

REQUEST FOR EMERGENCY CHILDCARE FUNDS

Date: _____

Name: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Address: _____

Phone: _____

Name & Title of Agency Representative Helping to Fill Out Form: _____

Agency Represented: _____

Funding Sources Looked Into:

TANF Qualify for? Yes No In Process

CCAP Qualify for? Yes No In Process

Other: _____

Reason funds are being requested: _____

Name of childcare facility: _____

Address: _____

Phone: _____

Licensed? Yes No License # _____

Amount per month for childcare: _____

Approved? Yes No

Amount: _____

Date: _____

Signature: _____