

DELEGATE AGENCY ENROLLMENT FORM

Program/Site Requested _____

FILL IN ALL BLANKS FOR **EVERYONE WHO CURRENTLY LIVES IN THE HOME** WITH YOU, WHETHER OR NOT YOU CONSIDER THEM HOUSEHOLD MEMBERS OR NOT.

CODES: **Ethnicity:** H = Hispanic/Latino N = Non-Hispanic/Latino

Race: A-Asian; B-Black or African American; I-American Indian or Alaska Native; N-Native Hawaiian or Pacific Islander; W-White

Marital Status: S-Single; M-Married; N-Separated; D-Divorced; W-Widowed

ADULTS:

Full Legal Name	Relationship to You	SEX	Date of Birth	Social Security Number	Race	Ethnicity	Marital Status
	Self						

CHILDREN (Under the age of 18)

*Needs care in the program for which applying for.

Full Legal Name	Relationship to You	SEX	Date of Birth	US Citizen or Legal Resident?	Current on Immun?	Social Security Number	Race	Ethnicity	Need Care?*
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>

Home Address	City	State	Zip
Mailing Address	City	State	Zip

Phone	Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/>	Alternative Phone	Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/>	E-mail Address
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EMPLOYMENT: Please list current employer for each required adult member. This includes self-employment, in-kind activities and odd jobs.

Household Member	Employer Name Address and Telephone Number	Rate of Pay	Hours per Week	Pay Frequency
	Name: Address: Phone Number:	\$ per hour	Hours/Wk	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly
	Name: Address: Phone Number:			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly

Training/Education: If any of the required adult household members participate in a training program or attending school, please complete the following. In addition, please provide verification of the school/training program.

Student Name	Training Site Name	Training Site Address	Schedule

Please Answer the Following Questions About Your Household:

1. Is your Family Homeless (lack a fixed, regular, and adequate nighttime residence)? Yes No
 If Yes, Please Explain: _____
2. Is any household member in the Military? Yes No
 If Yes, Name: _____ Active Duty or Reserve? _____
3. Do any of the children in the household have special needs? Yes No
 If Yes, Name: _____ Reason: _____ Current IEP or IFSP for child? _____
 Name: _____ Reason: _____ Current IEP or IFSP for child? _____
 Name: _____ Reason: _____ Current IEP or IFSP for child? _____
4. Does your household have assets with a value over one million dollars (\$1,000,000)? Yes No
 If Yes, Name: _____ Type of Asset: _____
12. Are both parents of the children living in the home? Yes No
 If no, Please Complete the Information Below About the Child(ren)'s Mother and/or Father that does NOT live in the home.

Child's Name	Name and address of Parent not residing in the Household	Receiving Child Support	How Often	Amount	Received through which source?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement

OTHER HOUSEHOLD INCOME:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> 01 – TANF | <input type="checkbox"/> 09 – Temporary Disability Insurance | <input type="checkbox"/> 15 – Tips | <input type="checkbox"/> 23 – *Supplemental Security Income |
| <input type="checkbox"/> 02 – *SNAP (Food Stamps) | <input type="checkbox"/> 10 – *Educational Assistance/
Pell Grants | <input type="checkbox"/> 16 – Loans | <input type="checkbox"/> 24 – Social Security Disability |
| <input type="checkbox"/> 03 – *Housing Assistance | <input type="checkbox"/> 11 – Unemployment | <input type="checkbox"/> 17 – Dividends | <input type="checkbox"/> 25 – Social Security Survivors |
| <input type="checkbox"/> 04 – *Foster Care Payments | <input type="checkbox"/> 12 – Contributions to the
Household | <input type="checkbox"/> 18 – Royalties | <input type="checkbox"/> 26 – Social Security Retirement |
| <input type="checkbox"/> 05 – Veteran's Benefits | <input type="checkbox"/> 13 – Railroad Retirement | <input type="checkbox"/> 19 – Interest | <input type="checkbox"/> 27 – Pension/Retirement Trust
Income |
| <input type="checkbox"/> 06 – Lump Sum Payments | <input type="checkbox"/> 14 – Insurance Settlements | <input type="checkbox"/> 20 – Winnings | <input type="checkbox"/> 28 – *Adoption Subsidies |
| <input type="checkbox"/> 07 – Military Allotments | | <input type="checkbox"/> 21 – Alimony | <input type="checkbox"/> 29 – *Medicaid |
| <input type="checkbox"/> 08 – Worker's Compensation | | <input type="checkbox"/> 22 – *WIC | |
- Other: _____

