



# AmeriCorps\*State & National Child Care Benefits Program Application

*(Not to be Used by VISTA and NCCC Members)*

## SECTION A - MEMBER INFORMATION (Parent / Legal Guardian)

1. TYPE OF APPLICATION		2. SOCIAL SECURITY NUMBER		3. YOUR FIRST NAME		MI	LAST NAME		
a. <input type="checkbox"/> NEW APPLICATION		4. MEMBER ID (NSPID, usually 6 digits)		5. CURRENT ADDRESS 1					
b. <input type="checkbox"/> RE-DETERMINATION									
c. <input type="checkbox"/> RETURNING		6. DATE OF BIRTH		7. GENDER		CURRENT ADDRESS 2			
				<input type="checkbox"/> M <input type="checkbox"/> F					
8. MARITAL STATUS (If married / domestic partner, please enter spouse's / partner's name)				CITY		STATE	ZIP CODE		
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED									
9. SPOUSE / PARTNER FIRST NAME		SPOUSE / PARTNER LAST NAME		10. YOUR PERSONAL EMAIL ADDRESS					
11. TOTAL # OF HOUSEHOLD MEMBERS		12. # OF CHILDREN UNDER AGE 13		13. PERMANENT ADDRESS 1					
14. HOME PHONE NUMBER		15. CELL PHONE NUMBER		PERMANENT ADDRESS 2					
16. WORK PHONE NUMBER		EXT.	17. FAX NUMBER		CITY		STATE	ZIP CODE	

## SECTION B - MEMBER SERVICE ASSIGNMENT INFORMATION

1. NAME OF SPONSOR (ORGANIZATION MEMBER IS VOLUNTEERING FOR)				2. MEMBER SERVICE EMAIL ADDRESS (If applicable)					
3. SPONSOR ORGANIZATION ADDRESS 1				4. LIVING ALLOWANCE GROSS MONTHLY AMOUNT					
				\$					
SPONSOR ORGANIZATION ADDRESS 2				5. YOUR SERVICE START DATE		6. YOUR SERVICE END DATE			
CITY				STATE	ZIP CODE		7. PROGRAM NAME		
8. SUPERVISOR'S FIRST NAME		SUPERVISOR'S LAST NAME		9. SERVICE ASSIGNMENT ADDRESS 1					
10. SUPERVISOR'S PHONE NO.		EXT.	11. SUPERVISOR'S FAX NO.		SERVICE ASSIGNMENT ADDRESS 2				
12. SUPERVISOR'S EMAIL ADDRESS				CITY		STATE	ZIP CODE		

## SECTION C - MEMBER'S (Applicant's) HOUSEHOLD INFORMATION

Please list all persons residing in your household. Include all children and adults and their relationship to you. For example: spouse, domestic partner, child, mother, father, brother, sister, grandmother, grandfather, cousin, aunt, uncle, roommate, etc. For children under the age of 13 for whom you are the parent or legal guardian, please indicate if AmeriCorps child care benefits will (or may) be used for child care services. A copy of the child's birth certificate is required for each child using the Benefits.

1. NAME OF HOUSEHOLD MEMBER		2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH	4. RELATIONSHIP TO MEMBER	5. GENDER		6. IF UNDER 13, DOES CHILD NEED CHILD CARE SERVICES?
FIRST NAME	LAST NAME				M	F	
APPLICANT (AMERICORPS MEMBER)		NA	NA	SELF	NA		NA
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION C- MEMBER'S (Applicant's) HOUSEHOLD INFORMATION (Continued)							
1. NAME OF HOUSEHOLD MEMBER		2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH	4. RELATIONSHIP TO MEMBER	5. GENDER		6. IF UNDER 13, DOES CHILD NEED CHILD CARE SERVICES?
FIRST NAME	LAST NAME				M	F	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION D - MEMBER'S CHILDREN UNDER 13 WHO NEED CHILD CARE SERVICES**

Please list each child under 13 years of age, who is a household member and who needs child care services. Please remember that we can not pay any child care benefits for any child listed who is receiving a child care subsidy or any other child care benefits from any other sources.

