



**Child Care Resource and Referral of Multnomah County**

4510 NE 102<sup>nd</sup> Ave  
Portland OR 97220  
Phone: 503-491-6200  
Fax: 503-491-6930  
www.ccrf-mc.org

A program of



**COMMUNITY CHILDCARE INITIATIVE APPLICATION**

**Personal Information**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

# of Adults in household: \_\_\_\_\_ # of Children in household: \_\_\_\_\_

**Income Information – provide documentation**

Name of Adult: \_\_\_\_\_ Employer: \_\_\_\_\_

Gross Salary: \$ \_\_\_\_\_ *Circle One:* Hour / Week / Month Hrs per week: \_\_\_\_\_ Start Date: \_\_\_\_\_

Name of Adult: \_\_\_\_\_ Employer: \_\_\_\_\_

Gross Salary: \$ \_\_\_\_\_ *Circle One:* Hour / Week / Month Hrs per week: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Additional Income – provide documentation**

Additional Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_  
*(Ex. SSI)*

**Children in Care – provide attachment for additional children**

Provider: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Childcare Rate: \$ \_\_\_\_\_ Average Weekly Hours \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Childcare Rate: \$ \_\_\_\_\_ Average Weekly Hours \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Childcare Rate: \$ \_\_\_\_\_ Average Weekly Hours \_\_\_\_\_

Do you currently receive DHS Employment Related Day Care (ERDC) assistance? (You must apply for ERDC before seeking CCI assistance.)

If YES, Monthly Co-pay: \$ \_\_\_\_\_ Overage: \$ \_\_\_\_\_ ERDC Case Number: \_\_\_\_\_

If NO, have you applied? \_\_\_\_\_ Date applied: \_\_\_\_\_ Denial Reason: **(Include your denial letter)**

**You must include 3 month's worth of pay-stubs with your application**

Other Child Care Assistance: \$ \_\_\_\_\_ Type: \_\_\_\_\_