Income Type #	Amount	How Often is the Income Received	Who Receives the Income
<i>Example: 02</i>	<i>\$250</i>	<i>Monthly</i>	<i>Family</i>

AUTHORIZATION/RESPONSIBILITY: I hereby authorize and consent to the release of any and all information concerning me or my household members to the Child Care Program by the holder of the information regardless of the manner of form held, including, without limitation, wage information, information made confidential by law or otherwise and patient information privileged under NRS 49.225 or any other provision of law or otherwise. I hereby release the holder of such information from liability, if any, resulting from disclosure of the required information. A reproduced copy of this authorization legally constitutes an original copy.

I understand the questions on this application and the penalty for hiding or giving false information. In addition, I understand that if I make a false or misleading statement, conceal or withhold facts to establish or maintain program eligibility, my benefits may be reduced, denied, or terminated; I may be disqualified from program participation, criminally prosecuted, or otherwise penalized according to state and federal law. Furthermore, I understand that failure to pay my co-pays to the provider and/or follow through on re-payment agreements will result in termination of subsidy benefits.

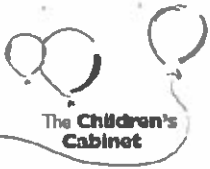
I understand any individual may apply for the Subsidy Contract Program. No person shall be discriminated against for any reason (such as race, age, color, religion, sexual orientation, disability, political belief or national origin). To file a complaint, I may contact the Program Director of the Children's Cabinet located at 1090 S. Rock Blvd. Reno, NV 89502. I also have the right to request a hearing with the DWSS and will be provided information on the appeal process upon request.

In addition, I understand the providers listed above reflect the choice made by me, the parent/caretaker, and by signing below, I agree to indemnify and hold harmless the State of Nevada, the Child Care Subsidy Program, their officers, agents, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of, or in any way connected with the provider chosen by me.

I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability

Applicants Signature _____ Date _____

Co-Applicants Signature _____ Date _____



IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW,
WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?

(Please check one)

YES NO

If you do not check either box, you will be considered to have decided not to register to vote at this time.

The NATIONAL VOTER REGISTRATION ACT provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, contact The Children's Cabinet for assistance. The decision whether to seek or accept help is yours. You may fill out the application form in private.

IMPORTANT NOTICE: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance you will be provided by this agency.

Signature

Date

CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential.

IF YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, Capitol Complex, Carson City, Nevada 89710.



**SECRETARY OF STATE ROSS MILLER
STATE OF NEVADA
VOTER REGISTRATION APPLICATION**

Application No.
HA

BOX 3 - NAME Please write your name exactly as it appears on the Nevada driver's license, I.D. card, or Social Security card referenced in Box 8. If you do not have any of these forms of identification, please see the instructions for Box 8.

BOX 4 - HOME ADDRESS Your home address is the street address assigned to the location at which you actually reside. If you reside at a location that has not been assigned a street address, a description of the location at which you actually reside must be provided. A P.O. Box cannot be listed as a home address.

BOX 8 - IDENTIFICATION REQUIREMENTS Federal and state law require you to provide your NV driver's license or NV ID number. If you do not have either, you must provide the last 4 digits of your social security number (SSN). If you do not have any of these three forms of identification, please contact your County Clerk/Registrar after you have completed and returned this form.

BOX 10 - PARTY REGISTRATION Mark your choice of a qualified party, "Nonpartisan" or "Other." If you mark "Other," you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a nonpartisan ballot for the Primary Election.

BOX 13 - ASSISTING IN THE COMPLETION OF THIS FORM If you are assisting a person to register to vote, you must complete Box 13. FAILURE TO DO SO IS A FELONY.

