



# CHILD CARE AND DEVELOPMENT FUND (CCDF) / ON MY WAY PRE-APPLICATION

State Form 56895 (R / 7-21)  
FAMILY AND SOCIAL SERVICES ADMINISTRATION

**INSTRUCTIONS:** Your pre-application must be renewed every ninety (90) days. This process is initiated by the Intake Agency by mail.  
Please notify the agency of any changes to your application, including address.

Date completed (month, day, year)	Telephone number ( )	Last name	First name
Address (number and street, city, state, and ZIP code)			E-mail address
Are you: <input type="checkbox"/> Working <input type="checkbox"/> Attending School		If you are working, are you paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:	
Is a spouse / parent of the child(ren) living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, are they: <input type="checkbox"/> Working <input type="checkbox"/> Attending School	
Are you or spouse enrolled in an Education / Training Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you or spouse currently on Medical or Maternity leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please complete the table below for **ALL** household members including yourself.

Last Name, First Name	Date of Birth (month, day, year)	Does child need child care services?	Does child have special needs? (See Note.)	Relationship to Applicant	Licensed Foster Parent?	Other Sources of Income
		N/A	N/A	Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support:    \$    per month
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security:    \$    per month
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	TANF*:    \$    per month <i>* Documentation required.</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	Unemployment:    \$    per month
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	Other:    \$    per month

**Special Needs Note: Child must be enrolled in Children with Special Health Care Services, First Steps, Public School Special Education (IEP) or Head Start (professionally diagnosed with disabilities); receiving Supplemental Social Security or have a statement from a health professional. (Documentation must be submitted.)**

### ADDITIONAL QUESTIONS

Are you and your family currently living in a homeless or domestic violence shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you and your family currently living in a car, park or other public place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family assets (cash, retirement, real property, and investments) total more than one million dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check <u>all</u> categories which best describe who is currently watching your child(ren).		
<input type="checkbox"/> Licensed Child Care Center	<input type="checkbox"/> Licensed Child Care Home	<input type="checkbox"/> Unlicensed Registered Child Care Ministry
<input type="checkbox"/> Before / After School Program	<input type="checkbox"/> Boys / Girls Club	<input type="checkbox"/> Nanny (In my own home)
<input type="checkbox"/> Friend / Relative / Neighbor		<input type="checkbox"/> Head Start
<input type="checkbox"/> No one at this time		<input type="checkbox"/> Pre-School
<input type="checkbox"/> Other:		

### AFFIRMATION STATEMENT

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.**

Signature of applicant	Printed name of applicant	Date (month, day, year)
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