

Caltech

2017 Caltech Child Care Assistance Program



Send Original to Mail Code 161-84

Questions: ccap@caltech.edu

Application for 2017

Children age 10 and under for whom you are requesting child care assistance:

Name of Child	Birth Date	Age on January 1, 2017
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

Applicant Information:

Circle one: Parent / Stepparent / Guardian

Name _____ Daytime Phone # _____

Street Address _____ Email: _____

City/State/Zip _____ Caltech ID# _____

Caltech affiliation (check one):

- Faculty
- Campus staff
- Postdoctoral Scholar
- Graduate Student

Date of hire: _____

Have you previously applied for a CCAP award? _____

Spouse/Same-sex Domestic Partner Information

Name _____ Daytime Phone # _____

Street Address _____ Email: _____

City/State/Zip _____

Student? _____ If "yes" please circle one: *Fulltime* *Part time*

Employed? _____ If "yes" please note how many hours a week: _____ How many pay periods: _____

Are you currently enrolled in the Dependent Care Spending Account? _____

Please provide the Name, Licensed Facility Number or Tax Identification Code and/or Social Security Number of the child care provider (in-house sitter, nursery school, after school program etc.):

Name: _____ **ID Number:** _____

HOUSEHOLD INCOME

Please indicate **GROSS** monthly, weekly, or hourly salary. If hourly, indicate number of hours worked per week.

CCAP Applicant \$ _____ monthly/weekly/hourly (Circle one)

_____ # of hours worked per week

Spouse or Domestic Partner \$ _____ monthly/weekly/hourly (Circle one)

_____ # of hours worked per week

Note: If a parent/same-sex domestic partner is unemployed or not receiving an income, please indicate the reason and probable duration: _____

Other family income expected in 2016 (use average monthly amounts):

Child Support _____

Spousal Support _____

Unemployment _____

Welfare or AFDC _____

Veteran's Benefits _____

Sales Commissions _____

Other _____

Total 2016 Projected Income (Gross): _____

Please enclose:

- A copy of your 2015 Federal Income Tax returns, including the pages with adjusted gross income line and signatures.
- Two most recent consecutive pay stubs (if applicable) for your spouse /same-sex domestic partner.
- **How many pay periods in 2016 for Spouse/ Domestic Partner?** _____
- Copies of Birth Certificates, or other official age verification documents such as a passport, of children ages 10 and under. (If you are a current CCAP participant and all of your children's birth verification paperwork is on file in the CCAP Office you do not need to re-submit these documents.)
- Legal Guardian verification (if applicable).
- If spouse/same-sex domestic partner does not have income, documentation that he/she is a full-time student or considered legally disabled (if applicable).

Applications must be received at the HR Office no later than October 31, 2016. Submit the completed application form via U.S. Mail or inter-office mail marked "CCAP Applicant, PERSONAL AND CONFIDENTIAL".

I (We) declare that the information reported is true, correct, and complete. I (We) agree to provide, if requested, any necessary documentation to support the information reported.

Applicant's Signature / Date

Spouse/Same-sex Domestic Partner's Signature / Date