1a. FIRST NAME OF CHILD 1		LAST NAME		b. GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		c. DATE OF BIRTH(MM/DD/YYYY)		
d. CHILD 1 RELATIONSHIP TO YOU <input type="checkbox"/> MY BIOLOGICAL CHILD <input type="checkbox"/> MY STEPCHILD <input type="checkbox"/> I AM THE LEGAL GUARDIAN <input type="checkbox"/> MY ADOPTED CHILD <input type="checkbox"/> MY FOSTER CHILD <input type="checkbox"/> MY GRANDCHILD				e. IS CHILD 1 DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
f. CHILD 1 CHILD CARE PROVIDER'S NAME			g. PROVIDER TYPE (CHECK 1) <input type="checkbox"/> CENTER BASED <input type="checkbox"/> FAMILY HOME BASED <input type="checkbox"/> SCHOOL BASED <input type="checkbox"/> OTHER			h. DATE OF ENROLLMENT		
i. ADDRESS 1						i. TELEPHONE		EXT.
ADDRESS 2						k. ALTERNATE PHONE		EXT.
CITY		STATE				ZIP CODE	l. FAX NUMBER	
m. TYPE OF CHILD CARE (CHECK 1) <input type="checkbox"/> ALL DAY CARE <input type="checkbox"/> HALF DAY <input type="checkbox"/> BEFORE & AFTER <input type="checkbox"/> BEFORE SCHOOL <input type="checkbox"/> AFTER SCHOOL <input type="checkbox"/> SUMMER				n. WEEKLY CHILD CARE COST \$		o. DO YOU RECEIVE A CHILD CARE SUBSIDY FOR CHILD 1 FROM ANY OTHER SOURCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
p. CONTACT PERSON FIRST		LAST NAME		q. TITLE		r. EMAIL ADDRESS		

2a. FIRST NAME OF CHILD 2		LAST NAME		b. GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		c. DATE OF BIRTH (MM/DD/YYYY)		
d. CHILD 2 RELATIONSHIP TO YOU <input type="checkbox"/> MY BIOLOGICAL CHILD <input type="checkbox"/> MY STEPCHILD <input type="checkbox"/> I AM THE LEGAL GUARDIAN <input type="checkbox"/> MY ADOPTED CHILD <input type="checkbox"/> MY FOSTER CHILD <input type="checkbox"/> MY GRANDCHILD				e. IS CHILD 2 DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
f. CHILD 2 CHILD CARE PROVIDER'S NAME			g. PROVIDER TYPE (CHECK 1) <input type="checkbox"/> CENTER BASED <input type="checkbox"/> FAMILY HOME BASED <input type="checkbox"/> SCHOOL BASED <input type="checkbox"/> OTHER			h. DATE OF ENROLLMENT		
i. ADDRESS 1						i. TELEPHONE		EXT.
ADDRESS 2						k. ALTERNATE		EXT.
CITY		STATE				ZIP CODE	l. FAX NUMBER	
m. TYPE OF CHILD CARE (CHECK 1) <input type="checkbox"/> ALL DAY CARE <input type="checkbox"/> HALF DAY <input type="checkbox"/> BEFORE & AFTER <input type="checkbox"/> BEFORE SCHOOL <input type="checkbox"/> AFTER SCHOOL <input type="checkbox"/> SUMMER				n. WEEKLY CHILD CARE COST \$		o. DO YOU RECEIVE A CHILD CARE SUBSIDY FOR CHILD 2 FROM ANY OTHER SOURCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
p. CONTACT PERSON FIRST		LAST NAME		q. TITLE		r. EMAIL ADDRESS		

