

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: \$	
Children's Information			
Child Name:		Date of Birth (MM/DD/YYYY):	
1.			
2.			
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	\$	NOTE: Families who receive a voucher are not eligible for 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 <input type="checkbox"/> No <input type="checkbox"/>	If yes, what kind?	If yes, when?
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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