



Child Care Resource and Referral of Multnomah County

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

COMMUNITY CHILDCARE INITIATIVE APPLICATION

A program of



Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip code

Phone: () _____ Alternate Phone: () _____

Email Address: _____

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

Income Information – provide documentation

Adult's Name: _____ Employer: _____

Monthly income before taxes:
(Gross Salary) \$ _____ Hours work per week: _____ Date Started Work: _____

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Additional Income – Please provide documentation

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

Children in Care – Please provide attachment for additional children

Provider: _____

Child's Name: _____ DOB: _____ Childcare Rate: \$ _____ Average Hours per week Child attends ChildCare: _____

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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)**

Other Child Care Assistance: \$ _____ Type: _____



Date Received: _____