



# SUPPLEMENTAL CHILD CARE PROGRAM (SCCP)

## Financial Assistance Waiting List Application

**INSTRUCTIONS:** Please carefully review the **ELIGIBILITY REQUIREMENTS** on Page 1 to determine if you are eligible. If eligible, please carefully read and complete this form. **PRINT CLEARLY.** Then, mail or bring (DO NOT FAX) this original application to Childcare Resources 244 West Valley Avenue, Suite 200 Birmingham, AL 35209.

Applicant/Parent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Residential Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**BIRMINGHAM RESIDENT??**  
 YES NO

Language \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_ Are you currently in school? Yes \_\_\_ No \_\_\_ Name of School? \_\_\_\_\_ Current Grade: \_\_\_\_\_

Applicant's Employer's Name \_\_\_\_\_ Other Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Circle one:** Spouse/Partner 2<sup>nd</sup> Job Other Household Member

**HOUSEHOLD INFORMATION:** List **EVERYONE** living in the home including yourself, spouse/partner, children under the age of 18 related by blood, marriage, adoption or guardianship.

	Name	Date of Birth	Sex	Child Needs Care?	Relationship to Applicant	Wages per hour or annual salary	How often paid	Hours worked per week	Other Monthly Income (in addition to wages such as Social Security / SSI benefits)
									\$ Amount - Source
1									\$ -
2									\$ -
3									\$ -
4									\$ -
5									\$ -

I certify that the information I have given is truthful and accurate. I understand that I will be notified within 30 days if I am eligible for SCCP. I will be notified in writing at a future date when funds are available and my name is at the top of the list.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



244 West Valley Avenue, Suite 200  
 Birmingham, AL 35209  
 (205) 945-0018  
 (800) 822-2734  
 www.ccr-bhm.org

## Are you eligible for the SCCP financial aid?

### ELIGIBILITY REQUIREMENTS

Live in our service area – Jefferson, Shelby, Walker or Blount counties.  
 Be employed and working at least 30 hours per week (*you and your spouse/partner*). Not receiving child care assistance from DHR/ Child Care Central.  
 Have a child birth to five years of age (*until eligible to start kindergarten*).  
 According to your family size meet our Annual Income Eligibility Scale.

### ANNUAL INCOME ELIGIBILITY SCALE

FAMILY SIZE	MINIMUM ANNUAL INCOME	MAXIMUM ANNUAL INCOME
2	\$20,449	\$41,000
3	\$25,729	\$46,100
4	\$31,009	\$52,100
5	\$36,289	\$55,300
6	\$41,577	\$59,400

### WHAT IS COUNTED AS ANNUAL INCOME?

Annual income is all gross income (before taxes) such as wages, tips, commissions, SSI and SSA.

### WHAT IS FAMILY SIZE?

Family size includes applicant, his/her spouse/partner and all dependent children under the age of 18 related by blood, marriage, adoption or guardianship who reside in the same household.

**NOTE:** If you determine that your annual income falls below our Minimum Annual Income scale for your Family Size, we suggest you contact Child Care Central which handles eligibility services for the Department of Human Resources (DHR) at (205) 941-0115 or (800) 499-6597.