DEADLINES FOR SUBMITTING APPLICATION

- ★ By Mail—postmarked by Saturday, 31 days before an Election.
- ★ In Person at DMV—by Saturday, 31 days before an Election.
- ★ In Person At County Clerk's or Registrar's Office—by Tuesday, 21 days before an Election (for Municipal Elections, in person at City Clerk's).
- ★ For Special/Recall Elections—contact your County Clerk or Registrar.

NOTICE You are urged to return your application to register to vote to the County Clerk/Registrar in person or by mail. If you choose to give your completed application to another person to return to the County Clerk/Registrar on your behalf, and the person fails to deliver the application to the County Clerk/Registrar, you will not be registered to vote. Please retain the duplicate copy or receipt from your application to register to vote.

INTERESTED IN BEING A POLL WORKER? Please contact your local County Clerk or Registrar's Office. See Reverse.

CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE

USE BLACK INK — PLEASE PRINT CLEARLY

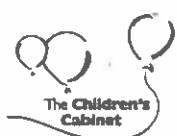
WARNING: GIVING FALSE INFORMATION IS A FELONY AND INCLUDES A CIVIL PENALTY OF UP TO \$20,000.

1	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years of age or over on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "no" in response to either of these questions, do not complete this form.	2	Check boxes that apply and complete items 3-13 <input type="checkbox"/> New Registration <input type="checkbox"/> Party Affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change		
3	Last Name (Only) _____ First Name (Only) _____ Middle Name (Only) _____ Jr. Sr. II III IV				
4	Home Street Address (No P.O. Box/Business Address. See Instructions.) Apt. # _____ City _____ State _____ Zip Code _____				
5	Mailing Address—If different from above. (P.O. Box or Mail Service Address)		6	Birth Date (M/D/YR) _____	
7	Place of Birth(State or Country) _____	8	NV Driver's License or NV ID Card Number (if neither, last 4 digits of your SSN) _____	9	Telephone No.(Opt.) _____
10	Party Registration—Check Only One Box <input type="checkbox"/> Democratic Party <input type="checkbox"/> Independent American Party <input type="checkbox"/> Libertarian Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Other Party – Write In Below _____ <input type="checkbox"/> Nonpartisan (no party affiliation)	11	"I swear or affirm • I am a U.S. citizen • I will be at least 18 years old by the date of the next election • I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in my precinct before the next election • The present address listed herein is my sole legal place of residence and I claim no other place as my legal residence • I am not laboring under any felony conviction or other loss of civil rights that would make it unlawful for me to vote. I declare under penalty of perjury that the foregoing is true and correct." ↓ SIGNATURE OF APPLICANT (REQUIRED) ↓ ↓ DATE (REQUIRED) ↓ <div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div> <div style="text-align: right; margin-top: 5px;">/ /</div>		
12	Your name and residence address where you were last registered to vote. (Name Used, Street, Apt. #, City, State & Zip Code of Former Residence)				
13	Important! If you are assisting a person to register to vote and you are not a field registrar appointed by a County Clerk/Registrar or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so is a felony.				
	Name _____	Mailing Address _____	City/State/Zip Code _____	Signature _____	

VALIDATING AGENCY USE ONLY. DO NOT WRITE IN THE SHADED AREA BELOW.

AGENCY STAMP HERE 	<input type="checkbox"/> AGENCY <input type="checkbox"/> FIELD REGISTRAR <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER	CANCELLED INACTIVE PRECINCT	APPLICATION NO. HA RECEIVED BY: _____
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NAME OF PERSON RETAINING THIS APPLICATION AGENCY STAMP OR NAME OF AGENT, ELECTION OFFICIAL OR PERSON RETAINING APPLICATION PRINT NAME OF PERSON RETAINING FORM _____	ELECTION OFFICIAL OR AGENCY Contact Information, Address, Telephone, Fax _____ _____	VOTER APPLICATION RECEIPT (Please Retain Receipt) If you do not receive a Nevada Voter Registration Card in the mail within 10 days, please call or visit your County Election Department. APPLICATION NO. HA
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Purpose of Care Form

Name of Program: _____

Name of Parent/Guardian: _____

Please use one form for each parent/guardian, if this is a two parent/guardian household.

