

Date: \_\_\_\_\_  
 Please write name of provider and address below:

Assigned to: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Case#: \_\_\_\_\_

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

**Pre-Determination For Child Care Services**

Name (Last, First, M.I.)		Telephone #	Other Telephone #
Address		City/Zip Code	
Social Security #	DOB	Sex	Race (optional)
Spouse Name (If applicable)	DOB	Social Security #	
Marital Status (circle one): Married Single Separated Divorced		TANF: (circle one) YES or NO	Food Stamps: (circle one) YES or NO
IF SINGLE PARENT, IS A CHILD SUPPORT CASE OPENED THROUGH THE ATTORNEY GENERAL'S OFFICE: (circle one) YES or NO			
<b>IF NO, YOU <u>MUST</u> BE IN THE PROCESS OF OPENING A CASE WITH THE ATTORNEY GENERAL'S OFFICE</b>			

**"ALL" OTHER HOUSEHOLD MEMBERS**

Name (Last, First, M.I.)	Race	Relation to Applicant	Date of Birth	Social Security #	Needs Day Care? YES or NO	List any disabilities
1.						
2.						
3.						
4.						
5.						

**EMPLOYMENT/EDUCATION/TRAINING INFORMATION**

	YOURS	SPOUSE
Name of Employer		
Work Telephone #		
Work Schedule		
Rate of Pay (indicate hourly, weekly, etc.)		
Other Monthly Income		
Monthly Income (Gross)		
How Paid (weekly, bi-weekly, monthly)		
Name of School/Training Attending		
School/Training Telephone #		
Start Date & Days Attending		
Hours Attending Per Week		
#College Semester Hours Completed		
Name of other training program		
How did you hear about childcare services: (circle one) Television Newspaper Friend Relative Other: _____		
Does your child have any special needs? (circle one) YES or NO		
Is anyone in your household receiving SSI? (circle one) YES or NO		
If your answer is yes, Please name the person and relation to case: _____		