

WILSON COUNTY CHILD CARE WAITING LIST FORM

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MUST BE EMPLOYED TO BE ADDED TO THE LIST

PLEASE PRINT – form must be filled out completely and signed – form may be dropped off at DSS or mailed to Wilson County DSS, PO Box 459, Wilson, NC 27894

or you may e-mail form to smoore@wilson-co.com

Name:		Date of Birth:	Social Security #:	
Mailing Address:		Residence if different than mailing address	City/State/Zip	e-mail address
Home Phone #	Work Phone #	Cell Phone #	Are you attending school yes <input type="checkbox"/> no <input type="checkbox"/> If yes, where?	
Where do you work?	Address of employer	Work hours per week	Start date of employment	How often are you paid

Are BOTH parents in the home? yes no **(IF YES, LIST THEIR INFORMATION BELOW)**

Name:		Date of Birth	Social Security #	Are you attending school yes <input type="checkbox"/> no <input type="checkbox"/> If yes, where?	
Where do you work	Address of Employer	Work hours per week	Start date of employment	How often are you paid	

Child's Information: List children needing care **If both parents are not in the home, list information for the other parent below in the Absent Parent Section**

Name	Date of birth	Relationship to child	Enrolled in head start	Enrolled in NC pre-K	Does child have an IEP or IFSP	School Attending	Absent Parent Name	Absent parent Date of birth	Absent parent address	Absent parent employment

Do you receive any of the following services? Child Support Food Stamps Medicaid Work First Social Security SSI

Other income: please specify: _____

To keep informed of your number on the waiting list call 252-206-4177. You **MUST** report any changes in your address or phone number in order for us to contact you when we reach your name on the waiting list

Provide Permission to Verify Information: I must provide the required information so that eligibility for subsidy services can be determined. If written information is not available, signing this form gives permission to verify income by telephone or through other documents on file in the county department of social services (DSS) or other agencies.

Signature _____

Date _____