

Part D. Gross Monthly Income Calculations 31. Number of dependents (including yourself and spouse/partner): _____

32. List all eligible income sources. **Attach copies of required documentation of income sources** as explained in the instructions. If you are a student, attach class schedule, official copy of registration and income verification (i.e. DSHS case #, wage stubs, financial aid award letter, etc.)

Gross Monthly Salary #1 _____	\$ _____
Gross Monthly Salary #2 _____	\$ _____
Other (specify) _____	\$ _____
Other (specify) _____	\$ _____

33. How have your child care costs been paid up to this date? _____

Part E. Children's Information – If you need more space, please attach an additional sheet of paper.

34. Child #1 Name: _____
Last First MI

35. Date of Birth: ___/___/___ 36. Sex: Female Male 37. Current age: ___ years, ___ months 38. Dependent of Veteran or Active Duty Military Member Yes No

39. Ethnicity/race: African American American Indian/Alaskan Native Asian European American/Caucasian (mark all that apply) Latino/Hispanic Pacific Islander Other Unknown Yes No

40. Any special needs, handicaps or health problems (please specify): _____

41. Child #2 Name: _____
Last First MI

42. Date of Birth: ___/___/___ 43. Sex: Female Male 44. Current age: ___ years, ___ months 45. Dependent of Veteran or Active Duty Military Member Yes No

46. Ethnicity/race: African American American Indian/Alaskan Native Asian European American/Caucasian (mark all that apply) Latino/Hispanic Pacific Islander Other Unknown Yes No

47. Any special needs, handicaps or health problems (please specify): _____

48. Child #3 Name: _____
Last First MI

49. Date of Birth: ___/___/___ 50. Sex: Female Male 51. Current age: ___ years, ___ months 52. Dependent of Veteran or Active Duty Military Member Yes No

53. Ethnicity/race: African American American Indian/Alaskan Native Asian European American/Caucasian (mark all that apply) Latino/Hispanic Pacific Islander Other Unknown Yes No

54. Any special needs, handicaps or health problems (please specify): _____

55. Child #4 Name: _____
Last First MI

56. Date of Birth: ___/___/___ 57. Sex: Female Male 58. Current age: ___ years, ___ months 59. Dependent of Veteran or Active Duty Military Member Yes No

60. Ethnicity/race: African American American Indian/Alaskan Native Asian European American/Caucasian (mark all that apply) Latino/Hispanic Pacific Islander Other Unknown Yes No

61. Any special needs, handicaps or health problems (please specify): _____

Certification of Information and Permission to Verify Eligibility Information

I/We declare under penalty of perjury under the laws of Washington that the information I/we have given is true, correct and complete to the best of my knowledge. I/We understand that incorrect or false statements may result in civil or criminal actions by Child Care Resources. I/We hereby give permission for Child Care Resources to make any necessary contacts to establish eligibility.

Parent/Guardian signature: _____ Date ___/___/___

Parent/Guardian signature: _____ Date ___/___/___

Mail completed application to:
Child Care Resources 1225 S. Weller Suite 300, Seattle, WA 98144
Attn. CCFA,
OR Confidential Fax 206-336-7882