



# Application for Child Care Services (print version)

If you need assistance with this form, ask your intake specialist or contact Special Populations Program at the Oregon Department of Education: 503-947-1677, [roman.kultajev@state.or.us](mailto:roman.kultajev@state.or.us).  
Information marked with \* is voluntary.

- A&D Program Parent with assistance from PROGRAM STAFF will complete application.
- Teen Parent Program Teen Parent with assistance from PROGRAM STAFF will complete application **before** child care subsidy period begins.

## SECTION 1: HEAD OF FAMILY

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **SSN\*:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Number in Family:** \_\_\_\_\_

**Check all that apply:**  Single Parent  Parent participating in a state-approved alcohol and drug treatment program  
 Oregon Resident  Teen Parent (age 21 or under, enrolled in a GED or High School completion progr.)

**Choose one:** Military Service:  No  Yes  Active Duty US Military  Active Duty National Guard/Military Reserve

## SECTION 2: CHILD'S INFORMATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
**Sex:**  Male  Female **Birth Place (City, State):** \_\_\_\_\_ **SSN\*:** \_\_\_\_\_  
**U.S. Citizenship:**  Yes  No **Qualified Alien Status:**  Yes  No  
**Needs Child Care:**  Yes  No **Child has disability:**  Yes  No **Ethnicity:**  Hispanic/Latino  No  
**Racial Heritage\*:**  White  Asian  Black  American Indian/Alaska Native  Pacific Islander/Native Hawaiian  
 Use additional pages if needed.

## SECTION 3: FEDERAL QUESTIONS

Check all that apply:

Family is Homeless  Employment Including Self Employment  Assistance under the Food Stamps Act of 1977  
 Cash or Other assistance under TANF  Housing Voucher or Other Cash Assistance  
 Other Federal Cash Income Programs (SSI, Veterans Benefits, Ect.)

## SECTION 4: MONTHLY INCOME

| Parent: First and Last Name | From Work (before deductions) | From Child Support or Public Assistance (exclude SNAP benefits) | From any other sources | Total (per Month) |
|-----------------------------|-------------------------------|---|------------------------|-------------------|
|                             |                               |   |                        |                   |
| Family Monthly Income       |                               |   |                        |                   |

## READ BEFORE SIGNING THIS APPLICATION

By signing this application, I swear under penalty of perjury that I have given true and complete information. I realize that making false statements or hiding information may subject me to state and federal penalties. I understand this information is reported for the receipt of federal child care funds and that the contracted program and the Oregon Department of Education may verify the application information. I am advised that under the federal assistance program I have a choice in arranging for the care needs of my child. As attested by my signature below, I have selected the contracted care option offered by the program taking this application and where my child(ren) will be enrolled in the child care service.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Family Last Name: \_\_\_\_\_ ODE Contract No: \_\_\_\_\_ Subsidy Contractor: \_\_\_\_\_

**Program Staff must complete this part of the Application**

**SECTION 5: ELIGIBILITY VERIFICATION**

**Required TANF Questions:**

- 1. Does applicant receive cash assistance from TANF?  No - cont. to next subsection  Yes - continue to question 2
- 2. Does applicant participate in TANF JOBS Program?  No - cont. to next subsection  Yes - continue to question 3
- 3. Does the applicant's JOBS plan include subsidized child care?  No - **cont. to next subsection**  Yes - **Skip to Denial\***

**To Verify Citizenship of Child(ren) to receive care:**

- Citizenship or immigration verification options:  Birth Certificate  US Passport  INS Forms I-551, I-94, or I-571
- Child enrolled in Head Start  Child beneficiary on active federal assistance program (examples: Oregon Health Plan, TANF)
- Other: \_\_\_\_\_

**To Establish Residency:**

- Driver's License or State Issued ID Card  Voter's Registration Card  Other: \_\_\_\_\_

**To Verify Income of Child's Parent:**

- Pay Stubs:  One Month Parent's Total Income (preceding 30 days): \_\_\_\_\_

Written documents (list):

- Other: \_\_\_\_\_

**To Verify Age Requirements of the Child or Children:**

Child(ren) are under 13 years of age, or up to age 18 who are unable to care for  Yes  No themselves based on physical or mental incapacity.

**SECTION 6: ELIGIBILITY DETERMINATION**

- Denial:  **Application Denied** Denial reasons:  Not in Target Population Group  Over income  Not Oregon Resident
- Program Staff: \_\_\_\_\_  Qualifies for child care subsidy from DHS (ERDC or TANF JOBS)
- Date of Denial: \_\_\_\_\_  Incomplete application (not sufficient documentation)
- Other: \_\_\_\_\_

**Conditionally Approved** Date: \_\_\_\_\_ Comments: \_\_\_\_\_

**Approved** Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Copay Agreement (Refer to the [Federal Poverty Guideline](#))  Yes  No Amount: \_\_\_\_\_

**SECTION 7: CERTIFICATION AGREEMENT**

I have examined documents and information presented by the parent and to the best of my knowledge the applicant is eligible for federally subsidized child care from the Child Care and Development Fund through the Oregon Department of Education, Early Learning Division.

ODE Contract No: \_\_\_\_\_ Contractor's Name: \_\_\_\_\_

Signature of Program Staff: \_\_\_\_\_ Date: \_\_\_\_\_