

For office use only:

FIPS: _____
 Local Department: _____
 Date/Time Received: _____
 Source: _____
 Priority Group: _____

CHILD CARE WAITING LIST SCREENING FORM

If child care funds are not available, you will be placed on a Waiting List based on the screening criteria below.
 Please check the correct answer if a written answer is not required. All information is mandatory.

Last Name		First Name		Middle Initial	
Physical Street Address					
City/State/Zip					
Mailing Address (if different)					
City/State/Zip					
Social Security # (optional)		Telephone (Home)			
Telephone (cell)		Telephone (Other)			

Are you at least 18 years of age or an emancipated minor? Yes No

Reason for request for child care services: I am employed I am in school or training

Your Gender: Male Female

Your Date of Birth: _____
MM/DD/YYYY

Your Marital Status: Married Single Divorced Separated

Primary Language Spoken: _____

Secondary Language Spoken: _____

Primary Written Language: _____

Is your family currently homeless? YES NO

Are the children for whom you are applying for child care United States' citizens or qualified aliens?
 Yes No If no, please explain.

NAME _____ EXPLAIN: _____
 NAME _____ EXPLAIN: _____
 NAME _____ EXPLAIN: _____

Are any of the children who need child care enrolled in Head Start/Early Head Start? Yes No

Is there a child in the household enrolled in Head Start/Early Head Start whose enrollment will end within the next 60 days? Yes No

Is there a child in your household who is at least 13 years old but not yet 18 years old who has a documented physical or mental incapacity that makes them incapable of caring for themselves or who is subject to court supervision and needs child care? Yes No

Are all parents/caretakers in the household either employed or attending an education/training program?
 Yes No

Please provide a reason why the parent/caretaker not employed or enrolled in an education/training program cannot provide the needed child care.

Have you or any of the children needing child care received TANF benefits in the past 12 months?
 Yes No

When did you receive your last TANF check? _____
MM/DD/YYYY

Are you or anyone living in your household enrolled in the SNAPET Program?
 Yes No

Are you enrolled in a program in which you will earn a degree higher than a baccalaureate degree?
 Yes No

LIST ALL HOUSEHOLD MEMBERS:

NAME (LIST APPLICANT FIRST)	DATE OF BIRTH MM/DD/YYYY	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER (OPTIONAL)	SEX M/F	RACE *	HISPANIC Y/N	NEEDS CHILD CARE Y/N

*Race: 1=White 2= African-American 3 = Asian 4 = American Indian/Alaskan Native 5 = Other or unknown

Income and Assets/Resources:

For children needing child care, income must be counted for the following individuals who live in your home:

- Child’s Parents (natural or adoptive)
- Child’s Stepparent
- Person cohabitating (living together in an emotional or intimate relationship) with a child’s parent
- Any children including those needing child care (wages are not counted)
- You and your spouse if you are the child’s legal guardians
- You and your spouse if you provide the child’s day-to-day care and supervision

Provide total monthly gross amounts (before taxes) for:

- Employment income \$ _____
- Child Support received \$ _____
- Veteran’s Benefits, Retirement Benefits and Pensions \$ _____
- Social Security not including SSI \$ _____
- Other Income \$ _____

- Total of all gross income for your household \$ _____

Are you paying Child Support on behalf of someone who does not live with you?

YES NO Amount: \$ _____

Is your paycheck being garnished?

YES NO Amount: \$ _____

Do you receive a Basic Allowance for Housing if you are military personnel?

YES NO Amount: \$ _____

Do you receive a Clothing Maintenance Allowance for military?

YES NO Amount: \$ _____

Do you or anyone who lives with you have assets/resources that exceed \$1 million in value? Countable assets/resources may include, but are not limited to: cash on hand, money in a checking or savings account, stocks or bonds, trust funds, pension plans, or retirement accounts. YES NO

Children for whom you are applying for child care assistance:

CHILD’S NAME: _____ LAST / FIRST	CHILD’S NAME: _____ LAST / FIRST
RELATIONSHIP TO APPLICANT (Circle one): Son / Daughter Step Son / Step Daughter Grandson / Granddaughter Nephew / Niece Other: _____	RELATIONSHIP TO APPLICANT (Circle one): Son / Daughter Step Son / Step Daughter Grandson / Granddaughter Nephew / Niece Other: _____
DATE OF BIRTH: _____ mm/dd/yyyy	DATE OF BIRTH: _____ mm/dd/yyyy
GENDER (Circle one): M or F	GENDER (Circle one): M or F
RACE (Select one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Unknown	RACE (Select one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Unknown
ETHNICITY (Select one): <input type="checkbox"/> Chicano/a <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican	ETHNICITY (Select one): <input type="checkbox"/> Chicano/a <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican

<input type="checkbox"/> Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Unknown	<input type="checkbox"/> Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Unknown
PRIMARY SPOKEN LANGUAGE: _____	PRIMARY SPOKEN LANGUAGE: _____

