

Household Information for Child Care Recertification

Case Number: _____ Program/Provider Number: _____ Telephone Number: _____

Name and Address: Please review the following information and indicate any changes on the lines provided. Please print clearly.

Name: _____ Telephone: _____

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Is this information correct? Yes No If No, print your new address and phone number below.

Name: _____ Telephone: _____

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Is this a 2- parent/caretaker household? Yes No

Reason for Child Care (please check one):

- Employment Training/Education Homelessness Looking for Work Domestic Violence

Has your reason for Child Care changed and if so, did you indicate a new reason for care above? Yes No

Household Members*	Marital Status	Code	Military Status	Code
<input type="radio"/> Same <input type="radio"/> Remove	<input type="radio"/> Change		<input type="radio"/> Change	
<input type="radio"/> Same <input type="radio"/> Remove	<input type="radio"/> Change		<input type="radio"/> Change	
<input type="radio"/> Same <input type="radio"/> Remove	<input type="radio"/> Change		<input type="radio"/> Change	
<input type="radio"/> Same <input type="radio"/> Remove	<input type="radio"/> Change		<input type="radio"/> Change	

*Please check **Same** if status of current member is unchanged or check **Remove** if any member is no longer in the household.

Check **Change** if the marital or military status of a member changed. Please indicate changes using the following codes:

Changes in marital status: **D** for Divorced **S** for Single **M** for Married **W** for Widowed

Changes in military status: **1** Current full time active military duty **2** Current National Guard/Military Reserves **3** No current military service

Please add any new children or household members below. Attach copies of birth certificates for children being added.

Last Name	Last Name	Last Name
First Name	First Name	First Name
Maiden Names or Aliases	Maiden Names or Aliases	Maiden Names or Aliases
Date of Birth	Date of Birth	Date of Birth
Relationship to Applicant	Relationship to Applicant	Relationship to Applicant
Race* (See code # below, fill in all that apply)	Race* (See code # below, fill in all that apply)	Race* (See code # below, fill in all that apply)
Hispanic or Latino <input type="radio"/> Y <input type="radio"/> N	Hispanic or Latino <input type="radio"/> Y <input type="radio"/> N	Hispanic or Latino <input type="radio"/> Y <input type="radio"/> N
Does This Person Need Child Care? <input type="radio"/> Y <input type="radio"/> N	Does This Person Need Child Care? <input type="radio"/> Y <input type="radio"/> N	Does This Person Need Child Care? <input type="radio"/> Y <input type="radio"/> N
Is Child Needing Child Care US Citizen/Legal Resident? <input type="radio"/> Y <input type="radio"/> N	Is Child Needing Child Care US Citizen/Legal Resident? <input type="radio"/> Y <input type="radio"/> N	Is Child Needing Child Care US Citizen/Legal Resident? <input type="radio"/> Y <input type="radio"/> N
Does Child Needing Child Care Have a Disability? <input type="radio"/> Y <input type="radio"/> N	Does Child Needing Child Care Have a Disability? <input type="radio"/> Y <input type="radio"/> N	Does Child Needing Child Care Have a Disability? <input type="radio"/> Y <input type="radio"/> N

*Racial Affiliation Codes: 1 Native American or Alaskan Native 2 Asian 3 African American/Black 4 Native Hawaiian/Pacific Islander 5 Caucasian/White