

Alliance After-School Program
 Application for Financial Assistance



Child(ren)'s Name: _____ School: _____
 Child(ren)'s Name: _____ School: _____
 Child(ren)'s Name: _____ School: _____
 Child(ren)'s Name: _____ School: _____

Mother/Guardian: _____ Primary Caregiver Yes No
 Employer _____ Phone# _____

Father /Guardian: _____ Primary Caregiver Yes No
 Employer _____ Phone# _____

Marital Status: Married Divorced Separated Single Widowed.
 Number of people in household: _____

List all persons in the household including yourself. (Please print if more space is needed).

Name	Date of Birth (M/D/Year)	Relationship to Parent/Guardian

INCOME: List the current household income sources below and their amounts before deductions, such as taxes and social security. If you receive more than one check from any of the following, please indicate the amount received from each source. The AFWC reserves the right to verify this information.

GROSS MONTHLY (before taxes) family income: (Proof of income from all persons in the household over the age of 18 is required to be considered for financial assistance).

Employment/Source	Mother/Guardian	Father/Guardian
Social Sec \$ Received		
Child/Spousal Support		
Unemployment/Wkmn'sCom		
Cash Assist (TANF, AFDC)		
Other		
Other		

CCS Verification: Date contacted: _____ **STATUS:** CCS Denied CCS (on the waiting list)
 Have you ever been on CCS/CCPO? _____ Caseworker: _____
 Date of last contact: _____ Why were you terminated? _____
 Do you owe money to CCS? _____ The amount owed to CCS \$ _____

I certify that all the information I have supplied is true and correct and that all income has been reported. And I agree to inform Alliance After-School Care immediately of any income or family size change. I understand that the Alliance will verify the income listed and will check the local state agencies to verify that no other income is received by my family. I understand that any deliberate misrepresentation of the information provided may subject me to persecution under applicable state and federal laws. I also understand that I must first apply for CCS before applying for Alliance Financial Assistance. Alliance reserves the right to verify the family status with CCS.

 (Primary Parent/Guardian Signature)

 Date