<b>3a. FIRST NAME OF</b>		<b>LAST NAME</b>		<b>b. GENDER</b>		<b>c. DATE OF BIRTH (MM/DD/YYYY)</b>	
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
<b>d. CHILD 3 RELATIONSHIP TO YOU</b>						<b>e. IS CHILD 3 DISABLED?</b>	
<input type="checkbox"/> MY BIOLOGICAL CHILD		<input type="checkbox"/> MY STEPCHILD		<input type="checkbox"/> I AM THE LEGAL GUARDIAN		<input type="checkbox"/> YES	
<input type="checkbox"/> MY ADOPTED CHILD		<input type="checkbox"/> MY FOSTER CHILD		<input type="checkbox"/> MY GRANDCHILD		<input type="checkbox"/> NO	
<b>f. CHILD 3 CHILD CARE PROVIDER'S NAME</b>				<b>g. PROVIDER TYPE (CHECK 1)</b>		<b>h. DATE OF ENROLLMENT</b>	
				<input type="checkbox"/> CENTER BASED			
<b>i. ADDRESS 1</b>				<input type="checkbox"/> FAMILY HOME BASED		<b>j. TELEPHONE</b> <b>EXT.</b>	
				<input type="checkbox"/> SCHOOL BASED			
<b>ADDRESS 2</b>				<input type="checkbox"/> OTHER		<b>k. ALTERNATE</b> <b>EXT.</b>	
<b>CITY</b>		<b>STATE</b>		<b>ZIP CODE</b>		<b>l. FAX NUMBER</b>	
<b>m. TYPE OF CHILD CARE (CHECK 1)</b>				<b>n. WEEKLY CHILD CARE COST</b>		<b>o. DO YOU RECEIVE A CHILD CARE SUBSIDY FOR CHILD 3 FROM ANY OTHER SOURCE?</b>	
<input type="checkbox"/> ALL DAY CARE		<input type="checkbox"/> HALF DAY		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> BEFORE & AFTER		<input type="checkbox"/> BEFORE SCHOOL					
<input type="checkbox"/> AFTER SCHOOL		<input type="checkbox"/> SUMMER					
<b>p. CONTACT PERSON FIRST</b>		<b>LAST NAME</b>		<b>q. TITLE</b>		<b>r. EMAIL ADDRESS</b>	

**SECTION E - TOTAL HOUSEHOLD INCOME**

Please enter monthly income information, from all sources, for every household member. Eligibility for child care benefits is based on total household monthly gross income. Please note that your monthly AmeriCorps living allowance should be included on line 2. Proof of income (most recent 4 consecutive weeks) must be attached to this application.

TYPE OF INCOME	TOTAL GROSS MONTHLY HOUSEHOLD INCOME FOR EACH FAMILY MEMBER			
	a. APPLICANT	b. SPOUSE	c. OTHER HOUSEHOLD MEMBER 1	d. OTHER HOUSEHOLD MEMBER 2
1. Wages & Salary (Gross)	\$	\$	\$	\$
2. AmeriCorps Living Allowance	\$	\$	\$	\$
3. Self Employment Income	\$	\$	\$	\$
4. Unemployment Benefits	\$	\$	\$	\$
5. Social Security Benefits	\$	\$	\$	\$
6. Disability Income (Including SSI)	\$	\$	\$	\$
7. Workers Compensation Benefits	\$	\$	\$	\$
8. Veteran's Benefits	\$	\$	\$	\$
9. Child Support	\$	\$	\$	\$
10. Public Assistance (AFDC, TANF, etc.)	\$	\$	\$	\$
11. Rental Income	\$	\$	\$	\$
12. Alimony	\$	\$	\$	\$
13. Interest & Dividend Income	\$	\$	\$	\$
14. Other:	\$	\$	\$	\$
15. TOTAL GROSS MONTHLY INCOME	\$	\$	\$	\$
16. TOTAL GROSS HOUSEHOLD MONTHLY INCOME = (15a+15b+15c+15d)				\$