Name of Child(ren): _____

Employment / Training:

Average hours per week _____

Please specify the days of the week that you are regularly scheduled to work/attend training:

Sunday	From _____	AM / PM	To _____	AM / PM
Monday	From _____	AM / PM	To _____	AM / PM
Tuesday	From _____	AM / PM	To _____	AM / PM
Wednesday	From _____	AM / PM	To _____	AM / PM
Thursday	From _____	AM / PM	To _____	AM / PM
Friday	From _____	AM / PM	To _____	AM / PM
Saturday	From _____	AM / PM	To _____	AM / PM

OR

If the parent/guardian has a **varied/rotating schedule**, what is the maximum number of scheduled days per week? _____.

College / University:

Number of credits being taken this semester _____

Student GPA _____

Please specify the days of the week that you are regularly scheduled to attend college/university

Sunday	From _____	AM / PM	To _____	AM / PM
Monday	From _____	AM / PM	To _____	AM / PM
Tuesday	From _____	AM / PM	To _____	AM / PM
Wednesday	From _____	AM / PM	To _____	AM / PM
Thursday	From _____	AM / PM	To _____	AM / PM
Friday	From _____	AM / PM	To _____	AM / PM
Saturday	From _____	AM / PM	To _____	AM / PM

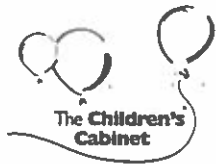
Travel time from program site to work/training/school? _____

I verify that to the best of my knowledge the above information is true and correct. I will notify the program if these days and times change in the future.

Parent//Guardian Signature: _____ **Date:** _____

If parent/guardian was unable to fill out and sign this form in person, the agency may verify purpose of care via phone, email, fax or other means; however, agency representative must sign below.

Agency's Signature _____ **Date:** _____



Early Learning Financial Assistance Options in Nevada

The financial assistance options below have different eligibility requirements. It is important to get more information on each type of assistance to determine if your family is eligible.

Child Care Providers Offering Sliding Fee Scales or Reduced Rates. The following licensed child care providers have reduced rates for parents based on family income. For school-age children, also check with your county or city parks & recreation department, Boys & Girls Club or YMCA for sliding fee programs. For parents on tribal land, please also see Tribal CCDF below.

Northern Nevada Providers	City	Phone	Ages Served
Kids in Motion Preschool	Battle Mtn.	775-635-2788	3-6yrs.
A Step Ahead Preschool	Fernley	775-575-1122	2-14yrs.
Zoo'n Around Preschool	Fernley	775-575-9666	1½mos.-10yrs.
Holy Child Early Learning Center	Reno	775-329-2979	1½-18 yrs.
UNR-Child & Family Research Center	Reno	775-784-6762	1½mos.-10yrs.
Hippity Hop Learning Center	Reno	775-828-2928	1½ mos-12yrs.
Pebbles The Rock Christian Preschool	Sparks	775-355-7888	1-18yrs.

Child Care & Development Fund (CCDF) Subsidy. The Children's Cabinet administers the CCDF subsidy program in northern Nevada through a contract with the Nevada Division of Welfare and Supportive Services. In southern Nevada, this program is administered by La Vegas Urban League (www.lvul.org). Child care subsidies are available to families who income qualify and are working. To determine if you are eligible, please call 1-800-753-5500 in northern Nevada or 702-473-9400 in southern Nevada.

Tribal Child Care and Development Fund (CCDF). Tribes can use their CCDF federal funds to offer child care subsidies by using a voucher system, and / or having a child care center. To learn more about the tribal child care program in your area, visit <http://nccic.acf.hhs.gov/tribal/grantees.html> or call the Inter-Tribal Council of Nevada at 775-355-0600.

Head Start, Early Head Start or Tribal Head Start. These are federally funded full- or part-time programs that provide free child care and other services to help meet the health and school readiness needs of eligible children. Eligibility requirements vary. To get more information about Head Start or to find a program nearest you, visit: <http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices>.

Part C & Part B of the Individuals with Disabilities Education Act (IDEA). Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. If you have concerns about your infant or toddler's development, call Nevada Early Intervention Services at (775) 684-4000 for additional information and programs in your area. Children and youth (ages 3-21) receive special education and related services under IDEA Part B. If your child is ages 3-21 and you suspect a delay in their development, contact your local school district's Child Find office.

