



Mesa County CCAP Freeze Form

Applicant name (last, first, middle initial): _____

Home address: _____ City, State, Zip Code: _____

Mailing address: _____ City, State, Zip Code: _____

Daytime phone: (____) _____ Email: _____

How many children are in the household, including those who do not need child care? _____

How many of those children need child care? _____

How many parents are in your household? _____

Parent Information

Parent One Information:	Parent Two Information:
Name: _____	Name: _____
Social Security #: _____	Social Security #: _____
Date of birth: _____	Date of birth: _____
Gender: MALE FEMALE	Gender: MALE FEMALE
Are you employed? YES NO If yes, where? _____ Hourly wage: \$ _____ Hours worked per week: _____	Are you employed? YES NO If yes, where? _____ Hourly wage: \$ _____ Hours worked per week: _____
Are you in school? YES NO If yes, Where? _____ What are you attending school for? _____	Are you in school? YES NO If yes, Where? _____ What are you attending school for? _____
Please circle any other activities you do: Job searching GED Job training Incapacitated Other: _____	Please circle any other activities you do: Job searching GED Job training Incapacitated Other: _____

Children's Information

<p>Child One Information: Name: _____ Social Security #: _____ Date of Birth: _____ Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Qualified Alien Gender: MALE FEMALE Is this child in school? YES NO Does child have special needs? YES NO</p>	<p>Child Two Information: Name: _____ Social Security #: _____ Date of Birth: _____ Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Qualified Alien Gender: MALE FEMALE Is this child in school? YES NO Does child have special needs? YES NO</p>
<p>Child Three Information: Name: _____ Social Security #: _____ Date of Birth: _____ Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Qualified Alien Gender: MALE FEMALE Is this child in school? YES NO Does child have special needs? YES NO</p>	<p>Child Four Information: Name: _____ Social Security #: _____ Date of Birth: _____ Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Qualified Alien Gender: MALE FEMALE Is this child in school? YES NO Does child have special needs? YES NO</p>
<p>Child Five Information: Name: _____ Social Security #: _____ Date of Birth: _____ Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Qualified Alien Gender: MALE FEMALE Is this child in school? YES NO Does child have special needs? YES NO</p>	<p>Child Six Information: Name: _____ Social Security #: _____ Date of Birth: _____ Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Qualified Alien Gender: MALE FEMALE Is this child in school? YES NO Does child have special needs? YES NO</p>

Is there any unearned income in the household? YES NO

If yes, please write the amount of **monthly** income for each category:

Child Support	\$	Unemployment	\$	Other	\$
Alimony/Maintenance	\$	Veteran's Benefits	\$		
Cash Contributions	\$	Worker's Compensation	\$	ASSETS	
Social Security	\$	Gifts	\$	Liquid assets (cash-on hand, money in checking or savings accounts, certificates, stocks, bonds, etc)	YES / NO If yes, \$ _____
SSI	\$	"In-kind" income (work for free housing, clothes)	\$	Non-liquid assets (automobile, RVs, real property, etc)	YES / NO If yes, \$ _____

Is anyone in your household paying court-ordered child support for children not in home? Yes No

If yes, how much is being paid per month? \$ _____