<b>SECTION F - FOR FIRST FINANCIAL ASSOCIATES (FFA) INTERNAL USE ONLY</b>												
<b>1. NAME OF AMERICORPS GRANTEE</b>					<b>2. NAME OF AMERICORPS HOST SITE</b>							
<b>3. GRANTEE'S ADDRESS 1</b>					<b>4. HOST SITE'S ADDRESS 1</b>							
<b>ADDRESS 2</b>					<b>ADDRESS 2</b>							
<b>CITY</b>			<b>STATE</b>		<b>ZIP CODE</b>		<b>CITY</b>			<b>STATE</b>		<b>ZIP CODE</b>
<b>5. TELEPHONE NUMBER</b>		<b>EXT.</b>	<b>6. FAX NUMBER</b>			<b>7. TELEPHONE</b>		<b>EXT.</b>	<b>8. FAX NUMBER</b>			
<b>9. GRANTEE ID NO.</b>		<b>AMERICORPS CLUSTER</b>		<b>AREA</b>	<b>10. HOST SITE CONTACT PERSON'S FIRST &amp; LAST NAME</b>							
<b>13. PROGRAM OFFICER'S FIRST &amp; LAST NAME</b>					<b>11. HOST SITE'S PROGRAM START DATE</b>							
<b>14. CONTACT EMAIL ADDRESS</b>				<b>15. STATE OR NATIONAL</b>			<b>12. HOST SITE'S PROGRAM END DATE</b>					
				<input type="checkbox"/> STATE <input type="checkbox"/> NATIONAL								

<b>SECTION G - CERTIFICATIONS &amp; SIGNATURES</b>		
<b>APPLICANT (MEMBER) CERTIFICATIONS &amp; SIGNATURE</b>		

**I certify and affirm** that the above information is true and complete to the best of my knowledge. I certify that I need child care benefits to be paid in order to complete my term of service. I also certify that I am the parent or legal guardian of each child listed in Section D above. I understand that if I make a false statement, it is a violation of federal law and I may be subject to criminal and / or civil penalties as allowed by law. In addition, I further understand that if I make false statements or misrepresentations on this form, I may be subject to criminal prosecution and punishment, including the termination of my service, fines, repayment of any benefits received, or imprisonment. I further understand that First Financial Associates (FFA) is required to confirm the credentials of my child care provider (if applicable), including ensuring that my child care provider is licensed and/or regulated by my state. In addition, I understand that if I am determined to be eligible to received child care benefits, FFA is required to make all benefit payments directly to my child care provider. I agree to notify FFA immediately if there are any changes to the following: my status with AmeriCorps, my personal income, my household income, my child care provider, my need for child care services, my receiving a child care subsidy or benefit from any other source, or any other material change in my situation or circumstances.

<b>APPLICANT'S (MEMBER'S) PRINTED NAME</b>		<b>SIGNATURE OF APPLICANT</b>	<b>DATE SIGNED</b>
<b>FIRST NAME</b>	<b>LAST NAME</b>		

<b>PROGRAM DIRECTOR CERTIFICATION &amp; SIGNATURE</b>		
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I certify that the Member listed in Section A of this application is eligible to receive child care benefits, and I certify and affirm the following:

- I have confirmed that the Member is currently an active AmeriCorps member, and
- The Member will need child care services in order to serve in AmeriCorps.

<b>PROGRAM DIRECTOR'S PRINTED NAME</b>		<b>SIGNATURE OF PROGRAM DIRECTOR</b>	<b>DATE SIGNED</b>
<b>FIRST NAME</b>	<b>LAST NAME</b>		

**PRIVACY ACT STATEMENT**

The Corporation for National and Community Service (CNCS) is the federal agency responsible for domestic volunteer programs. Pursuant to 45 C.F.R. §2522.250, CNCS is authorized to offer child care benefits to eligible members. The CNCS programs that offer a child care benefit to its eligible members are: AmeriCorps VISTA, AmeriCorps State and National, and AmeriCorps National Civilian Community Corps (NCCC).

CNCS has selected First Financial Associates, Inc. (FFA) to administer the child care benefits program (CCBP) on behalf of its eligible members. In order to determine eligibility for the CCBP, FFA must collect certain personally identifiable information (PII), including the social security number of the AmeriCorps member applying for the CCBP. The primary use of these Social Security Numbers will be for identification purposes in determining eligibility for child care benefits. The primary use of information regarding family income (copies of pay slips and tax returns), name of current child care provider, copies of the provider's license, statement of compliance, and information about other child care subsidies is also used to determine eligibility for child care benefits. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.

