

### C.A.R.E. Application

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone : \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you participated in the CARE Program Before?: Yes \_\_\_\_\_ NO \_\_\_\_\_ If yes, Give Dates: \_\_\_\_\_

Are you currently receiving AFDC? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, has it been longer than one year from today's date?: Yes \_\_\_\_\_ No \_\_\_\_\_

Are You participating in GAIN?: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Who is your Case Worker?: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ (Date of Divorce \_\_\_\_\_) Separated \_\_\_\_\_ (Date of Separation \_\_\_\_\_)

Provide the following information for your child/Children

Name	Age	Birth Date	In Home	Not Home	Needs Child Care
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If any child/children listed above needs child care and attends school, complete the following section:

Child's Name	School	Time Child Leaves School	Time Child Returns Home
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you know an agency or person who would provide child care for you? If yes, give the following information:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

In addition to providing funds for child care expenses, how can the CARE program help you? For example, what workshops would you like to see offered?

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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For Office Use Only

Waiver by State Chancellor's Office? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

First Time CARE Participant \_\_\_\_\_ Continuing CARE Participant \_\_\_\_\_ Returning CARE Participant \_\_\_\_\_

Approved \_\_\_\_\_ Effective \_\_\_\_\_

CARE Coordinators Signature: \_\_\_\_\_ Date: \_\_\_\_\_