

**Michigan Department of Education
Child Development and Care (CDC) Program Application
ADDITIONAL SPACE FOR APPLICATION**

PURPOSE: Attach this document to your Michigan Child Development and Care (CDC) Application if you need extra space to complete any of the sections in the application. **This is an optional document, and you do not need to complete this if not needed.** The Michigan CDC Application can be found at: www.michigan.gov/childcare

INSTRUCTIONS:

Use this form only if you need extra space to complete any of the sections in the application. You only need to fill in the sections where you need extra space. Attach this form to your completed Michigan CDC Application. Instructions for submitting the Michigan CDC Application are included on the application.

SECTION 1: APPLICANT INFORMATION

Last Name	First Name	Middle Name
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SECTION 2: EXTRA SPACE FOR PERSONS LIVING IN YOUR HOME

Tell us about all the adults living in your home.						
List all additional adult members of your household. Include family members who do not live with you, but are expected to return to your home. You do not need to list the person applying.						
Name (First, Middle, Last):						
Date of Birth	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you:	SSN (optional)	Receive MDHHS cash assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive SSI benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (First, Middle, Last):						
Date of Birth	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you:	SSN (optional)	Receive MDHHS cash assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive SSI benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (First, Middle, Last):						
Date of Birth	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you:	SSN (optional)	Receive MDHHS cash assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive SSI benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Tell us about all the children living in your home.

List all the children in your house.

Children:

- List all children under the age of 18 in your home, or who may be returning to your home.

Child Name (First, Middle, Last):						
Date of Birth	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you:	SSN (optional)	Receive MDHHS cash assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive SSI benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Name	Living at home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who does the child live with?	Address, if different?		Parent's Status: <input type="checkbox"/> Married <input type="checkbox"/> Military <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Separated <input type="checkbox"/> Absent for other reason <input type="checkbox"/> In Prison	
Parent Name	Living at home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who does the child live with?	Address, if different?		Parent's Status: <input type="checkbox"/> Married <input type="checkbox"/> Military <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Separated <input type="checkbox"/> Absent for other reason <input type="checkbox"/> In Prison	
Does child receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, from whom? <input type="checkbox"/> Father <input type="checkbox"/> Mother	Who receives the child support?		How much is received in child support each month? \$	
Does the child need child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Provider Name			Provider ID (if known)	
Child Name (First, Middle, Last):						
Date of Birth	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you:	SSN (optional)	Receive MDHHS cash assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive SSI benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Name, if different than Child above	Living at home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who does the child live with?	Address, if different than Child above		Parent's Status: <input type="checkbox"/> Married <input type="checkbox"/> Military <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Separated <input type="checkbox"/> Absent for other reason <input type="checkbox"/> In Prison	
Parent Name, if different than Child above	Living at home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who does the child live with?	Address, if different than Child above		Parent's Status: <input type="checkbox"/> Married <input type="checkbox"/> Military <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Separated <input type="checkbox"/> Absent for other reason <input type="checkbox"/> In Prison	
Does child receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, from whom? <input type="checkbox"/> Father <input type="checkbox"/> Mother	Who receives the child support?		How much is received in child support each month? \$	
Does the child need child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Provider Name			Provider ID (if known)	

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Child Name (First, Middle, Last):						
Date of Birth	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you:	SSN (optional)	Receive MDHHS cash assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive SSI benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Name, if different than Child above	Living at home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who does the child live with?	Address, if different than Child above	Parent's Status: <input type="checkbox"/> Married <input type="checkbox"/> Military <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Separated <input type="checkbox"/> Absent for other reason <input type="checkbox"/> In Prison		
Parent Name, if different than Child above	Living at home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who does the child live with?	Address, if different than Child above	Parent's Status: <input type="checkbox"/> Married <input type="checkbox"/> Military <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Separated <input type="checkbox"/> Absent for other reason <input type="checkbox"/> In Prison		
Does child receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, from whom? <input type="checkbox"/> Father <input type="checkbox"/> Mother	Who receives the child support?	How much is received in child support each month?			
Does the child need child care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provider Name	Provider ID (if known)				

SECTION 3: EXTRA SPACE FOR INCOME INFORMATION

3.A: EMPLOYMENT INCOME (Wages)

List all income for you and your members living in your house. Attach copies of proofs below to the application. <input type="checkbox"/> Proof of work schedule and all income for the most current 30 days, such as wages, tips, commissions and bonuses.				
Person Employed	Employer Name		Job Title/Type of Work	
Employer's Address	Work Telephone #		Will employment continue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If new job, first date of paycheck:	Day of week pay is received:		Most recent paycheck date:	
Work Schedule Sunday (AM/PM) Monday (AM/PM) Tuesday (AM/PM)	Wednesday (AM/PM) Thursday (AM/PM) Friday (AM/PM) Saturday (AM/PM)	Average # of hours expected to work: # Hours Per	Total Monthly Income \$	
Rate of pay \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Other _____	How often are you paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Other	Do you receive a bonus or commission? <input type="checkbox"/> Bonus <input type="checkbox"/> Commission If YES, how much?		
Do you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No How often?	Do you receive extra tips? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, average tips \$ _____ Per <input type="checkbox"/> Shift <input type="checkbox"/> Week			

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Person Employed	Employer Name	Job Title/Type of Work	
Person Employed	Employer Name	Job Title/Type of Work	
Employer's Address	Work Telephone #	Will employment continue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If new job, first date of paycheck:	Day of week pay is received:	Most recent paycheck date:	
Work Schedule	Wednesday (AM/PM)	Average # of hours expected to work: # Hours Per	Total Monthly Income \$
Sunday (AM/PM)	Thursday (AM/PM)		
Monday (AM/PM)	Friday (AM/PM)		
Tuesday (AM/PM)	Saturday (AM/PM)		
Rate of pay \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Other _____	How often are you paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Other	Do you receive a bonus or commission? <input type="checkbox"/> Bonus <input type="checkbox"/> Commission If YES, how much?	
Do you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No How often?	Do you receive extra tips? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, average tips \$ _____ Per <input type="checkbox"/> Shift <input type="checkbox"/> Week		

SECTION 3.B: EXTRA SPACE FOR SELF-EMPLOYMENT

<p>Complete this section if you or someone in your house is self-employed. Examples of self-employment income include product sales, real estate sales, personal services, farming, in-home child care, and rental property. Attach copies of proofs below to the application: <input type="checkbox"/> All self-employment income and expenses, such as federal tax returns or business ledgers</p>			
Person Employed	Business Name	Type of Work	
Business Address	Business Phone #	Start Date	Date of last paycheck
Estimated hours of self-employment work per day? Sunday Monday Tuesday Wednesday Thursday Friday Saturday		Total Monthly Income (Before expenses) \$	
Person Employed	Business Name	Type of Work	
Business Address	Business Phone #	Start Date	Date of last paycheck
Estimated hours of self-employment work per day? Sunday Monday Tuesday Wednesday Thursday Friday Saturday		Total Monthly Income (Before expenses) \$	