



Statement of Homelessness Need

Name of Child(ren) Please include additional children on the back.	Birthdate(s)	Is Care Needed? Circle Yes or No	
		1. Yes	1. No
1.	1.	2. Yes	2. No
2.	2.	3. Yes	3. No
3.	3.	4. Yes	4. No
4.	4.	5. Yes	5. No
5.	5.	6. Yes	6. No
6.	6.		

Please indicate the child care schedule that you are requesting.							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:	am	am	am	am	am	am	am
	pm	pm	pm	pm	pm	pm	pm
End Time:	am	am	am	am	am	am	am
	pm	pm	pm	pm	pm	pm	pm
Variable Schedule Only - Total number of hours requested per week:							

Requested Child Care Start Date: Please note the start date cannot be back-dated.	
Requested Child Care Provider: Please include name, phone number, and/or provider ID (if known)	

Additional Information:

I certify, under penalty of perjury, that the above information is true and correct.

Parent Name: _____

Parent Signature: _____

Date: _____