

Child Care Assistance Application

Tell Us About the People in Your Home

If both parents/step-parents or caretakers are in the home, include information for both.

Parent/step-parent or caretaker name	Birth Date	Social Security Number	Phone ()	
Parent/step-parent or caretaker name	Birth Date	Social Security Number	Phone ()	
Street		City	State	Zip

List all children needing child care.

We have to ask the ethnicity and race of each child, but you don't have to answer. Your answer will not affect your eligibility for child care. If you answer, use the following coding:

Ethnicity:	Race: (choose all that apply)	
H = Hispanic or Latino	W = White	I = American Indian or Alaskan Native
N = Not Hispanic or Latino	B = Black or African American	N = Native Hawaiian or other Pacific Islander
	A = Asian	

Name (First, Last)	Relationship to you	Birth Date	Social Security Number	Sex	Name of School	Race	Ethnicity	Citizen Yes/No	If Alien, Status

Are any of your children listed above identified as having special needs? Yes No

If yes, attach a statement from your doctor or the professional who made the diagnosis to verify special needs.

List all other people living in your home.

Name	Relationship to you

Child Care Provider Information

Provider name	Phone ()		
Street	City	State	Zip

Will your provider watch your children in your own home? Yes No

Need for Service

Parent/Guardian:			Parent/Guardian:		
Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many hours a week?			How many hours a week?		
What is your hourly wage?			What is your hourly wage?		
Employer name:			Employer name:		
Phone:			Phone:		
List the start and end times of the days you work.			List the start and end times of the days you work.		
	Start	End		Start	End
Sunday			Sunday		
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		
Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Enrolled in graduate school? <input type="checkbox"/> Yes <input type="checkbox"/> No			Enrolled in graduate school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School name:			School name:		

In order to determine your need for child care assistance, attach your pay stubs from the last 30 days or a letter from your employer stating your wage and hours. If you are a student, attach a copy of your class schedule.

List other reasons you need child care (hospitalizations, job search, etc.).

Monthly Family Income

List your family income below. If you are not the parent/step-parent of the child needing care, list only the child's income.

Gross Wages (before taxes)	\$	SSI	\$
FIP Benefits	\$	Social Security	\$
Child Support or Alimony	\$	Other	\$

If you are receiving Food Assistance, FIP, or medical assistance please write your worker's name here

Signature

Date

You Have the Right to Appeal

You or the person helping you may request a hearing in writing if you do not agree with any action taken on your case. You may contact your county DHS office about legal services that are available based on your ability to pay. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

You Will Not Be Discriminated Against

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to: Iowa Department of Human Services, Administrator, Diversity Program Unit, 1305 E. Walnut, Des Moines IA 50319-0114; phone (800) 972-2017; fax (515) 281-4243.