

Child Care Assistance Program (CCAP) Waiting List Form

This information is required to be added to the Waiting List in Jefferson County.

Primary Adult Caretaker Name:	Date Form Completed

Phone Number	Alternative Number:	Email Address:

Comments:

List all adults in your household:

Adult Name	Gender	Date of Birth	SSN (This is voluntary)	Marital Status	Highest Grade Completed	Relationship to applicant
						SELF

Active Military? ____ Yes ____ No ____ N/A Ethnicity (SELF) _____ Ethnicity (other Adult) _____

Address:	Street	City	State	Zip	Phone or Email
Physical					
Mailing					

List all children in your household:

Child's Name	Gender	DOB	SSN (This is voluntary)	Relationship to primary adult	Requesting care?	U.S Citizen/ Alien?

Primary Activity for Adult Caretaker(s): (Employment, Education/Training)

Name	Primary Activity	Activity Start Date

Employment: (Complete only if employment is primary activity)

Name	Begin Date	Employer Name	City	State	First Pay Date	How often paid?	Hourly Wage?	Weekly Hours

Other Income:

Name	Type of Income	Amount	Date Received	How often received

Adult or Teen Education/Training: (Complete only if Education/Training is primary activity)

Name	Begin Date	Name of facility	Number of Credits	Expected Completion Date

I understand this form only provides information that will assist Jefferson County with adding me to the waiting list. In no way, does completion of this form guarantee child care assistance now or in the future.

☒ Signature of Primary Adult Caretaker: _____ Date: _____

FOR COUNTY USE ONLY	
Waiting List Add Date?	Intake Worker?
HH Size? #Child in need of Care?	Income? FPG Level?
CSE Sanction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unpaid Parent Fees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Waiting list Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed 30 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No
Meet Exemption Criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No	≥130% Federal Poverty Guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No
CCAP Database updated? <input type="checkbox"/> Yes <input type="checkbox"/> No	≤130% Federal Poverty Guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No