



1904 First Avenue North
 Birmingham, AL 35203-4006
 (205) 252-1991, Ext. 307
 (800) 822-2734
 www.ccr-bhm.org

Are you eligible for SCCP financial aid?

PLEASE NOTE: You **MUST** meet all **five** ELIGIBILITY REQUIREMENTS.
 Please review before completing and submitting the Application of Page 2

ELIGIBILITY REQUIREMENTS

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

ANNUAL INCOME ELIGIBILITY SCALE

FAMILY SIZE	MINIMUM ANNUAL INCOME	MAXIMUM ANNUAL INCOME
2	\$17,797	\$35,316
3	\$22,321	\$39,744
4	\$26,845	\$44,172
5	\$31,369	\$47,682
6	\$35,893	\$51,192
7	\$40,417	\$54,756
8+	\$44,941	\$58,266

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 and interest, etc.

WHAT IS FAMILY SIZE?

Family size includes an adult, his/her spouse 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 do not meet any **ONE** of our five Eligibility Requirements, we suggest you contact the agency which handles financial aid for the Department of Human Resources (DHR):
 Family Guidance Center (Birmingham) (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 should complete this form. **If eligible**, please carefully read and complete this form. **PRINT CLEARLY.** Then, mail or bring (DO NOT FAX) this **original** to: **Childcare Resources.....1904 1st Avenue North.....Birmingham, Al 35203.....(205)252-1991, Ext. 307**

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

Marital Status _____ Spouse's Name _____ SSN _____ Date of Birth _____ Race _____ Sex _____

Residential Address _____ City _____ County _____ State _____ Zip _____

Mailing Address _____ City _____ County _____ State _____ Zip _____

Telephone: Home _____ Cell _____ Highest grade completed _____ Language _____

BIRMINGHAM RESIDENT?
 YES NO

Are you currently in school? Yes ___ No ___ Name of School? _____ **Circle current classification:** Freshman Sophomore Junior Senior

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

Circle one: Spouse 2nd Job Other Household Member

Household Information: List **EVERYONE** living in the home including yourself, spouse, and all children under the age of 18 related by blood, marriage, adoption or guardianship.

#	Name	SSN	Does this child need care?	Date of Birth	Sex	Relationship To Applicant/Parent	Wages (pay) per hour	Hours worked per week	Other Monthly Income (in addition to your wages)
1									Child Support \$
2									Social Security \$
3									Unemployment \$
4									Family Assistance \$
5									SSI \$
6									Other \$

I certify that all of the information I have reported above is truthful and accurate. I understand that I will be notified in writing within thirty days if I am placed on the Waiting List. 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: _____