



1904 First Avenue North
 Birmingham, AL 35203-4006
 (205) 252-1991
 (800) 822-2734

www.ccr-bhm.org

Are you eligible for the SCCP financial aid?

ELIGIBILITY REQUIREMENTS

- You **MUST** live in our service area – Jefferson, Shelby, Walker or Blount counties.
- You **MUST** (and your spouse/partner) be working at least 35 hours per week.
- You **MUST NOT** be receiving child care assistance from DHR.
- You **MUST** be applying ONLY for children up to 5 years of age (*until eligible to start kindergarten*).
- You **MUST** fall within our Annual Income Eligibility Scale according to your family size.

ANNUAL INCOME ELIGIBILITY SCALE

FAMILY SIZE	MINIMUM ANNUAL INCOME	MAXIMUM ANNUAL INCOME
2	\$19,129	\$39,700
3	\$24,085	\$44,650
4	\$29,053	\$49,600
5	\$34,021	\$53,600
6	\$38,989	\$57,550
7	\$43,957	\$61,550
8+	\$51,181	\$65,500

WHAT IS COUNTED AS ANNUAL INCOME?

Annual income is all gross income (before taxes) such as wages, tips, commissions, SSI, SSA, alimony, child support, dividends, interest, etc.

WHAT IS FAMILY SIZE?

Family size includes applicant, his/her spouse/partner and all dependent children under the age of 18 related by blood, marriage, adoption or guardianship who reside in the same household.

NOTE: If you determine that your annual income falls below our Minimum Annual Income scale for your Family Size, we suggest you contact Child Care Central which handles eligibility services for the Department of Human Resources (DHR) at (205) 941-0115 or (800) 499-6597.



SUPPLEMENTAL CHILD CARE PROGRAM (SCCP)

Financial Assistance Waiting List Application

INSTRUCTIONS: Please carefully review the **ELIGIBILITY REQUIREMENTS** on Page 1 to determine if you are eligible. If eligible, please carefully read and complete this form. **PRINT CLEARLY.** Then, mail or bring (DO NOT FAX) this original form to Childcare Resources...1904 1st Avenue North...Birmingham, AL 35203.

Applicant/Parent Name _____ SSN _____ Date of Birth _____ Race _____ Sex _____

Marital Status _____ Spouse/Partner Name _____ SSN _____ Date of Birth _____ Race _____ Sex _____

Residential Address _____ City _____ County _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ County _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____ Email _____

BIRMINGHAM RESIDENT??
 YES NO

Language _____ Highest Grade Completed _____ Are you currently in school? Yes ___ No ___ Name of School? _____ Current Grade: _____

Applicant's Employer's Name _____ Other Employer's Name _____ Phone _____

Circle one: Spouse/Partner 2nd Job Other Household Member

HOUSEHOLD INFORMATION: List **EVERYONE** living in the home including yourself, spouse/partner, children under the age of 18 related by blood, marriage, adoption or guardianship.

	Name	SSN	Child Needs Care?	Date of Birth	Sex	Relationship to Applicant	Wages (pay) per hour	Hours worked per week	Child Support per month per child	Household's Other Monthly Income (in addition to wages)
1										\$ Social Security
2										\$ Unemployment
3										\$ Family Assistance
4										\$ SSI
5										\$ Other

I certify that the information I have given hereon is truthful and accurate. I understand that I will be notified within 30 days if I am eligible for SCCP. Then, I will be notified in writing at a future date when funds are available and my name is at the top of the list.

Applicant Signature _____ Date _____