



Kids in Care: Job Search Support

Sponsored by

Child Care Resource & Referral Northern

Funded Through The Office of Child Care by The American Recovery and Reinvestment Act (ARRA)

ARE YOU CURRENTLY ENROLLED IN THE TANF/FEP PROGRAM ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Today's Date:	How did you hear about this program?

Applicant Information			
Name:		Birthdate:	
Address:			
City:	State:	Zip:	
Home Phone:		Cell Phone:	
E-mail Address:			
Best Time to Call:			

Previous Employment Information			
Name of Previous Employer:			
Employer Address:			
City:	State:	Zip:	
Employer Phone: ()		Last Day Employed:	
Date of Employer Contact:			

Household Income			
Unemployment	\$ _____	Retirement	\$ _____
Social Security	\$ _____	Worker's Comp	\$ _____
SSI	\$ _____	Settlement	\$ _____
Alimony	\$ _____	Inheritance	\$ _____
School Financial Aid	\$ _____	Other	\$ _____
Child Support Income \$ _____		# of Children Receiving Child Support: _____	
Net Income From Spouse (If Applicable) : \$ _____			
Spouse/Parent Employer Contact Information if applicable (residing together and employed):			
Name Of Employer:			
Employer Address:			
City:	State:	Zip:	
Employer Phone: ()			

Household Information							
Please circle your household size on the chart below:							
Household Size	2	3	4	5	6	7	8
Employer Contact:							

Child Care Provider Information			
Name of Current Provider if applicable:			
Provider Regulation Type:	<input type="checkbox"/> Center	<input type="checkbox"/> Licensed Family	<input type="checkbox"/> Residential Certificate
Address:			
City:	State:	Zip:	
Phone:	Contact Name:		

Child Care Needs and Cost Information			
Childs Name:		Childs Name:	
Age:	Gender:	Age:	Gender:
Special Needs:		Special Needs:	
Childs Name:		Childs Name:	
Age:	Gender:	Age:	Gender:
Special Needs:		Special Needs:	
JOB SEARCH PLAN			
<input type="checkbox"/> Resume-job skill class		<input type="checkbox"/> Job Fair	
<input type="checkbox"/> Employment Inquiry/Complete Application		<input type="checkbox"/> Internet Search	
<input type="checkbox"/> Job Shadow/unpaid internship		<input type="checkbox"/> Interview	
		<input type="checkbox"/> Other, please explain	
Optional Personal Information *for statistical purposes only			
Age:		Race/ Ethnical Background:	
Verification			
<p>Verification is required to process your application. It is your responsibility to provide us with the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of receipt of unemployment benefits <input type="checkbox"/> A termination statement from your previous employer, with last date worked <input type="checkbox"/> Proof of applicant's monthly income <input type="checkbox"/> Past 30 day check stubs and work schedule for spouse/parent if applicable <input type="checkbox"/> Unearned income <input type="checkbox"/> Copy of Birth Certificate for children <input type="checkbox"/> Copy of school schedule for school age children <input type="checkbox"/> Signed verification request form 			
<input type="checkbox"/> I attest that the information I have provided is true and accurate.			
<p>By signing this application I am authorizing Child Care Resource and Referral (CCR&R) to contact any federal or state agency, and/or any other organization or individual in order to verify the information provided on this application, and I am authorizing those entities to release the requested information to CCR&R.</p> <p>The child and/or children I am seeking child care reimbursement for are in my legal custodial care. I understand that funding for this program is dependent upon availability. I understand that if I am approved for this program my eligibility may be withdrawn if I do not utilize the program in a timely and appropriate manner.</p> <p>I understand that this is a reimbursement program and that my child care provider will be reimbursed for services provided. I understand that I may be eligible for up to 100 hours of child care services over the course of one year from the date my application is approved. I understand that I must adhere to the rules and schedule of my child care provider. I understand that I will be personally responsible for any late charges accrued.</p> <p>I understand that the Kids In Care program gives me the opportunity to participate in formal job search activities while a regulated child care provider is caring for my child. I understand that I must complete and submit a job search log that includes potential employer contact information. I understand that when I become employed or receive TANF/FEP payments I will contact CCR&R to discontinue the Kids In Care job search child care payments.</p>			
Sign: _____		Date: _____	

Return completed application and required verification to:

Child Care Resource and Referral Northern
1309 University Circle
Ogden, Utah 84408-1309
ATTENTION : Kids in Care
Questions: 801-626-7861
Fax: 801-626-7668

Child Care Resource and Referral (CCR&R) ~ Northern Region
Leslie Trottier, Director
801-626-7861

Kids In Care: Job-Search Child Care Reimbursement Program
Funded by ARRA, administered by DWS, the Office of Child Care and CCR&R

To Whom It May Concern:

I am enrolled in the Kids In Care program; a service that provides reimbursement to my child care provider while I engage in formal job searching activities. A representative from Child Care Resource and Referral (CCR&R) may contact you to verify my job search activities. I authorize you to provide information that will assist CCR&R with verifying my formal job search activities. Please provide the appropriate information such as confirming our contact, receipt of my employment application, attending an interview, job fair or resume building class. CCR&R staff will not ask for personal information nor will they inquire about the status of my job search. CCR&R staff may contact you only to confirm that I have indeed collaborated with you to inquire about potential employment and/or attended your class to strengthen my job skills. I authorize you to release this information to CCR&R staff. Please feel free to contact me if you have any questions or concerns. Thank you for your assistance.

Sincerely,

Print name: _____

Parent Contact Information: _____

Date: _____