



The Child Care and Development Fund (CCDF) or Child Care Voucher program serves Crawford, Daviess, Dubois, Gibson, Knox, Lawrence, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh and Warrick counties.

To be eligible for assistance, you must be working or attending school and have a gross household income that falls below the amounts listed below for your household size. Total gross income may include Employment Wages, SSI or Disability payments, Child Support, TANF, and Unemployment payments.

A CCDF household includes biological parent(s) of the child(ren) or a spouse and the children. It would not include other friends or family members living in the household.

<u>Size of Family</u>	<u>Gross Monthly Income Limits</u>	<u>Gross Yearly Income Limits</u>
2	\$1,742	\$20,904
3	\$2,199	\$26,388
4	\$2,656	\$31,872
5	\$3,114	\$37,368
6	\$3,571	\$42,852
7	\$4,028	\$48,336
8	\$4,485	\$53,820
9	\$4,942	\$59,304
10	\$5,400	\$64,800

To apply for child care assistance, please fill out the pre-application and submit it with your most recent paystub or 4C's Profit and Loss form (if self-employed).

Eligible foster families must include most recent paystub for all adults in the household, copy of your foster license and a copy of your DCS placement letter with your application.

4C accepts walk-ins Mon-Fri 8am-5pm.

For more information please visit our website at www.child-care.org and look for the icon CCDF Voucher Program at the bottom of the page or email us at ccdf@child-care.org.

PLEASE INCLUDE YOUR EMAIL ADDRESS SO WE CAN CONTACT YOU IF WE HAVE ANY QUESTIONS ABOUT YOUR APPLICATION: _____

CHILD CARE and DEVELOPMENT FUND (CCDF) Pre-application (v2-16)

Date Completed: _____ Phone: (_____) _____

Last Name: _____ First Name: _____

Street Address: _____ City: _____ County: _____ Zip: _____

Are you: Working 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 Other: _____

If a spouse/parent is working, are they paid: Weekly Bi-Weekly Other: _____

**PLEASE NOTE: YOU MUST ATTACH A COPY OF A RECENT PAYSTUB FOR YOURSELF AND OTHER ADULT, IF APPLICABLE.
IF SELF-EMPLOYED, ATTACH STATEMENT OF PROFIT AND LOSS FOR PREVIOUS CALENDAR MONTH.**

Please complete the table below for ALL household members including yourself:

LIST ALL HOUSEHOLD MEMBERS	Date of Birth	Does child need child care services?	Does child have special needs? (See Note)	Relationship to Applicant	Licensed Foster Parent	OTHER SOURCES OF INCOME
Last Name, First Name		N/A	N/A	SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support \$ _____ mo.
		<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 \$ _____ mo.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	TANF* \$ _____ mo. (*Documentation required)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	Unemployment \$ _____ mo.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	Other \$ _____ mo.

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

1. Are you and your family currently living in a homeless or domestic violence shelter?
 Yes No
2. Are you and your family currently living in a car, park or other public place?
 Yes No
3. Do your family assets (cash, retirement, real property, and investments) total more than one million dollars?
 Yes No

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.

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 _____