

REASON FOR DAY CARE NEED (check all that apply to parent(s)/guardian(s))

2A Have you received TAFDC (Welfare) **cash** benefits within the last 12 months? _____

3B Working full time _____
30 - 40 hrs. per week

3C Working part time _____
20 hrs - 29 hrs. per week

6A Education or Training
Accrued College/University _____
Full time High School/GED _____
Full Time Vocational Training _____

6B Searching for work _____

6C Incapacity of parent/guardian _____

Have you been on the Voucher Day Care Program in the past? Yes / No If yes, Date : _____

Have you been or are you currently in an Income Eligible Contracted Slot? Yes / No If yes, Date: _____

If yes, list child(ren) _____

Income Sources (Before Taxes):

Please Circle One →

Weekly

Bi Weekly

Monthly

Bi Monthly

	Wages	Child Support	Unemployment	SSI	TAFDC	Self Employment
Parent 1	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

(Before Taxes):

Please Circle One →

Weekly

Bi Weekly

Monthly

Bi Monthly

Parent 2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
-----------------	----------	----------	----------	----------	----------	----------

I certify that the information provided is accurate to the best of my knowledge. I am aware that the information contained in this application can/will be shared with Contracted Child Care Providers if openings become available in their programs.

Applicant Name (please print)

Applicant Signature

Date

Please contact us immediately with ANY changes in the household size or reason for needing child care.

Please Mail or Bring Completed Application To: PACE Child Care Works
Income Eligible Waitlist
United Way Building
105 William Street - 4th Floor
New Bedford, MA 02740