



Statement of Homelessness Need

| Name of Child(ren) <small>Please include additional children on the back.</small> | Birthdate(s) | Is Care Needed? <small>Circle Yes or No</small> | |
|--|--------------|--|-------|
| | | 1. Yes | 1. No |
| 1. | 1. | | |
| 2. | 2. | | |
| 3. | 3. | | |
| 4. | 4. | | |
| 5. | 5. | | |
| 6. | 6. | | |

| Please indicate the child care schedule that you are requesting. | | | | | | | |
|--|--------|---------|-----------|----------|--------|----------|--------|
| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Start Time: | am | am | am | am | am | am | am |
| | pm | pm | pm | pm | pm | pm | pm |
| End Time: | am | am | am | am | am | am | am |
| | pm | pm | pm | pm | pm | pm | pm |
| Variable Schedule Only - Total number of hours requested per week: | | | | | | | |

| | |
|--|--|
| Requested Child Care Start Date: <small>Please note the start date cannot be back-dated.</small> | |
| Requested Child Care Provider: <small>Please include name, phone number, and/or provider ID (if known)</small> | |

Additional Information:

I certify, under penalty of perjury, that the above information is true and correct.

Parent Name: _____

Parent Signature: _____

Date: _____