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**APPLICATION FOR CHILD CARE SCHOLARSHIP(S)**

**Applicant: Please complete in full (using BLACK or BLUE INK) then read, sign and date**

<b>I. ELIGIBILITY</b>	<b>Office Use Only</b> <b>II. ELIGIBILITY AUTHORIZED FROM:</b> _____ / _____ / _____
<b>Funding Agency:</b> _____ <b>Funding Contract:</b> _____ <b>Eligibility:</b> _____	<b>NEXT REDETERMINATION DATE:</b> _____ / _____ / _____

**SECTION III. PARENT/GUARDIAN IDENTIFYING INFORMATION**

<b>Applicant Last Name</b>			<b>First Name</b>			<b>MI</b>			<b>Spouse/Other Parent (In Home) Last Name</b>			<b>First Name</b>			<b>MI</b>		
<b>Date of Birth:</b>		<b>Race/Sex:</b>		<b>SSN/ID Number (Optional)</b>						<b>Date of Birth:</b>		<b>Race/Sex:</b>		<b>SSN/ID Number:(Optional)</b>			
<b>Home Phone No:</b>				<b>Work Phone No:</b>				<b>Email Address:</b>				<b>Marital Status:</b>					
<b>Street Address:</b>						<b>City:</b>			<b>State:</b>			<b>Zip code:</b>			<b>County:</b>		
<b>Living Arrangement:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other																	
<b>Education Level (Last grade completed):</b> _____						<b>Family Size:</b>			<b>Primary Language:</b>								
<b>Spouse/Other Parent Education Level:</b> _____																	

**SECTION IV. CHILD(REN) REQUIRING CARE (Age 0-12) – PLEASE LIST YOUNGEST CHILD FIRST**

<b>Name of child(ren) Needing Care:</b>			<b>Relationship to Applicant</b>	<b>Race</b>	<b>Sex</b>	<b>SSN/ID Number (Optional)</b>	<b>Date of Birth</b>	<b>Daily Fee Assessed</b>
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>						
1.								/
2.								/
3.								/
4.								/
5.								/

**SECTION V. LIST ALL OTHER HOUSEHOLD RESIDENTS**

<b>Name of Children</b>	<b>Race</b>	<b>Sex</b>	<b>SSN/ID Number (Optional)</b>	<b>Date of Birth</b>	<b>Relationship to Applicant</b>	<b>If Relative Contribute Financially to Household</b>	<b>Relationship to Each Child in Section IV Above</b>
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	

You have the right to apply for assistance and to have a determination of your eligibility without regard to race, color, sex, age, disability, religion, national origin, marital status or political belief. If you have a disability that substantially limits you in a major life activity, please inform us so that reasonable accommodations can be made that do not cause you undue burden or hardship. You have a right to have all information provided by you to be maintained in a confidential manner. CCC and CCC Funder(s) will only use this information in establishing and maintaining your family's eligibility for child care scholarship(s). CCC will ask you for your social security number which you may or may not provide to us. If you do provide the social security number (s) for you and your family, CCC will only use it as a record keeping tool that is unique to you and known to you. Neither CCC nor our Funder(s) will release any confidential information provided by you without your written authorization for release of information other than as indicated and identified in the Child Care Scholarship Participant Agreement. You have a right to be informed of all changes in your childcare eligibility status prior to those changes occurring.

\_\_\_\_\_  
**SIGNATURE of Parent/Guardian Completing Form**  
(CCC SR-100 Child Care Application) Revised 10-3-07, 11-15-08, 03-25-09

\_\_\_\_\_  
**Date**