

Child Care Assistance Supplemental Application Form for Self-Employed Child Care Providers

Office Use Only	Date Sent: _____
Case Name: _____	Case #: _____
Provider Name: _____	Provider #: _____
Type of Care: _____	Max # of Children Allowed: _____

Determination of Need for Child Care

As a child care provider, why do you need child care?

Provide Brief Explanation

How many children are you currently serving in your child care? _____

- Yes No Are you trying to enroll additional children in your child care?
- Yes No Does your child care have a waitlist?
- Yes No Is your child's presence counting toward your ratio and preventing you from enrolling another child?

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- Yes No Will the provider you choose to watch your child be a relative?
- Yes No Are any of the children for whom you are currently providing care your relatives?