



Child and Family Resources, Inc.
115 Fall Street
Seneca Falls, NY
UNITED WAY OF SENECA COUNTY
CHILD CARE ASSISTANCE APPLICATION

Name of Parent: _____ Age: _____

Address: _____ Telephone: _____

_____ Cell #: _____

Please Check:

Employed

Employer Name: _____ Telephone: _____

Or

Full-Time Student

Name of School/College: _____ Telephone: _____

Please List **ALL** Household Members Names & Ages (Adults **AND** Children)

Place a check mark next to each child in day care.

Please use the provided key to include adult & child's race/ethnic identity. **(Optional)** *See Definitions

Key For Race

____ Name: _____	Age: _____	Race: _____	(W) = White (not Hispanic)
____ Name: _____	Age: _____	Race: _____	(B) = Black (not Hispanic)
____ Name: _____	Age: _____	Race: _____	(A) = Asian
____ Name: _____	Age: _____	Race: _____	(H) = Hispanic
____ Name: _____	Age: _____	Race: _____	(AI) = American Indian
____ Name: _____	Age: _____	Race: _____	(AN) = Alaskan Native
____ Name: _____	Age: _____	Race: _____	(PI) = Pacific Islands

Number of People in Household: _____ *See Definitions

Gross Household Income: \$ _____ * See Definitions

Are you receiving **any** other income in your household?

Medicaid \$ _____ Food Stamps \$ _____ Public Assistance \$ _____

Child Support \$ _____ Other \$ _____

(PLEASE attach income verification (Current Federal Income Tax Return or 6 most current pay stubs) and full-time school schedule, if applicable)

Registered/Licensed Day Care Provider Name: _____

Provider Address: _____ Telephone: _____
 _____, New York _____ (zip code)

Weekly Payment/Fees Paid for Child Care to Day Care Provider: \$ _____

Total Number of Hours in Day Care per Week per Child _____

Child and Family Resources, Inc.
UNITED WAY OF SENECA COUNTY
CHILD CARE ASSISTANCE APPLICATION (continued)

Please tell us why you are applying for this subsidy:

Are you currently receiving/applying for other child care funding or subsidies? Yes No
If Yes, Name of Agency _____

The information contained in this application is confidential and is used only for the United Way Seneca County Grant.

I certify that the above information is correct and I will allow the Child and Family Resources, Inc. to verify the information, if necessary. I understand and agree to the guidelines provided on the General Guidelines of this application.

Parent Signature: _____ Date: _____

*** Definitions:**

“Gross Income” means before deductions for income taxes, employees’ social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following: **(1)** monetary compensation for services, including wages, salary, commissions, or fees, **(2)** net income from non-farm self-employment, **(3)** net income from farm self-employment, **(4)** social security, **(5)** dividends or interest on savings or bonds, income from estates, or trusts or net rental income, **(6)** public assistance or welfare payments, **(7)** unemployment compensation, **(8)** government civilian employee, or military retirement, or pensions or veterans’ payments, **(9)** private pensions or annuities, **(10)** alimony or child support payments, **(11)** regular contributions from persons not living in the household, **(12)** net royalties, **(13)** military benefits received in cash, such as, housing allowance, and **(14)** any other cash income.

“Household” means a group of related or non-related individuals who are living as one economic unit in the same household.

“Race” the information ensures everyone receives benefits on a fair basis. No family will be discriminated against due to race, sex, color, national origin, age or disability. This is for documentation purposes only.

Please mail application and all pertinent documentation to: Child and Family Resources, Inc., 115 Fall Street, Seneca Falls, NY, 13148. Thank you.