

Application for Short Term NPO Child Care Subsidy

The personal information you provide is being collected to determine your eligibility for the Short Term Child Care Subsidy Program. If you choose to apply, the personal information you provide will then be used and disclosed in the application process, for ongoing eligibility verification, and for delivery of services.

PLEASE COMPLETE ALL SECTIONS ELECTRONICALLY. PRINT AND SIGN AFTER COMPLETION

Section 1 - Subsidy Information

What type of Subsidy are you applying for?

- ☐ Full Time Center, Short Term Child Care Subsidy (Max. 4 Months)
- ☐ Drop-In Center, Short Term Child Care Subsidy

Section 2 - Marital Status

Have you applied for North Carolina's Child Care Subsidy?

- ☐ Yes
- ☐ No

Date Applied for Subsidy Required yyyy-mm-dd

Marital Status (please select one)

- ☐ Single
- ☐ Married
- ☐ Married with deployed spouse
- ☐ Separated/Divorced
- ☐ Cohabiting Partner
- ☐ Widow(ed)

Section 3 - Applicant Information

Applicant's First Name

Applicants Last Name

Birthdate yyyy-mm-dd

Social Security Number

Are you a US Citizen:

- ☐ Yes
- ☐ No

Address (include Apt #, street, P.O. Box #)

City/Town

State

Zip Code

Primary Phone number

Secondary Phone Number

Email Address

Reason for Care (Check as many as apply.)

- | | |
|---|--|
| <input type="checkbox"/> Working | <input type="checkbox"/> Attending School |
| <input type="checkbox"/> Special Needs of Parent or Child | <input type="checkbox"/> Court |
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Employment Training |
| <input type="checkbox"/> Health | |

Place(s) of Work/School (if applicable)

Contact Number(s) of Work/School

Co-applicant Information

Co-Applicant's First Name

Co-Applicants Last Name

Birthdate yyyy-mm-dd

Social Security Number

Are you a US Citizen:

- ☐ Yes
☐ No

Address (include Apt #, street, P.O. Box #)

City/Town

State

Zip Code

Primary Phone number

Secondary Phone Number

Email Address

Section 4 - Income

Primary Applicant:

Co-Applicant:

Section 5 - Children's Details

Number of children living at home

Include children (under the age of 18 years) of the applicant and/or co-applicant who live in the same home and who are financially dependant on the applicant/co-applicant. Also include dependents who may be 18 years and older who are disabled or who attend high school and are financially dependent.

List Children requiring Child Care Subsidy

Child First Name	Child Last Name	Birthdate

Estimated hours of care needed per month:

Estimated Costs (\$ per month):

How many hours of care are needed outside regular business hours of Monday to Friday 6:00 am to 6:00 pm?

Start Date yyyy-mm-dd

Applicant Declaration and Acknowledgement

(Check Boxes)

- ☐ I understand that giving false or incomplete information or not advising of any changes in circumstances may result in termination or suspension of funding and the requirement to repay funding that I have received.
- ☐ I understand that the information I give on the application form may be verified by a Safe Child Care Partnership representative at any time.
- ☐ I will advise Safe Child Care Partnership immediately of any changes in personal, financial, or family circumstances that will affect my eligibility for subsidy.
- ☐ I understand that I may be required to provide additional information in order to confirm any initial and continuing eligibility for Short term Child Care Subsidy. I understand that Safe Child Care Partnership may initiate an investigation relating to my eligibility for Child Care Subsidy.
- ☐ I understand that relevant personal information may be shared with a licensed child care program, approved early learning program, or family day home agency that I have chosen for the care of my child, including information to identify myself/ourselves, my/our child(ren), our address, the amount of subsidy we are eligible to receive and the subsidy period.
- ☐ In addition, I/we consent to the disclosure by an official of Safe Child Care Partnership to a licensed child care program, approved early learning program or contracted family day home agency that I/we have chosen for the care of my/our child.
- ☐ Finally, I declare that I understand the above information on this application and provide my signature as consent.

Applicant Signature: _____

Signature Date yyyy-mm-dd _____

Co-applicant Signature: _____

Signature Date yyyy-mm-dd _____