

PROCEDURES FOR RECEIVING DAY CARE SUBSIDY

1. Go to Wilkes County Department of Social Services located at 304 College Street, Wilkesboro NC 28697 or Child Care Resource & Referral at 374 Lincoln Heights Rd, Wilkesboro NC 28697. Telephone number (336) 838 0977.
2. Ask the receptionist for a child day care application. Complete and return application to receptionist.
3. Your name will then be added to the current list.
4. A person from the day care unit will contact you by mail for an appointment when your name comes up on the list.

*You will be contacted by mail. Make sure you report any address or phone number changes after your initial application is completed and turned in to the receptionist. Other-wise, the day care unit will be unable to contact you.
5. Bring Social Security cards, Medicaid cards, school schedule and a month's worth of check stubs to appointment.
6. You must meet a need for day care in that you are employed or in school. Eligibility is based on income.
7. If you are eligible to receive day care subsidy, you may find out the same day you meet with a day care worker and a day care voucher will be issued.

Application Date _____ Revised 06/14

WILKES COUNTY DSS APPLICATION FOR DAYCARE SUBSIDY ASSISTANCE

Name of Child _____
(LAST) (FIRST) (MIDDLE) (NICKNAME)

Mailing Address _____
(STREET) (CITY) (STATE) (ZIP)

(IF Address above is a PO BOX, list 911 address below)

911 Address _____
(STREET) (CITY) (STATE) (ZIP)

Age of child _____ Date of Birth _____ Birth Place _____ Sex _____

Race _____ Ethnicity _____

Other children in the family _____

INFORMATION ABOUT THE FAMILY

FATHER'S NAME _____ HOME PHONE _____

SOCIAL SECURITY # _____

Address _____
(STREET) (CITY) (STATE) (ZIP)

MOTHER'S NAME _____ HOME PHONE _____

SOCIAL SECURITY # _____

Address _____
(STREET) (CITY) (STATE) (ZIP)

FATHER EMPLOYED AT _____ Business Phone _____
School/Education Facility: _____

MOTHER EMPLOYED AT _____ Business Phone _____
School/Education Facility: _____

IF CHILD IS NOT LIVING IN THE HOME OF PARENTS, NAME OF RESPONSIBLE ADULT _____
Home Phone _____

Address _____
(ADDRESS) (CITY) (STATE) (ZIP)

CHECK REASON FOR NEED: _____ WORK _____ SCHOOL _____ DEVELOPMENTAL

Please check services presently being received:

_____ WFFA _____ Food Stamps _____ WFFA-Employment Services
_____ Medicaid _____ Child Support

MAIL TO: 304 College St. Wilkesboro, NC 28697 OR FAX TO: 336-651-7568 or 336-903-7228