



## 2010 Caltech Child Care Assistance Program



Fax 626-744-1293 [ccap@caltech.edu](mailto:ccap@caltech.edu) Mail Code 209-85

### Application for 2010

Children age 10 and under for whom you are requesting childcare assistance:

Name of Child	Birth Date	Age on January 1, 2010
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

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#### Applicant Information:

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Circle one: Parent, Stepparent, or Guardian

Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Caltech ID# \_\_\_\_\_

Caltech affiliation (check one):

- Faculty
- Campus staff
- Postdoctoral Scholar
- Student

Date of hire: \_\_\_\_\_

Have you previously applied for a CCAP award? \_\_\_\_\_

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#### Spouse/Same-sex Domestic Partner Information

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Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Student? \_\_\_\_\_ If "yes" please circle one: *Fulltime* *Part time*

Employed? \_\_\_\_\_ If "yes" please note how many hours a week: \_\_\_\_\_

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Are you currently enrolled in the Dependant Care Spending Account? \_\_\_\_\_

Please describe the nature of your childcare provider (in-house sitter, nursery school, after school program etc.):

\_\_\_\_\_

**HOUSEHOLD INCOME**

Please indicate **GROSS** monthly, weekly, or hourly salary. If hourly, indicate number of hours worked per week.

CCAP Applicant \$ \_\_\_\_\_ monthly/weekly/hourly (Circle one)

\_\_\_\_\_ # of hours worked per week

Spouse or Same-sex Domestic Partner \$ \_\_\_\_\_ monthly/weekly/hourly (Circle one)

\_\_\_\_\_ # of hours worked per week

**Note:** If a parent/same-sex domestic partner is unemployed or not receiving an income, please indicate the reason and probable duration: \_\_\_\_\_

Other family income expected in 2010 (use average monthly amounts):

Child Support \_\_\_\_\_

Spousal Support \_\_\_\_\_

Unemployment \_\_\_\_\_

Welfare or AFDC \_\_\_\_\_

Veteran's Benefits \_\_\_\_\_

Sales Commissions \_\_\_\_\_

Other \_\_\_\_\_

**Total 2010 Projected Income (Gross):** \_\_\_\_\_

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**Please enclose:**

- A copy of your 2008 Federal Income Tax returns, including the pages with adjusted gross income line and signatures.
- Copies of current pay stub(s) for you and, if applicable, your spouse /same-sex domestic partner.  
*How many pay periods in 2010 for Spouse/Same-sex Domestic Partner?* \_\_\_\_\_.
- Copies of Birth Certificates, or other official age verification documents such as a passport, of children ages 10 and under. (If you are a current CCAP participant and all of your children's birth verification paperwork is on file in the CCAP Office you do not need to re-submit these documents.)
- Legal Guardian verification (if applicable).
- If spouse/same-sex domestic partner does not have income, documentation that he/she is a full-time student or considered legally disabled (if applicable).

**Applications should be returned no later than October 1, 2009 to the attention of "CCAP Office, Mail Code 209-85, PERSONAL AND CONFIDENTIAL".**

*I (We) declare that the information reported is true, correct, and complete. I (We) agree to provide, if requested, any necessary documentation to support the information reported.*

\_\_\_\_\_  
Applicant's Signature / Date

\_\_\_\_\_  
Spouse/Same-sex Domestic Partner's Signature / Date