

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services

CHILD CARE OPERATIONS MANUAL

DCC 90 Application for Subsidized Child Care Assistance (2)
Procedural Instructions R. 07/10

- Others Living in the Home

Enter the name, relationship to the applicant, birth date and social security number (optional) of all other individuals living in the home.

- Wages or Self Employment Income

Enter head of household's name. If employed, enter employer name, address, phone number, scheduled hours per week, work schedule, hourly rate of pay, gross monthly wages, and frequency of pay. If self employed, enter the name of the business or the applicant's name as employer.

Enter responsible adult's name. If employed, enter employer name, address, phone number, scheduled hours per week, work schedule, hourly rate of pay, gross monthly wages, and frequency of pay. If self employed, enter the name of the business or the responsible adult's name as employer.

- Training

If either adult is attending school or training enter student's name, school or place of training, hours per week, start date of term, end date of term, contact person at the training or education site, phone number, and type of education or training activity.

- Unearned Income

Mark each type yes or no. For those marked yes, indicate amount, how often received, and who receives.

- Family Assistance

Mark each type yes or no.

- Family Deductions

If the applicant or responsible adult pays child support to an individual living outside the home, enter the name of the person paying child support, child support as deduction type, the amount of support paid, and the frequency paid.

If the applicant or responsible adult is self employed, enter the monthly allowed cost of doing business.

- The applicant and service agent staff sign and date the application form.

Assure that the applicant reads and understands responsibilities, rights, and signature statements prior to signing the application.