**Applying for the AmeriCorps State & National Child Care Benefits Program****General Instructions**

- 1) Complete Sections A, B, C, D and E.
- 2) Skip Section F; it is for FFA internal use only.
- 3) Sign and complete the Applicant (Member) part of Section G.
- 4) Please attach the following supporting documentation: copy of a birth certificate for each child listed in Section D, an AmeriCorps Child Care Provider Information form for each of your child care providers, a completed IRS Form W-9 for each child care provider, a copy of each child care provider's license (and/or proof of compliance with all of your state's credentialing requirements), a copy of your most recent federal income tax return, proof of each household member gross income for the most recent 4 weeks (paycheck stubs, letter from employer, benefit statements, and other acceptable proof allowed by your state)
- 6) Send the completed form, along with the supporting documentation to:

*First Financial Associates  
AmeriCorps CCBP  
7079 Hayden Quarry RD  
Lithonia, GA 30038-2506*

**Specific Instructions****Section A - Member Information (Parent / Legal Guardian)**

- 1) **Type of AmeriCorps Child Care Benefits Program (CCBP) Application:**  
**New Application** – Mark this box for new enrollment or application, and you have never been enrolled in AmeriCorps' CCBP before.  
**Re-Determination** – Mark this box if you are adding or changing any existing information. You may add or change any of your personal information, including: your permanent address, your mailing address, telephone numbers, and email addresses. Also, you may add or change your children in your CCBP or you may add or change your children's child care providers.  
**Returning** – Mark this box if you are an AmeriCorps Leader and you were receiving a child care subsidy from AmeriCorps in the past, but you are not currently receiving a subsidy. You wish to re-enroll or re-apply for another CCBP award. Please note that you must be a returning AmeriCorps member and you must include supporting documentation.
- 2) **Social Security Number (SSN):** We must have your social security number since First Financial Associates (FFA) is required to provide AmeriCorps with monthly, quarterly and annual child care benefits reports. If you choose not to provide your social security number, you may not be eligible to receive subsidy payments from FFA.
- 3) **Member (Applicant) Name:** Please give us your first name, middle initial and last name.
- 4) **Member ID (NSPID):** This is the National Service Participation Identification Number (NSPID) or Member ID number which is assigned to you by AmeriCorps. It is usually a 6 digit number, but may also be a 5 digit number. You can get your NSPID from your MyAmeriCorps member profile page.
- 5) **Current Mailing Address:** Please give us your primary mailing address, including: number and street, directional (SE, NE, SW, etc., if applicable), apartment number (if applicable), city, state and zip code.
- 6) **Date of Birth:** Please provide your date of birth in this format: MM/DD/YYYY.
- 7) **Gender:** Please let us know if you are male or female.
- 8) **Marital Status:** Please check the appropriate one.
- 9) **Spouse's Name or Domestic Partner's Name:** Please put your spouse's or domestic partner's first and last name. You may skip this if you are not married or you do not have a domestic partner.
- 10) **Your Personal Email Address:** Please provide us with you personal or home email address here, not your service or work email address.
- 11) **Total Number of Household Members:** This is the total number of children (under the age of 18) plus adults (age 18 and over) that reside in your home.
- 12) **Number of Children Under Age 13:** This is the total number of children that live in your home and who are under the age of 13.
- 13) **Your Permanent Address:** Please give us your permanent address where you can be reached after your service with AmeriCorps is completed. Please include: number and street, directional (SE, NE, SW, etc., if applicable), suite or room number (if applicable), city, state and zip code.
- 14) **Home Telephone Number:** Please provide your home telephone number.
- 15) **Cell Telephone:** Please provide your cell telephone number if applicable.
- 16) **Work Telephone Number:** Please provide your work telephone number, along with your extension, if applicable.
- 17) **Fax Number:** Please provide a facsimile number (home or work) where we may be able to fax information or documents to you. If you do not have a fax, you may skip this item.

