

## **Child Development and Care (CDC)**

Complete this section if you are applying for Child Development and Care Assistance (CDC). If not, leave it blank.

## **Childcare Needs**

Please tell us more about why you need childcare for the children in your home.

Check the reason(s) you need childcare. Work		Treatment for health or social condition		
High school or GED completion		Please explain:		
Education/training/job prepa	ration			
PATH program or other state-	approved activity			
If you need childcare for study ti High school or GED completion Hours per week:		Also list the number of study hours needed each week. ining/job preparation ek:		
Have you ever received childcare	e assistance from the CD	CDC program? Yes No		
If yes, when and where?	Ending: [Month /Voorl	Lagations (City, State)		
Starting: [Month/Year]	Ending: [Month/Year]	Location: [City, State]		
If either statement below is true I am a foster parent requesti I only need childcare to partic	ng childcare for a foster	r child or foster children. uired by MDHHS Protective Services.		
Obilduania Info				

## Children's Info

In order to provide childcare, we need to know more about the children in your home. Please list the full name of each child under 18 who lives with you, and tell us more about them.

Full legal name	Relationship to applicant	Date of birth (mm/dd/yy)	Social security number	U.S. Citizer (Y/N)