

Child Development + Care (CDC)



Fill out the following details along with the Assistance Application if seeking Child Care Assistance

Do you currently live in temporary or emergency housing? Y | N

You need child care so that you can participate in (check all that apply):

- Work
- High School or GED Completion/College
- Training/Employment Preparation
- PATH program or other approved activity
- Activity required by MDHHS Child Protective Services
- Treatment for Health or Social Condition (explain):

If you are in school, do you need study time? Y | N

How many hours of child care do you need every two weeks? # _____

Is either parent serving active duty in the US Military? If yes, who? _____ No

Is either parent a member of the National Guard or Military Reserve Unit? If yes, who? _____ No

Does the household have total assets that exceed one million dollars? Y | N

← This is an actual question; it is required on a federal level

Children (Age 18 and Under) in Household

Child Legal Name (First, Middle, Last)	Parent Legal Names (First, Middle, Last)	Living at Home with the Child?	Child up to date on Immunizations (Shots)?
_____	Mother _____	Y N	Y N
	Father _____	Y N	
_____	_____	Y N	Y N
	_____	Y N	
_____	_____	Y N	Y N
	_____	Y N	

Need more room to write? Go to notes on last page. Yes, I've added more notes.

Michigan Department of Health and Human Services

Your Name
Individual ID #: