

Waiting List Application
 Hancock County Human Resources
 Child Development Center

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

Application Date _____

This application will be valid for one year from today's date. It will need to be renewed annually.

Parent/Guardian: Mother _____ (ONLY IF IN HOME)
 (In household)

Father _____ (ONLY IF IN HOME)

Address _____ County _____

Home Phone _____ Work _____ Cell _____

Marital Status _____

Place of Employment: Mother _____

Father _____

Number of members in family _____

Please list all children needing child care:

Child Name	Special Needs (Yes or No)	Child's Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Income per month: **(Gross before taxes)**

Mother's Gross _____ # of hours worked per week _____ How often paid? _____ (weekly, bi-weekly, monthly, etc.)

Father's Gross _____ # of hours worked per week _____ How often paid? _____ (weekly, bi-weekly, monthly, etc.)

All other sources of income and amount: _____

Are you :(yes or no) _____ TANF Eligible _____ Transitioning off TANF _____ Active Military _____ Minor Parent/Student

Please check one: _____ Not enrolled in school at this time _____ P/T student _____ F/T student
 _____ GRADE LEVEL (Jr. High, College, JOB Corps, if applicable)

Please note that it is the parent's responsibility to make any changes and/or updates to the information provided above.

FOR OFFICE USE ONLY - Priority Populations										
1 st TANF Family	2 nd TCC	3 rd TANF Below 50%	3. a. Foster Child/Prot. Services	3. b. Special Needs	3. c. Deployed Parents (Active)	3. d. Teen Parent	3. e. All other under 50%	4 th Below 85%	5 th Student Below 50%	6 th F-Time Student Not working

Staff ID _____ Age Group _____ Annual Income _____