**Section B - Member Service Assignment Information**

- 1) **Name of Your Sponsor Organization:** The name of the organization for which you are volunteering.
- 2) **Your Service Email Address:** Please provide us with you services or work email address here, not you home (personal) email address. If you have not been assigned a service or work email address, you may skip this.
- 3) **Sponsor Organization Address:** Please provide us with the address where your sponsor organization is based.

- 4) **Living Allowance Gross Monthly Amount:** Please indicate the total (gross) amount of your monthly living allowance.
- 5) **Your Service Start Date:** Please give us the start date for your AmeriCorps service assignment.
- 6) **Your Service End Date:** Please give us the end date for your AmeriCorps service assignment.
- 7) **Supervisor's Name:** Please provide the first and last name of your supervisor.
- 8) **Program Name:** Please give us the name of the AmeriCorps State & National program you are volunteering with. You may ask your supervisor if you need help with this.
- 9) **Service Assignment Address:** Please give us the physical address of your service assignment location.
- 10) **Supervisor's Telephone Number:** Please provide a contact telephone number for your supervisor. You may ask your supervisor if you need help with this.
- 11) **Supervisor's Fax Number:** Please provide a fax number for your supervisor, if available.
- 12) **Supervisor's Email Address:** Please provide an email address for your supervisor, if available.

### Section C - Member's (Applicant's) Household Information

- 1) **Household Members First & Last Name:** Please give us the first name and last name of each household member. If there are more than 8 people in your household, please attach additional copies (as needed) of page 2 to your application.
- 2) **Household Members Social Security Number:** Please give us the SSN for each household member, including children.
- 3) **Household Member Date of Birth:** Please give us the date of birth for each household member.
- 4) **Relationship to Member:** Please indicate how each household member is related to you.
- 5) **Household Member's Gender:** Please check the appropriate box to indicate whether each household member is male or female.
- 6) **Children Under 13 Needs Child Care Services?** For each household member that is under the age of 13, please indicate (Yes or No) if they need child care services.

### Section D - Children Under 13 Who Need Child Care Services

Section D is for you to list each child who is under the age of 13, for whom you need child care services. This application will accommodate up to 3 children. If you have more than 3 children who meet the requirements for the CCBP, and you would like to include them, you may add additional copies of page 2 of this application.

- a) **Child's Name:** Please give us the first name and last name of each child.
- b) **Child's Gender:** Please let us know if each child is male or female.
- c) **Date of Birth:** Please provide the date of birth for each child in this format: MM/DD/YYYY.
- d) **Child's Relationship to You:** Please let us know the relationship of each child to you. We must make sure that each child meets the definition of a qualified child or dependent.
- e) **Is The Child Disabled:** Please answer "Yes" or "No".
- f) **Child Care Provider's Name:** Please provide the name of the company, agency or organization that provides the child care services for each child. If the child care provider is a company, we must have the company's name. If the child care provider is an individual, we must have the individual's name.
- g) **Child Care Provider Type:** Please check the appropriate type for each child care provider. If the child care provider is an individual, and that individual provides the child care services at their personal home, then you should check "Family Home Based". However, if the child care provider is an individual, but they have a child care center or facility where they provide the child care services away from their personal home, then you should check "Center Based". If the child care services are provided at a public school or an accredited private school, you should check "School Based".
- h) **Date of Enrollment:** Please indicate the date each child was initially enrolled or started with their child care provider.
- i) **Child Care Provider's Address:** Please give us your child care provider's address, including: number and street, directional (SE, NE, SW, etc., if applicable), suite or room number (if applicable), city, state and zip code.
- j) **Telephone Number:** Please provide your child care provider's telephone number.
- k) **Alternate Number:** Please provide an alternate contact telephone number for you provider, if available. This can be a cell phone number, or any other alternate number where we can reach your child care provider.
- l) **Fax Number:** Please provide a facsimile number where we may be able to fax information or documents to your child care provider. If your child care provider does not have a fax, you may skip this item.
- m) **Type of Child Care:** For each child listed, please indicate the type of child care services they are receiving.
- n) **Weekly Child Care Cost:** Please indicate how much your child care provider is charging you for each child listed per week. If your child care provider is charging you by the day, month, quarter, or semester, please convert these charges to a weekly cost and put that amount here.

