



# COUNTY OF FAIRFAX, VIRGINIA

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Commonwealth of Virginia: Department of Social Services  
**CCAR PRE-APPLICATION**  
**CHILD CARE ASSISTANCE & REFERRAL PROGRAM**  
Fairfax County Office for Children  
12011 Government Center Parkway – 8<sup>th</sup> Floor, Fairfax, VA 22035

**For CCAR Staff Use only:**  
Date Received: \_\_\_\_\_  
Reviewed by (Initials): \_\_\_\_\_  
Date Notification Sent: \_\_\_\_\_  
Team #: \_\_\_\_\_

**FAMILY INFORMATION**

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Guardian/Contributing Household Member) (Last Name) (First Name)

Address: \_\_\_\_\_  
Street City Zip

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Guardian/Contributing Household Member) (Last Name) (First Name)

Address \_\_\_\_\_  
Street City Zip

**NAMES OF CHILDREN NEEDING CARE:**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last Name) (First Name)

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last Name) (First Name)

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last Name) (First Name)

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last Name) (First Name)

**Reason for Child Care service request:** \_\_\_\_\_ Employment \_\_\_\_\_ Education/Training

Please check (✓) "Yes" or "No":

- 1. Are you a high school student? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. Are you living in a shelter? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3. Are you or any of the children who need child care receiving TANF? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4. Are any of your children enrolled in Head Start? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Or** Is there a child in the household enrolled in Head Start, whose enrollment will end within the next 60 days? \_\_\_\_\_ Yes \_\_\_\_\_ No

- 5. Is there a child under the age of 13 in the household who needs child care? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 6. Is there a child in your household who is at least 13 years old but not yet 18 years old who has a documented physical or mental incapacity that makes them incapable of caring for themselves or who is subject to court supervision and needs child care? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 7. Are all parents/caretakers in the household either employed or attending a education / training program? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 8. If "NO," is there a reason why parent/caretaker cannot provide the needed child care? Reason: \_\_\_\_\_ \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Have you or any of the children who needs child care received TANF benefits in the past 12 months?  Yes  No
10. If "Yes," when did you receive your last TANF check? (MM/YYYY)  Month  Year
11. Are you enrolled in a program in which you will earn a degree higher than a baccalaureate degree?  Yes  No

**INCOME/EMPLOYMENT INFORMATION:**

*Income must be counted for the following individuals who live in your home: Parent (natural or adoptive), a stepparent residing in the home, or a person living (cohabitating) with a parent.*

**Note: Include total income amounts before taxes (Gross Income).**

*(Please complete the one which reflects how often you are paid)*

1. Mother's Income: \$\_\_\_\_\_ weekly \$\_\_\_\_\_ bi-weekly \$\_\_\_\_\_ twice monthly \$\_\_\_\_\_ monthly
2. Father's Income: \$\_\_\_\_\_ weekly \$\_\_\_\_\_ bi-weekly \$\_\_\_\_\_ twice monthly \$\_\_\_\_\_ monthly
3. Income from Other Household Members:  
\$\_\_\_\_\_ weekly \$\_\_\_\_\_ bi-weekly \$\_\_\_\_\_ twice monthly \$\_\_\_\_\_ monthly
4. Child Support Received: \$\_\_\_\_\_ monthly
5. Veterans Benefits, Retirement Benefits, and Pensions: \$\_\_\_\_\_ monthly
6. Social Security Benefits (Do not include SSI): \$\_\_\_\_\_ monthly
7. Other income: Explain the type: \_\_\_\_\_ \$\_\_\_\_\_

**Please check (✓) "Yes" or "No" to all that apply:**

1. Are you paying child support on behalf of someone who does not live with you?  Yes  No
2. If yes, how much do you pay each month? \$\_\_\_\_\_
3. Is your paycheck being garnished?  Yes  No
4. If yes, how much? \$\_\_\_\_\_
5. Number of household members: \_\_\_\_\_

*\*Please indicate your child care preference, if known. This is not a commitment; you may change at any time.*

\_\_\_\_\_ **Child Care Center** Name, if known: \_\_\_\_\_

\_\_\_\_\_ **Family Child Care Home** Name, if known: \_\_\_\_\_

**I have read the enclosed "Rights of Applicants" and certify that this Pre-application is a true and accurate statement of the financial status and composition of my household. If eligible, I will be placed on a waiting list and will be asked to complete a full application when my name is close to the top of the waiting list. I understand that CCAR will notify me by mail of my eligibility for services.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE SEE INSERT FOR INFORMATION ABOUT YOUR RIGHTS AND RESPONSIBILITIES.**

County is committed to providing equal access for all citizens to County programs, services and activities.

Reasonable accommodations made upon request; call 703-449-8484 or TTY 711.



## ***RIGHTS OF APPLICANTS***

Anyone may apply for services. You do not have to have lived in the county or city for any specific length of time. There are no citizenship requirements for services.

You have the right to equal treatment regardless of race, color, religion, sex, national origin, or handicap.

You have the right to receive and complete an application on the day you request services. If you need help filling out the application, someone will assist you.

The process of determining eligibility must be explained to you.

The agency will decide on your application within 45 days. If this is impossible, you must be told why. The agency must write to you if you are not eligible or if there is a delay.

If you are determined eligible, you have a right for services to begin within 45 days after the agency gets your application.

You have a right to mandated services for which you meet eligibility requirements. Your right to optional services depends on meeting eligibility requirements and on whether or not the agency offers the service.

You have a right to see the information about you which the agency has in your service record.

The agency may not release information about you without your written consent except for purposes directly connected with the administration of social service programs.

These rights are based on Federal and State laws, but there are certain exceptions. If you have any questions or want to see the information in your record, you should talk to your social worker about it.

## **RESPONSIBILITIES OF APPLICANTS**

You must give complete and accurate information needed for determining eligibility. The agency may have to ask you for such things as pay stubs or permission to contact agencies or individuals to get proof of your income. If you give incorrect information you could be prosecuted under the law.

You must notify the agency within 10 days of any changes which could affect your eligibility for services.

You must contact the Office for Children at 703-449-8484 within six months of your application date to remain on the waiting list.

### **MAXIMUM YEARLY INCOME FOR PARTICIPATION IN CCAR Effective 10/01/2010**

<b>Number of Family Members</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Fairfax County</b>	<b>\$40,080</b>	<b>\$50,364</b>	<b>\$60,636</b>	<b>\$70,932</b>	<b>\$81,216</b>
<b>Other Jurisdictions</b>					
• Falls Church City*	<b>\$26,952</b>	<b>\$33,876</b>	<b>\$40,800</b>	<b>\$47,712</b>	<b>\$54,636</b>
• Fort Belvoir*					

\*Additional local funding may be available from these jurisdictions.

Website: [www.fairfaxcounty.gov/ofc](http://www.fairfaxcounty.gov/ofc)