

Child Care Circuit (CCC) requires that families maintain updated contact information, which includes: physical address, mailing address, phone number(s), and e-mail addresses. If your contact information changes during your Authorization period, you must report the changes. These changes are expected to be reported immediately, but no later than 30 days from the date of the change. **All correspondence will be sent to the address on file. If we do not have a current and accurate address, it may impact our ability to reach you with important notices in a timely manner.** Please complete the entire form.

**Please check appropriate box:**

**Initial**

**Change/Update**

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

CCC encourages the use of technology to notify Parents of any changes to your subsidy or to advise that it is time to have your subsidy Reauthorized. Please indicate below if you are requesting to receive your notifications via e-mail.

\_\_\_\_\_ Yes, I would like to receive notifications via e-mail

\_\_\_\_\_ No, I would like to receive notifications via U.S. mail

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

Subsidy Administrator Staff Member: \_\_\_\_\_

Received on: \_\_\_\_\_

DATE

**Lawrence Mayor's Scholarship  
HOUSEHOLD INCOME STATEMENT**

*You may be asked to provide documentation of income.*

**I certify that the information below is correct and complete to the best of my knowledge.**

**I AM CURRENTLY RECEIVING (COMPLETE ALL THAT APPLY - DO NOT LEAVE LINES BLANK, PUT A ZERO IN IF IT DOES NOT APPLY):**

Type of Income	Parent #1 Amount	Parent #1 Frequency (Monthly, Weekly, etc)	Parent #2 Amount	Parent #2 Frequency (Monthly, Weekly, etc)
Earnings from Employment	\$ _____	_____	\$ _____	_____
Tips Earned	\$ _____	_____	\$ _____	_____
Business Income	\$ _____	_____	\$ _____	_____
Commission	\$ _____	_____	\$ _____	_____
Child Support	\$ _____	_____	\$ _____	_____
Alimony	\$ _____	_____	\$ _____	_____
TAFDC (NOT SNAP Benefits)	\$ _____	_____	\$ _____	_____
DTA Transitional Stipends	\$ _____	_____	\$ _____	_____
Rental Income	\$ _____	_____	\$ _____	_____
SSI / SSDI	\$ _____	_____	\$ _____	_____
Unemployment Compensation	\$ _____	_____	\$ _____	_____
Workers' Compensation	\$ _____	_____	\$ _____	_____
Veteran's Benefits (i.e. retirement, disability, etc.)	\$ _____	_____	\$ _____	_____
Dividends or Income from Trusts/Estates	\$ _____	_____	\$ _____	_____
Other _____	\$ _____	_____	\$ _____	_____

**I RECEIVE IN-KIND SUPPORT.** In-kind support can include receiving money from the non-custodial parent for things like: diapers, food, gas, payment of a bill or mortgage, informal alimony, or other forms of support. In-Kind support **does not** include payments made through DOR or the Courts.

The estimated value of this support is: \$ \_\_\_\_\_

I receive this support (circle one):      *Annually*    *Monthly*    *Weekly*    *Irregularly*

Your gross monthly income is \$ \_\_\_\_\_ for a family of \_\_\_\_\_

Your parent fee for the Lawrence Mayor's Scholarship Subsidy is \$ \_\_\_\_\_/day x5 days is \$ \_\_\_\_\_/week

The Lawrence Mayor's Scholarship Subsidy is not guaranteed as a long term support for families who cannot access a state child care subsidy. If your child's provider offers you a contracted slot for a state subsidy, you should consider accepting this form of subsidy as it is a longer term form of child care assistance. Please note that parent fees for state subsidies from EEC may be higher than the parent fees for the Lawrence Mayor's Scholarship Fund.

\_\_\_\_\_ **Print Parent Name**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**

**HOUSEHOLD COMPOSITION STATEMENT**

I certify that the information below is correct and complete to the best of my knowledge. I understand that I must report any changes in countable household members within 30 days of the change.

PLEASE LIST THE NAME OF EACH MEMBER OF YOUR HOUSEHOLD AND INCLUDE HIS/HER FULL NAME, DATE OF BIRTH AND RELATIONSHIP:

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO THE PARENT

\_\_\_\_\_

Print Parent Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date