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:

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Birth Date</th>
<th>Age on January 1, 2017</th>
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<tbody>
<tr>
<td>a.</td>
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<tr>
<td>b.</td>
<td></td>
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<tr>
<td>c.</td>
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Applicant Information:
Circle one: Parent / Stepparent / Guardian

<table>
<thead>
<tr>
<th>Name</th>
<th>Daytime Phone #</th>
<th>Street Address</th>
<th>Email</th>
<th>City/State/Zip</th>
<th>Caltech ID#</th>
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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

<table>
<thead>
<tr>
<th>Name</th>
<th>Daytime Phone #</th>
<th>Street Address</th>
<th>Email</th>
<th>City/State/Zip</th>
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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.
- 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 ____________________________