



CHILD CARE DEVELOPMENT FUND (CCDF) Pre-application

Date Completed _____ Phone: Area Code (____) Number _____
 Last Name _____ First Name _____
 Street Address _____ City _____ County _____ Zip _____

Are you (check one) Working or Attending School? If you are working, are you paid Weekly Bi-Weekly Other

Is a spouse/parent of the child(ren) living with you? Yes No If yes, are they Working Attending School or Other
PLEASE NOTE: YOU MUST ATTACH LAST 30 DAY HOUSEHOLD INCOME FOR YOURSELF AND OTHER ADULT, IF APPLICABLE. IF SELF EMPLOYED ATTACH TAX FORM SCHEDULE C(not more than 6 months old) or STATEMENT OF PROFIT AND LOSS.

Complete the table below for ALL household members including yourself.

LIST ALL MEMBERS OF THE HOUSEHOLD Last Name, First Name Initial	Date of Birth	Social Security Number (Optional)	Does child need child care services?	Does child have special needs? (See Note)	Relationship to Applicant	Licensed Foster Parent
			N/A	N/A	SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A

Special Needs Note: Child must be enrolled in one of the following: Children with Special Health Care Services, First Steps, Public School Special Education (IEP), or Head Start (professionally diagnosed with disabilities); or receiving Supplemental Social Security. (Documentation must be submitted with this application.)

Other Sources of Income
 Child Support \$ _____ month
 Social Security \$ _____ month
 TANF* \$ _____ month
 (*Documentation of TANF is required)
 Unemployment \$ _____ month
 Wages \$ _____ month

I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this pre-application when and if I complete an application for services.
 Signed, _____ Date _____
 Your pre-application must be renewed every 90 days. This process is initiated by the Intake Agency by mail. Please notify the agency of any changes to your application, including address.

Check all categories which best describe who is currently watching your child(ren).
 Licensed Child Care Center
 Licensed Child Care Home
 Unlicensed Registered Child Care Ministry
 Friend / Relative / Neighbor
 Head Start
 Pre-School
 Before/After School Program
 Boys/Girls Club
 Nanny (in my own home)
 No one at this time
 Other _____



IF YOU ARE IMPACT MANDATORY, DO NOT COMPLETE THIS APPLICATION.
REQUEST YOUR DFR CASEWORKER TO FAX A REFERRAL TO THIS OFFICE.

1. NEED TO ATTACH LAST 30 DAY INCOME FOR THE HOUSEHOLD IF PARENT(S) IS EMPLOYED.
2. SCHOOL SCHEDULE SHOWING HRS AND DAYS ATTENDING MUST BE ATTACHED TO APPLICATION.
3. IF CHILD IS SPECIAL NEEDS DOCUMENTATION MUST BE PROVIDED (SSI, FIRST STEPS, SPECIAL EDUCATION, ETC.)
4. TANF RECIPIENTS MUST PROVIDE PRINT-OUT OF BENEFITS.
5. RIVER VALLEY RESOURCES OFFICE STAFF CAN NOT TELL YOU WHERE YOU ARE ON THE WAITING LIST, NOR CAN THEY TELL YOU HOW LONG IT WILL TAKE FOR YOU TO RECEIVE A PACKET.
6. RETURN IN PERSON OR MAIL WAITING LIST APPLICATION AND ACCOMPANYING PAPER WORK TO:

RIVER VALLEY RESOURCES
100 East 2nd Street
Madison, IN 47250
(812) 273-9270

IF YOU MOVE, PLEASE UPDATE YOUR ADDRESS WITH THIS OFFICE.

INCOME GUIDELINES

<u>FAMILY SIZE</u>	<u>GROSS MONTHLEY AMT</u>
<u>(BEFORE TAXES)</u>	
2	\$1686.00 (or less)
3	\$2126.00 (or less)
4	\$2566.00 (or less)
5	\$3007.00 (or less)
6	\$3447.00 (or less)
7	\$3887.00 (or less)