



Government of the Virgin Islands of the United States
DEPARTMENT OF HUMAN SERVICES

Office of Childcare & Regulatory Services

Subsidy, Resource & Referral Program
PRELIMINARY APPLICATION

Application No.: _____

NAME OF APPLICANT: _____ SS# _____ (required)

Check one	
Single	<input type="checkbox"/>
Married	<input type="checkbox"/>

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NOS.: _____
 WORK CELL HOME

PLACE OF EMPLOYMENT: _____ Phone# _____

SCHOOL OR TRAINING PROGRAM: _____

ARE YOU A TEEN PARENT? YES NO

ANNUAL INCOME: \$ _____ CHILD SUPPORT INCOME: \$ _____

FAMILY SIZE: _____

	Name of the child (ren) requesting assistance	Date of Birth
1.		
2.		
3.		
4.		
5.		

Provider of Choice: _____

I hereby certify that the above information is correct and true. I understand that the information will be verified. I also understand that deliberate false information will result in a delay or disqualification of my childcare subsidy.

 Signature of Applicant

 Date

Official use only
[] ELIGIBILITY [] COMPLETED [] NO LONGER INTERESTED [] NO SHOW [] OTHER
[] INELIGIBILITY [] INSUFFICIENT HOURS [] NOT IN COMPONENT [] OVERQUALIFIED

If you are found eligible, you will be placed on the waiting list upon the availability of funds; however, if you are ineligible, you will be notified.