

# COVID-19 Parent Application for Financial Assistance for Emergency Child Care

*You can receive free emergency child care for April and May 2020 (subject to the availability of funds) if you are an essential worker responding to the COVID-19 crisis, you have an emergency child care need and no other child care options, AND you have a household income below the allowed limit. Please complete and sign this application in order to request financial assistance for child care.*

**PLEASE FILL OUT AND SUBMIT THIS FORM DIRECTLY TO YOUR CHILD CARE PROVIDER.**

## I. Parent/Caregiver Information:

Legal Name:

FIRST

MIDDLE

LAST

SUFFIX

Household Street Address:

Apt/Suite #:

THE PLACE WHERE YOU CURRENTLY LIVE

City:

County:

State:

Zip Code:

Mailing Address:

Apt/Suite #:

LEAVE BLANK IF SAME AS HOUSEHOLD ADDRESS

Cell Phone:

Home Phone:

Email:

Date of Birth:

## II. Children Information:

List all children for whom you need emergency child care.

	Child First Name	Child Middle Name	Child Last Name	Child Date of Birth
1				
2				
3				
4				

## III. I declare that: PLEASE CHECK BOXES BELOW.

- I currently have no alternative child care options, and without emergency child care, my child(ren) would have no caregiver while I work.
- My household has \_\_\_\_\_ individuals, and my household income is below the income limit based on the number of people in my household (see chart below):

Persons in Household	2	3	4	5	6	7	8
Income Limit	\$51,720	\$65,160	\$78,600	\$92,040	\$105,480	\$118,920	\$132,360

\*For household size greater than 8 people, add \$4,480 for each additional person starting with the 9th person.

\*Households with income above the indicated limits do not need to fill out this form to access care and will be charged full price by the provider.

- I am an employee of a COVID-19 Essential Business and Operation, as referenced in the Governor's [Executive Order 121](#).

**Please check which category of Essential Business and Operation you work in:**

- Emergency staff, first responders, or public safety officers
- Hospital staff and front-line healthcare providers
- Nursing and adult group home staff
- Child care program staff
- Food service staff
- Other employees working to keep our communities safe and healthy during COVID-19  
(please list employer): \_\_\_\_\_

**IV. Have you ever been disqualified from the NC Subsidized Child Care Assistance Program?**  Yes  No

**V. Do you have assets that exceed one (1) million dollars?**  Yes  No

**VI. Do you need child care greater than 55 hours per week?**  Yes  No

If parent answers Yes to questions IV, V, or VI, child care provider should contact the DCDEE Subsidy Unit at 919-814-6380.

**VII. Voter Registration**

Are you registered to vote?  Yes  No If you are not registered to vote where you live now, would you like to apply to register to vote here today?  
 Yes  No

You can also register to vote online here: English - [https://dl.ncsbe.gov/Voter\\_Registration/NCVoterRegForm\\_06W.pdf](https://dl.ncsbe.gov/Voter_Registration/NCVoterRegForm_06W.pdf) or Spanish - <https://www.ncsbe.gov/Portals/0/Forms/NCVoterRegForm09W.pdf> (If you do not answer the question, you will be considered to have decided not to register to vote at this time).

**VIII. U.S. Citizenship Status:** SELECT ONE.

- Child(ren) is a U.S. Citizen
  - Child(ren) is a legal U.S. Non-Citizen (residing in the U.S. legally). This includes Refugee, U.S. Citizen/Naturalized Citizen, U.S. Non-Citizen National, or Documented Alien.
- I understand that this emergency care will only be provided for April and May 2020. I understand that after May 31, 2020, additional months of emergency child care may be available if needed and should funding be available. I understand that I may also be eligible for subsidized care based on my income and continued need for care after the emergency child care program has ended. I will contact my local Department of Social Services to inquire about applying for subsidized child care after the emergency child care program ends.

**SIGNED:**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The information provided is true and accurate, and I have not knowingly made a false statement or misrepresented a material fact, omitted or failed to disclose a material fact, or submitted inaccurate records. I understand that an intentional false statement or representation, omission, or submission of inaccurate records may lead to sanctions or other legal actions.

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