child(ren) living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, are they: <input type="checkbox"/> Working <input type="checkbox"/> Attending School <input type="checkbox"/> Job Searching <input type="checkbox"/> On Maternity or Medical Leave	What is their gross monthly income (before taxes)?

Please complete the table below for ALL household members including yourself.

Last Name, First Name	Relationship to Applicant	Date of Birth (month, day, year)	Does child need child care services?	Does child have special needs? (See Note.)	Licensed Foster Parent?	Other Sources of Income
	Self		N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support: \$ per month
	Co-Applicant		N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security: \$ per month
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	TANF: \$ per month
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	Unemployment: \$ per month
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	Other: \$ per month
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	

Special Needs Note: Child must be enrolled in Children with Special Health Care Services, First Steps, Public School Special Education (IEP) or Head Start (professionally diagnosed with disabilities); receiving Supplemental Social Security or have a statement from a health professional. (Documentation must be submitted.)

ADDITIONAL QUESTIONS		
Are you and your family currently living in a homeless or domestic violence shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you and your family currently living in a car, park or other public place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family assets (cash, retirement, real property, and investments) total more than one million dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has a referral for child care been submitted by your caseworker? <input type="checkbox"/> Yes <input type="checkbox"/> No		

AFFIRMATION STATEMENT		
I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this application when I complete enrollment for vouchers.		
Signature of applicant	Printed name of applicant	Date (month, day, year)