



Child Care Resource and Referral of Multnomah County

4510 NE 102nd Ave
Portland OR 97220
Phone: 503-491-6200
Fax: 503-491-6930
www.ccr-mc.org

COMMUNITY CHILDCARE INITIATIVE APPLICATION



Personal Information

Full Name:

_____ Last _____ First _____ MI _____

Address:

_____ Street Address _____ Apartment/Unit _____

_____ City _____ State _____ Zip Code _____

Phone: () _____ Alternate Phone: () _____

Email Address: _____ Check a box for your preferred way to get information.

of Adults in household: _____ # of Children in household: _____ ERDC Case Number: _____

Income Information – provide documentation

Adult's Name: _____ Employer: _____

Hours work per week: _____ Date Started work: _____

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Hours work per week: _____ Date Started work: _____

Additional Income – Please provide documentation

Additional Monthly Income: \$ _____ Source: _____
(Ex. SS) _____

Children in Care – Please provide attachment for additional children

Program/Provider: _____

Child's Name: _____ DOB: _____

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Child's Name: _____ DOB: _____

Currently receiving DHS Employment Related Day Care (ERDC) assistance? (You must apply for ERDC before seeking CCI assistance.)

If YES, Monthly Co-pay: _____ If NO, have you applied? _____ Date applied: _____

Denial Reason: _____ (Please include your denial letter)

CCR&R partners with ODHS and has access to information used to determine initial and ongoing eligibility for the CCI program



Date Received: _____