

## Montco Cares Program

Family Application – October 2020

Please complete the application below for the Montco Cares Program. In addition, the following verifications MUST be submitted in order for the application to be complete:

- Photo Identification (current driver's license or photo ID)
- Verification of Residence Address (driver's license, photo ID, lease, utility bill, pay stub)
- Income Verification for all working adults in the family (4 weeks of current pay stubs)
- Verification of Unearned Income (SSI, child support, disability, etc.)
- Verification of Family Composition for all children in the household. Applicants must establish the relationship between parent(s)/caretaker(s) and child(ren). Verification can include a birth certificate/hospital birth record or custody order.

<b>Parent/Caretaker Information (primary)</b>			
First Name	Middle Initial	Last Name	Relation to Child
Date of Birth	Phone Number	Email Address	
Marital Status	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Mailing Address			Apartment Number
City	State	Zip Code	

<b>Parent/Caretaker Information (secondary)</b>			
First Name	Middle Initial	Last Name	Relation to Child
Date of Birth	Phone Number	Email Address	
Marital Status	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Mailing Address			Apartment Number
City	State	Zip Code	

<b>Child Information</b>			
First Name	Last Name	Date of Birth	Social Security Number

<b>Verification of Household Income</b> (earned and unearned)			
Is your family's income less than 100% of the area median income? (Refer to the chart on page 1) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your family have assets that exceed \$1 million? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please check below to indicate all types of income that your household receives:			
<input type="checkbox"/> Wages	<input type="checkbox"/> Self-employment income	<input type="checkbox"/> Child support	<input type="checkbox"/> Unemployment compensation
<input type="checkbox"/> Commission	<input type="checkbox"/> SSI or Social Security	<input type="checkbox"/> Spousal support	<input type="checkbox"/> Workers compensation
<input type="checkbox"/> Union pay	<input type="checkbox"/> Interest	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other (please specify)

Person Receiving	Type of Income	Income Frequency	Income Amount	Date last received

<b>Child Care Provider information</b>				
<b>Name of Child Care:</b>	<b>Phone Number:</b>			
<b>Address:</b>	<b>Director's Name:</b>			
<b>Start Date:</b>	<b>Currently Enrolled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Using the boxes below, please list the days and times you will be dropping off and picking up from child care:				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Drop Off	Drop Off	Drop Off	Drop Off	Drop Off
Pick Up	Pick Up	Pick Up	Pick Up	Pick Up

How specifically has the family and/or family's child care been disrupted/affected by the COVID-19 Pandemic?

**Parent/Caretaker Affidavit**

An affidavit is a sworn statement of fact. By signing this affidavit, the applicant is stating that the information entered on this form is true and correct. The affidavit is the legal way to swear that statements are fact. The parent or caretaker applying for the Montco Cares Program funds should sign and date this application. The applicant's signature validates the information entered on the form.

**All information I have given is true, correct and complete to the best of my ability, knowledge and belief.**

Parent/Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Submission Instructions:**

Applications may be submitted to the Early Learning Resource Center through one of the following ways:

**Email:** [FamilyMCPapplications@montcopa.org](mailto:FamilyMCPapplications@montcopa.org)

**Fax:** (610) 278-5161

**Regular Mail:**

Montco Cares Program  
Early Learning Resource Center, Region 17  
Montgomery County Human Services Center  
P.O. Box 311  
1430 Dekalb Street  
Norristown, PA 19404-0311