

**Montco Cares Program**  
Family Application – October 2020

Please complete the application below for the Montco Cares Program. In addition, the following verifications MUST be submitted in order for the application to be complete:

- Photo Identification (current driver's license or photo ID)
- Verification of Residence Address (driver's license, photo ID, lease, utility bill, pay stub)
- Income Verification for all working adults in the family (4 weeks of current pay stubs dated within most recent 6-week period)
- Verification of Unearned Income (SSI, child support, disability, etc.)
- Verification of Family Composition for all children in the household. Applicants must establish the relationship between parent(s)/caretaker(s) and child(ren). Verification can include a birth certificate/hospital birth record or custody order.

| <b>Parent/Caretaker Information (primary)</b> |   |               |  |
|---|---|---------------|--|
| First Name                                    | Middle Initial  | Last Name     | Relation to Child  |
| Date of Birth                                 | Phone Number  | Email Address |  |
| Marital Status                                | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Race          | Ethnicity<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic |
| Mailing Address                               |   |               | Apartment Number   |
| City  | State   | Zip Code      |  |

| <b>Parent/Caretaker Information (secondary)</b> |   |               |  |
|---|---|---------------|--|
| First Name                                      | Middle Initial  | Last Name     | Relation to Child  |
| Date of Birth                                   | Phone Number  | Email Address |  |
| Marital Status                                  | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Race          | Ethnicity<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic |
| Mailing Address                                 |   |               | Apartment Number   |
| City  | State   | Zip Code      |  |

| <b>Child Information (please list ALL children in your household)</b> |           |               |                        |  |
|---|-----------|---------------|------------------------|--|
| First Name  | Last Name | Date of Birth | Social Security Number | Requesting Montco Cares funding?                         |
|   |           |               |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |           |               |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |           |               |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |           |               |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| <b>Verification of Household Income</b> (earned and unearned)                                    |   |  |  |
|--|---|--|--|
| Is your family's income less than 100% of the area median income? (Refer to the chart on page 1) |   |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |  |
| Does your family have assets that exceed \$1 million?  |   |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |  |
| Please check below to indicate all types of income that your household receives:                 |   |  |  |
| <input type="checkbox"/> Wages   | <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Child support   | <input type="checkbox"/> Unemployment compensation |
| <input type="checkbox"/> Commission  | <input type="checkbox"/> SSI or Social Security | <input type="checkbox"/> Spousal support | <input type="checkbox"/> Workers compensation      |
| <input type="checkbox"/> Union pay   | <input type="checkbox"/> Interest               | <input type="checkbox"/> Alimony         | <input type="checkbox"/> Other (please specify)    |

| Person Receiving | Type of Income | Income Frequency | Income Amount | Date last received |
|------------------|----------------|------------------|---------------|--------------------|
|                  |                |                  |               |                    |
|                  |                |                  |               |                    |
|                  |                |                  |               |                    |
|                  |                |                  |               |                    |
|                  |                |                  |               |                    |

| <b>Child Care Provider information</b> |   |
|--|---|
| Name of Child Care:                    | Phone Number:   |
| Address:                               | Director's Name:  |
| Start Date:                            | Currently Enrolled?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

Using the boxes below, please list the days and times you will be dropping off and picking up from child care:

| Monday   | Tuesday  | Wednesday | Thursday | Friday   |
|----------|----------|-----------|----------|----------|
| Drop Off | Drop Off | Drop Off  | Drop Off | Drop Off |
| Pick Up  | Pick Up  | Pick Up   | Pick Up  | Pick Up  |

How specifically has the family and/or family's child care been disrupted/affected by the COVID-19 Pandemic?

**Parent/Caretaker Affidavit**

An affidavit is a sworn statement of fact. By signing this affidavit, the applicant is stating that the information entered on this form is true and correct. The affidavit is the legal way to swear that statements are fact. The parent or caretaker applying for the Montco Cares Program funds should sign and date this application. The applicant's signature validates the information entered on the form.

**All information I have given is true, correct and complete to the best of my ability, knowledge and belief.**

Parent/Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Submission Instructions:**

Applications may be submitted to the Early Learning Resource Center through one of the following ways:

**Email:** [FamilyMCPapplications@montcopa.org](mailto:FamilyMCPapplications@montcopa.org)

**Fax:** (610) 278-5161

**Regular Mail:**

Montco Cares Program  
Early Learning Resource Center, Region 17  
Montgomery County Human Services Center  
P.O. Box 311  
1430 Dekalb Street  
Norristown, PA 19404-0311