



RECERTIFICATION FORM

Full Name: _____ Social Security #: _____

Email: _____ Phone Number: (_____) _____

Address: _____

City: _____ Zip: _____

Mailing Address: _____

City: _____ Zip: _____

Marital Status: Single Married Family Size: _____

Ethnicity: African American American Indian Asian Hispanic-Latino

Native Hawaiian-Pacific Islander Caucasian Decline to State

Cash Aid: I am currently receiving cash aid for myself and my children

I received cash aid within the past two year for myself and my children,
and my last date of aid: _____

Is the second parent in the house? Yes No

If the second parent in the house, please complete the second parent's information below.

Full Name: _____ Social Security #: _____

Email: _____ Phone Number: (_____) _____

OFFICE USE | Appt Date: _____ Packet Turned In: _____ Payment Starts: _____ Staff: _____

First Child:

Child's Name: _____ Date of Birth: _____

Is this child potty-trained? Yes No

Is this child enrolled in another subsidized program or Head Start? No Yes – If yes, what hours do they attend?

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

Office Use Only
Provider ID#

Do you need child care for this child? Yes No Care start Date: _____

Provider Name: _____ Phone Number: (_____) _____

Provider Address: _____

Are you using a licensed child care center or licensed family day care home: Yes No

If you answered "no" to the question above, has your provider cleared TrustLine/fingerprint clearance? Yes No

Child care will be provided in: Provider's Home Child's Home

Second Child:

Child's Name: _____ Date of Birth: _____

Is this child potty-trained? Yes No

Is this child enrolled in another subsidized program or Head Start? No Yes – If yes, what hours do they attend?

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

Office Use Only
Provider ID#

Do you need child care for this child? Yes No Care start Date: _____

Provider Name: _____ Phone Number: (_____) _____

Provider Address: _____

Are you using a licensed child care center or licensed family day care home: Yes No

If you answered "no" to the question above, has your provider cleared TrustLine/fingerprint clearance? Yes No

Child care will be provided in: Provider's Home Child's Home

Third Child:

Child's Name: _____ Date of Birth: _____

Is this child potty-trained? Yes No

Is this child enrolled in another subsidized program or Head Start? No Yes – If yes, what hours do they attend?

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

Office Use Only
Provider ID#

Do you need child care for this child? Yes No Care start Date: _____

Provider Name: _____ Phone Number: (_____) _____

Provider Address: _____

Are you using a licensed child care center or licensed family day care home: Yes No

If you answered "no" to the question above, has your provider cleared TrustLine/fingerprint clearance? Yes No

Child care will be provided in: Provider's Home Child's Home