

# MOORE COUNTY WAITING LIST FORM FOR CHILD DAY CARE SERVICES

\*\*\*PLEASE PRINT\*\*\*

Currently, Moore County Social Services is maintaining a waiting list for child care services. You will be contacted to come into the agency to complete an official application for child care services and be interviewed at the time that we have adequate funding to assist your family, once we get to your name on the waiting list. Please provide information on household members.

Mother or Applicant

Name (if in the home) \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Father or Applicant

Name (if in the home) \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Name	Need Child Care?	Special Needs or Developmental Delays?	Date of Birth	Please check if U.S. citizens

If you are pregnant, what is your expected due date? \_\_\_\_\_

**Sources of household income: \* (If both parents are in household include gross wages for both parents.)**

\* Gross Pay Wages \_\_\_\_\_ Child Support \_\_\_\_\_ SSA \_\_\_\_\_  
 Worker's Comp \_\_\_\_\_ Unemployment \_\_\_\_\_ Alimony \_\_\_\_\_  
 Other Household Members/Income: \_\_\_\_\_

- |  |                   |                   |
|--|-------------------|-------------------|
|  | <b>Circle One</b> | <b>Circle One</b> |
| A. Do you need assistance because you are currently employed?  | Yes / No          | Full or Part Time |
| B. Do you need assistance because you currently go to school?<br>If you attend school what school are you attending? | Yes / No          | Full or Part Time |
| C. Are you receiving child care subsidy for another child (ren)?   | Yes / No          |                   |
| D. Does your household receive Food Nutrition Services (Food Stamps)?  | Yes / No          |                   |
| E. Are you currently in the vulnerable population of families experiencing homelessness?                             | Yes / No          |                   |

**If your child has special needs or developmental delays does your child have an IEP (Individualized Education Plan), IFSP (Individualized Family Service Plan), PCP (Personal Care Plan), or 504 Plan?** \_\_\_\_\_

**For information on finding child care services, please call Child Care Resource & Referral (CCR&R) at 1-877-230-3024**

**Important note: If your mailing address changes, it is your responsibility to request another form to update those changes. Failure to do so could cause a missed opportunity to be notified of funding and your name to be removed from our waiting list.**

In accordance with Federal law and US Department of Agriculture (USDA) and US Department of Health & Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, DC 20201 or call (202)619-0403 (voice) or 202-619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.