

Caltech

2015 Caltech Child Care Assistance Program



Send Original to Mail Code 169-84
Questions: mpinedo@caltech.edu

Application for 2015

Children age 10 and under for whom you are requesting child care assistance:

Name of Child	Birth Date	Age on January 1, 2015
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

Applicant Information:

Circle one: Parent, Stepparent, or Guardian

Name _____ Daytime Phone # _____

Street Address _____ Email: _____

City/State/Zip _____ Caltech ID# _____

Caltech affiliation (check one):

- Faculty
- Campus staff
- Postdoctoral Scholar
- Student

Date of hire: _____

Have you previously applied for a CCAP award? _____

Spouse/Same-sex Domestic Partner Information

Name _____ Daytime Phone # _____

Street Address _____ Email: _____

City/State/Zip _____

Student? _____ If "yes" please circle one: *Fulltime* *Part time*

Employed? _____ If "yes" please note how many hours a week: _____

Are you currently enrolled in the Dependant Care Spending Account? _____

Please provide the Name, Licensed Facility Number or Tax Identification Code and/or Social Security Number of the child care provider (in-house sitter, nursery school, after school program etc.):

Name:

ID Number:

HOUSEHOLD INCOME

Please indicate **GROSS** monthly, weekly, or hourly salary. If hourly, indicate number of hours worked per week.

CCAP Applicant \$ _____ monthly/weekly/hourly (Circle one)
_____ # of hours worked per week

Spouse or Same-sex Domestic Partner \$ _____ monthly/weekly/hourly (Circle one)
_____ # of hours worked per week

Note: If a parent/same-sex domestic partner is unemployed or not receiving an income, please indicate the reason and probable duration: _____

Other family income expected in 2015 (use average monthly amounts):

Child Support _____

Spousal Support _____

Unemployment _____

Welfare or AFDC _____

Veteran's Benefits _____

Sales Commissions _____

Other _____

Total 2015 Projected Income (Gross): _____

Please enclose:

- A copy of your 2013 Federal Income Tax returns, including the pages with adjusted gross income line and signatures.
- Two most recent consecutive pay stub(s) for you and, if applicable, your spouse /same-sex domestic partner.
How many pay periods in 2015 for Spouse/Same-sex Domestic Partner? _____.
- Copies of Birth Certificates, or other official age verification documents such as a passport, of children ages 10 and under. (If you are a current CCAP participant and all of your children's birth verification paperwork is on file in the CCAP Office you do not need to re-submit these documents.)
- Legal Guardian verification (if applicable).
- If spouse/same-sex domestic partner does not have income, documentation that he/she is a full-time student or considered legally disabled (if applicable).

Applications should be returned no later than September 30, 2015 to the attention of "CCAP Applicant, Mail Code 169-84, PERSONAL AND CONFIDENTIAL".

I (We) declare that the information reported is true, correct, and complete. I (We) agree to provide, if requested, any necessary documentation to support the information reported.

Applicant's Signature / Date

Spouse/Same-sex Domestic Partner's Signature / Date