

Alliance After-School Care Program Application for Financial Assistance

(CCS clients do not qualify for Alliance After-School Care Financial Assistance)

Child(ren)'s Name: _____

School: _____

Mother/Guardian: _____

Primary Caregiver Yes No

Phone: _____

Work Phone: _____

Employer: _____

Occupation: _____

Work Address: _____

Father/Guardian: _____

Primary Caregiver Yes No

Phone: _____

Work Phone: _____

Employer: _____

Occupation: _____

Work Address: _____

Marital Status: Married Divorced Separated Single Widowed

List all persons in household including yourself. (please print)

Relationship to Applicant
1.
2.
3.
4.
5.
6.
7.

Number of people in household: _____

INCOME:

List below the current household sources and amounts before deductions, such as taxes and social security. If you receive more than the one check from any of the following, please indicate the amount received. The Alliance for Women and Children reserves the right to verify this information.

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

	Mother/Guardian	Father/Guardian
Regular Pay:	_____	_____
Social Sec \$ Received:	_____	_____
Child Support/Alimony:	_____	_____
Unemployment/Wkmn's comp:	_____	_____
Cash Assistance (AFDC, SSI):	_____	_____
Food Stamps:	_____	_____
Other:	_____	_____

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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 change in my income or family size. I understand that the Alliance will verify 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 After-School Care Financial Assistance. Alliance After-School Care reserves the right to verify CCS contacts.

Date: _____

(Primary Parent/Guardian Signature)

Severe Circumstance
(not required)

If you have a severe situation that you would like us to know about, please indicate it here:

I understand that Alliance After-School Care reserves the right to verify all information provided on this form.

Signature: _____

Date: _____