



New Trier Township
Child Care Financial Assistance Program
2010-2011 Application

This application is for Day Care Program Before/After School Program

Applicant Information

Family Name	
Mother's Name	Father's Name
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together	
Child resides with Name	Relationship
Address	
City	Zip
Home Phone	Email

Employment Information

Father

Work hours & days	
Employer	
Address	
City	Zip
Phone	Fax
Email	

Mother

Work hours & days	
Employer	
Address	
City	Zip
Phone	Fax
Email	

Children Living in the Custodial Home
Please list ALL children in household as this will be considered
in determining your eligibility. If not requesting assistance for that child, check NA.

Name	Age	Grade	Program Request
			<input type="checkbox"/> Day Care <input type="checkbox"/> Before/After School <input type="checkbox"/> NA
			<input type="checkbox"/> Day Care <input type="checkbox"/> Before/After School <input type="checkbox"/> NA
			<input type="checkbox"/> Day Care <input type="checkbox"/> Before/After School <input type="checkbox"/> NA
			<input type="checkbox"/> Day Care <input type="checkbox"/> Before/After School <input type="checkbox"/> NA

List any other persons living in your home for which you provide financial support

Name	Relationship
Name	Relationship
Name	Relationship

Child Care Provider or Program Information

Child #1	
Provider	Type of Program
Provider Contact Name	
Address	
City	Zip
Phone	Monthly or program cost \$
Child #2	
Provider	Type of Program
Provider Contact Name	
Address	
City	Zip
Phone	Monthly or program cost \$

Financial Information

You must attach a copy of your 2009 federal income tax return AND income vouchers of the past 30 days.

2009 Income Before Taxes \$

Estimated 2010 Income Before Taxes \$

Monthly Expenses

Housing

Mortgage	\$
Rent	\$
Property Taxes	\$
Do you pay your housing expenses to a relative?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how are you related?

Living Expenses

Food	\$
Clothes	\$
Entertainment	\$

Utilities

Gas	\$
Electric	\$
Phone	\$
Cable	\$

Transportation

Car Payment	\$
Gas/Service	\$
Public Transit	\$

Health Care

Insurance	\$
Dental	\$
Medical Expenses	\$

Debt Payment

Credit Card	\$
Loans	\$

School & Child Care

Tuition/Fees	\$
Before School	\$
After School	\$
Day Care	\$
Parent's Tuition	\$

Total Expenses \$**Monthly Income After Taxes**

Employment	\$
	How many paychecks do you receive in a year? (indicate number)
Child Support	\$
Alimony	\$
Disability	\$
Interest	\$
Investment/Trust	\$
Rental/Boarder	\$
Adoption Subsidy	\$

Total Income After Taxes \$

Agreement

I certify that all the information supplied on this application is true and correct to the best of my knowledge and belief. If I am found to have falsely presented my financial or working status, I understand any financial assistance will be terminated.

I understand that if my financial status changes, I will report the change to the Financial Assistance Review Committee.

I understand that the Township will coordinate the disbursement of financial assistance monies with the administrator of the child care program or other involved agency chosen by me and listed in this application.

I understand that I will be responsible for a portion of the child care costs and that these costs will be paid in full in accordance with the fee structure of the program that I have chosen. Failure to do so may result in a denial of any future financial assistance.

Applicant's Signature

Date

The following items **must** accompany application for consideration:

1. Copy of 2009 Income Tax Return
2. Copy of two income vouchers from last 30 days
3. Proof of residency (current lease or letter signed by property owner)
4. Verification of child's enrollment
5. Copy of the current fee sheet from provider

Important:

Please note, failure to provide all documentation will render applicant ineligible.

Mail To: New Trier Township
739 Elm St.
Winnetka, IL 60093
Attn: Child Care Financial Assistance Program

Or Fax: 847-446-1743
Attention: Child Care Financial Assistance Program