- o) **Child Care Subsidy From Any Other Source:** Please indicate (Yes or No) whether or not you are receiving a child care subsidy from any other source (state, local, city, county, charity organization, child care center, etc.).
- p) **Child Care Provider Contact Person** - Please put the name of a primary contact person located at your child care provider, who we can contact regarding questions or issues related to your child care subsidy application and/or award.
- q) **Contact Person's Title** - Please give us the child care provider contact person's title.
- r) **Contact Person's Email Address** - Please give us the child care provider's contact person's email address. If they do not have an email address, you may skip this.

### Section E - Total Household Income

This Section is for detailing and listing all sources of income for every household member. This list is not all-inclusive, and you may have sources of income that are not itemized here. If so, please put those sources on line 12 and specify (list) the source in the space provided on line 12. **Please note that as an AmeriCorps member, your monthly living allowance may or may not be included in this computation of total household income. It is determined by the CCDF guidelines of the state in which the child care services are provided.**

- 1) **Wages & Salary:** Please indicate gross monthly wages and salaries for each household member.
- 2) **AmeriCorps Living Allowance:** Please put the gross monthly amount of the AmeriCorps Living Allowance for you and all other household members who are a member of AmeriCorps.
- 3) **Self Employment Income:** If you or any member of your household is self employed, please indicate the average monthly amount of any self employment income that you and any member of your household receive.
- 4) **Unemployment Benefits:** Please show monthly unemployment benefits for each household member in the appropriate column.
- 5) **Social Security Benefits:** Please show monthly social security benefits for each household member in the appropriate column.
- 6) **Disability Income:** Please show monthly disability income benefits for each household member in the appropriate column.
- 7) **Workers Compensation Benefits:** Please show monthly workers compensation benefits for each household member in the appropriate column.
- 8) **Veteran's Benefits:** Please show monthly veteran's benefits for each household member in the appropriate column.
- 9) **Child Support:** Please show monthly child support payments received for each household member in the appropriate column.
- 10) **Public Assistance:** Please show monthly public assistance payments received by each household member in the appropriate column. This includes any type of local, city, county, state or federal assistance received, including: AFDC and TANF.
- 11) **Rental Income:** Please show monthly rental income payments received by each household member in the appropriate column.
- 12) **Alimony Payment:** Please show monthly alimony payments received by each household member in the appropriate column.
- 13) **Interest and Dividend Income:** Please list any monthly interest and / or dividend income you, and any other household member receives.
- 14) **Other:** Please list any other source of income for each family member in the appropriate column. Please specify the source of this income.
- 15) **Total Gross Monthly Income:** Please total each column, lines 1 through 12.
- 16) **Total Gross Household Monthly Income:** Please add lines 15a + 15b + 15c + 15d to get the total gross monthly household income.

### Section F - For First Financial Associates (FFA) Internal Use Only

Please skip this section. This section is only intended for FFA's internal use only.

### Section G - Certifications & Signatures Parent / Legal Guardian Signature & Certification

**AmeriCorps Applicant (Member):** Please read and sign the AmeriCorps CCBP application form to indicate your agreement with the terms and conditions specified on it. Please note that by submitting the form you are authorizing **First Financial Associates** to confirm and verify the information you have submitted with your AmeriCorps CCBP application, including the supporting documentation.

### Section G - Certifications & Signatures - Program Director's Signature & Certification

**AmeriCorps Program Director:** Please have your AmeriCorps Program Director read and sign the AmeriCorps CCBP application form to confirm and certify that you are an active AmeriCorps member, and you need child care services in order to fulfill your service requirements with AmeriCorps.