

FOR MDHS USE ONLY	
TANF Effective Date _____	Registration Date _____
Case Number _____	Received Date _____
Clerk _____	

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
CHILD CARE SERVICES APPLICATION**

We will consider this application without regard to race, color, age, sex, handicap, religion, national origin, or political beliefs.

Parent/Responsible Adult Information

Name: _____
Address: _____

Phone: Cell: () _____
Home: () _____
Work: () _____
(Must be a valid number where you can be reached.)

Email Address: _____

SSN: _____

(Must have an active email account to receive child care correspondence from DECCD.)

List all of your CHILDREN Living in the home that need child care services:

NAME	SEX		BIRTH DATE	SOCIAL SECURITY NUMBER	RELATIONSHIP	Special Needs*	
	M	F				Y	N

***Special Needs must be documented with a doctor's statement or the receipt of SSI benefits.**

If employed, provide the following:

Employer Name: _____ Contact Person: _____

Address: _____ Phone No: _____

I work Days Nights Shift schedule I work on weekends Yes No

I work _____ days each week. List Daily Work Hours: Circle AM or PM		SUN _____ AM/PM to _____ AM/PM
MON _____ AM/PM to _____ AM/PM	TUE _____ AM/PM to _____ AM/PM	WED _____ AM/PM to _____ AM/PM
THU _____ AM/PM to _____ AM/PM	FRI _____ AM/PM to _____ AM/PM	SAT _____ AM/PM to _____ AM/PM

Applicant's Signature: _____

Date: _____