CHILD'S NAME: _____ <div style="text-align: center; font-size: small;">LAST / FIRST</div>	CHILD'S NAME: _____ <div style="text-align: center; font-size: small;">LAST / FIRST</div>
RELATIONSHIP TO APPLICANT (Circle one): Son / Daughter Step Son / Step Daughter Grandson / Granddaughter Nephew / Niece Other: _____	RELATIONSHIP TO APPLICANT (Circle one): Son / Daughter Step Son / Step Daughter Grandson / Granddaughter Nephew / Niece Other: _____
DATE OF BIRTH: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div>	DATE OF BIRTH: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div>
GENDER (Circle one): M or F	GENDER (Circle one): M or F
RACE (Select one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Unknown	RACE (Select one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Unknown
ETHNICITY (Select one): <input type="checkbox"/> Chicano/a <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Unknown	ETHNICITY (Select one): <input type="checkbox"/> Chicano/a <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Unknown
PRIMARY SPOKEN LANGUAGE: _____	PRIMARY SPOKEN LANGUAGE: _____

School schedule for children for most recent full month:

Child's Name: _____ Month of: _____

Monday *Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Sunday Hours

*Example: 8:00- 4:30

Child's Name: _____ Month of: _____

Monday *Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Sunday Hours

*Example: 8:00- 4:30

Child's Name: _____ Month of: _____

Monday *Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Sunday Hours

*Example: 8:00- 4:30

Child's Name: _____ Month of: _____

Monday *Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Sunday Hours

*Example: 8:00- 4:30

Work Schedule for all Parents/Caretakers of children for most recent full month:

Name: _____ Month of: _____

Monday *Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Sunday Hours

*Example: 8:00- 4:30

Name: _____ Month of: _____

Monday *Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Sunday Hours

*Example: 8:00- 4:30

Education/Training Schedule for all Parents/Caretakers of children for last full month:

Name: _____ Month of: _____

Name of School:						
Monday *Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Sunday Hours

*Example: 8:00- 4:30

Name: _____ Month of: _____

Name of School:						
Monday *Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Sunday Hours

*Example: 8:00- 4:30

Signature

Date

INSTRUCTIONS FOR CHILD CARE WAITING LIST SCREENING FORM

This form must be completed entirely. If any question is unanswered, it will delay the processing of your request.

Your name: Enter your first and last name.

Your address: Enter your entire address including city and zip code.

Mailing address: Enter your entire mailing address if it is different from your address.

Your Social Security Number (Optional): Enter your Social Security Number. This is optional.

Home telephone number: Enter your home telephone number including the area code.

Cell telephone number: Enter your cell telephone number including the area code. Enter NA if you do not have a cell telephone.

Other telephone number: Enter any other telephone number including the area code. Enter NA if you do not have any other telephone number.

Are you at least 18 years of age or an emancipated minor: Mark the correct answer.

Reason for request for child care services: In order to be eligible for child care services, you must be working, in education or training, or a VIEW or SNAPET participant. Mark the correct answer.

Your Gender: Mark the correct gender.

Your Date of Birth: Enter your date of birth in the MM/DD/YYYY format.

Your Marital Status: Mark the correct designation.

Primary Language Spoken: Write in your primary spoken language.

Secondary Language Spoken: Write in your secondary spoken language. Write NA if none.

Primary Written Language: Write in your primary written language.

Is your family currently homeless? Mark the correct answer.

Are the children for whom you are applying for child care United States' citizens or qualified aliens? Mark the correct answer. If the answer is "No," write in the names of the children.

Are any of the children who need child care enrolled in Head Start/Early Head Start? Mark the correct answer.

Is there a child in the household enrolled in Head Start/Early Head Start whose enrollment will end within the next 60 days? Mark the correct answer.

Is there a child in your household who is at least 13 years old but not yet 18 years old who has a documented physical or mental incapacity that makes them incapable of caring for themselves or who is subject to court supervision and needs child care? Mark the correct answer.

Are all parents/caretakers in the household either employed or attending an education/training program? Mark the correct answer and complete the reason if No.

Have you or any of the children needing child care received TANF benefits in the past 12 months? Mark the correct answer and enter the date if Yes.

Are you or anyone living in your household enrolled in the SNAPET Program?
Mark correct answer.

Are you enrolled in a program in which you will earn a degree higher than a baccalaureate degree?
Mark the correct answer.

Enter the total monthly gross amounts (before taxes) for the sources of income listed.

Are you paying Child Support on behalf of someone who does not live with you?
Mark the correct answer and enter the amount if Yes.

Is your paycheck being garnished?
Mark the correct answer and enter the amount if Yes.

Do you receive a Basic Allowance for Housing if you are military personnel?
Mark the correct answer and enter the amount if Yes.

Do you receive a Clothing Maintenance Allowance for military?
Circle the correct answer and enter the amount if Yes.

Do you or anyone who lives with you have assets/resources that exceed \$1 million in value?
Mark the correct answer.

Complete the name of the child and circle the relationship to the applicant in the boxes provided.

Complete the date of birth, gender, race, and ethnicity for each child for whom you are applying for child care assistance.

Complete the school schedule for the child for most recent full month in the box provided.

Complete the work schedule for all parents/caretakers of children for most recent full month in boxes provided.

Complete the education/training schedule for all parents/caretakers of children for last full month in boxes provided.

The signature and date are required in order for this wait list screening to be processed.