

How To Apply for Childcare Assistance

The purpose of the Childcare Assistance is to provide an educational experience for a 4 or 5 year old child in preschool or for a child in before/after school care or camps. The program can also assist short-term with daycare costs and serve as a bridge to financial family independence. You must call to schedule an interview to be considered for assistance.

1. You will need to submit the following items *PRIOR* to your interview:

- ✓ Completed Scholarship Application
- ✓ Copy of Photo Identification for Custodial Parents
- ✓ Proof of Eligibility: documentation that you reside in Cary or Morrisville (such as current utility bill) OR proof you are a member of a Dorcas member church (provide church staff information for verification), OR proof you work in Cary or Morrisville (20 hours/week for at least one year) OR proof you have a child enrolled in Cary or Morrisville public schools (report cards or other letter from the school)
- ✓ Copy of Social Security or Tax ID Card for Custodial Parents
- ✓ Child's birth certificate
- ✓ Rental Lease or Mortgage Statement
- ✓ Proof of ALL income for ALL ADULTS in the household:
 - Last 2 month's pay stubs OR last month's bank account statement showing disability, unemployment, social security, child support or other income
- ✓ A Statement from the preschool or childcare or daycare* provider, indicating:
 - Contact Person
 - Telephone Number
 - Mailing Address
 - Program Cost and Dates
 - Due Dates for Payment
 - Confirmation of Space Available for Your Child

2. After you've submitted a complete application packet, *we will call you to schedule an appointment.*

NOTE: The daycare must be certified by the State of N.C. You can check the status of the daycare provider by searching on the NC Division of Child Development and Early Education website.

NOTE: Families who receive any other childcare voucher, scholarship, or other financial assistance are not eligible for childcare assistance from Dorcas.

Revised: June 2019

CHILDCARE Application

Parent (s) Name:	Mother:	Father:	
Date of application:	New <input type="checkbox"/> Renewal <input type="checkbox"/>	Phone:	Cell Phone:
Current address:			Email:
City:	State:	ZIP Code:	
Own <input type="checkbox"/> Rent <input type="checkbox"/>	How long?		

Employment Information

Current employer:			
Employer Address:			How long?
Supervisor:		Phone:	
City:	State:	ZIP Code:	
Occupation:	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Annual income: \$	
Single Parent Household: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Spouse / Other Adult in the Household Employment Information

Name:			
Employer Name:			How long?
Address:		Phone:	
City:	State:	ZIP Code:	
Occupation:	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Annual income: \$	

Names of All Children in the Household (check off those who need childcare assistance)

Child Name:	Date of Birth (MM/DD/YYYY):
<input type="radio"/>	
<input type="radio"/>	
<input type="radio"/>	
<input type="radio"/>	

License Daycare Provider or Preschool

Name of Facility:	Director:	Phone:
Address:		Email
City:	State:	ZIP Code:
Registered: Yes <input type="checkbox"/> No <input type="checkbox"/>	Monthly Fees: \$	

Before/After School Information

Name of Facility:	Director:	Phone:
Address:		Email
City:	State:	Zip Code:
Registered: Yes <input type="checkbox"/> No <input type="checkbox"/>	Monthly Fees: \$	

Gross Annual Household Income

	Your income	Spouse's income	Other income
• Salary including tips	\$	\$	\$
• Unemployment compensation	\$	\$	\$
• Social Security compensation	\$	\$	\$
• Child Support	\$	\$	\$
• Work First or Government Support	\$	\$	\$
• Alimony or Other Support	\$	\$	\$
• Food Stamps	\$	\$	\$
NC State Voucher for Childcare Or other childcare assistance award	\$	NOTE: Families who receive a voucher or any other financial assistance with childcare are not eligible for Dorcas assistance.	

Monthly Expenses					
▪ Mortgage	\$	Clothing	\$	Loans	\$
▪ Rent	\$	Childcare	\$	Credit Cards	\$
▪ Food	\$	Cable	\$	Life Insurance	\$
▪ Electricity	\$	Car Payments	\$	Medical Insurance	\$
▪ Gas	\$	Travel Expenses	\$	Car Insurance	\$
▪ Water	\$	Home Telephone	\$		
▪ Medical	\$	Cell Phone	\$	Total Monthly Expenses	\$

What dollar amount are you able to pay toward childcare? \$

Have you ever received Childcare Assistance from Dorcas Ministries? Yes No

If yes, what kind?

If yes, when?

Please share why you are applying for financial assistance?

I certify that all information is true and complete to the best of my knowledge. I grant permission to **Dorcas** to verify this information. I agree to notify **Dorcas** if my financial status should change or if my child is no longer participating at the designated place for which I am receiving assistance. I understand that I must submit supporting documents to complete my application.

Signature _____

Date of Signature _____