Temporary Assistance for Needy Families (TANF). The goals of TANF are to provide assistance to low-income families with children so they can be cared for in their own home, reduce dependency by promoting job preparation, reduce out-of-wedlock pregnancies and encourage the formation and maintenance of two-parent families. TANF provides Financial and Support Services such as child care, transportation and other services. For more information or to apply for TANF visit: <https://dwss.nv.gov/?TANFAApply.html> or call 775-684-0500 for an office near you.

Supplemental Nutrition Assistance Program (SNAP). Many Nevadans have trouble making ends meet each month. After paying for rent, utilities, transportation and child care, there is often little left over to buy nutritious food. The Nevada State Division of Welfare and Supportive Services can assist families with SNAP benefits to help feed their families. To find out if you are eligible for SNAP benefits, visit <http://www.snap-step1.usda.gov/fns/> or call 775-684-0500 for an office location near you.

Low Income Home Energy Assistance Program (LIHEAP). The Energy Assistance Program (EAP) provides a supplement to assist qualifying low-income Nevadans with the cost of home energy. Nevada's EAP program has two funding sources, the Low Income Home Energy Assistance Program (LIHEAP) federal block grant and state revenue generated from Nevada's Universal Energy Charge (UEC). For assistance call 775-684-0500 for an office location near you.

Women, Infants & Children (WIC). WIC provides nutritious foods, nutrition education, breastfeeding support, and referrals to health and other social services to participants at no charge. WIC serves income eligible pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who are at nutrition risk. For more information and for income guidelines, visit <http://nevadawic.org/for-families/do-i-qualify> or call 1.800.8.NEV.WIC.

Nationally Quality Assured by Child Care Aware of America®



Child and Adult Care Food Program (CACFP). USDA's Child and Adult Care Food Program plays a vital role in improving the quality of day care and making it more affordable for many low-income families. CACFP supports or provides funding for healthy meals and snacks served to children and adults receiving day care. Talk to your child care provider about signing up for CACFP today. For more information call 775-353-3758 or visit [http://nutrition.nv.gov/Programs/Child_and_Adult_Care_Food_Program_\(CACFP\)/](http://nutrition.nv.gov/Programs/Child_and_Adult_Care_Food_Program_(CACFP)/)

Medicaid and State Children's Health Insurance Program (SCHIP). The Medicaid Program is a state-administered, federal grant-in-aid program. Its purpose is to help individuals and families with low income obtain health coverage. To assist you with determining if you qualify for medical assistance, Access Nevada has a new Pre-Screening tool to help. Visit <https://dwss.nv.gov/?AccessNevada.html> and click on the "Do You Qualify for Medical Assistance" button. If you don't have web access, The Children's Cabinet is happy to help. You can also contact 775-684-0500 for more information and an office location near you.

Employer/College Support. Your employer (or college if you are a student) may provide child care scholarships, discounts to programs in the network, or on-site child care at reduced rates. Ask your human resources department or your school's student services department about availability of programs.

Employer Dependent Care Accounts. Your employer may offer this type of account, which allows you to have money (up to \$5,000) taken out of your paycheck (pre-tax) and put into a special account to be used for child care costs. You save money by lowering your taxable income, which lowers the amount of taxes you have to pay annually. You should never put more money into this account than you will use because any money left over at the end of the year will be lost. You cannot claim any money you put into a Dependent Care Account for the Child and Dependent Care Tax Credit.

Earned Income Tax Credits. This credit can put more money in the pockets of families meeting eligibility guidelines. Families need to make less than a certain income based on family size. There are also other qualifications for the credit. For more information, call your local IRS office and request Publication 596 on Earned Income Credits, or contact an accountant or tax preparer.

Child Tax Credits. If you have a dependent child under the age of 17, you may qualify for the Child Tax Credit that can be worth hundreds of dollars per child. The income limit for the Child Tax Credit is much higher than for the Earned Income Tax Credit. Contact your local IRS office, an accountant, or tax preparer for more information.

Federal Child and Dependent Care Tax Credit. If you have a child under 13, and owe federal income taxes, this tax credit can help cover a portion or all of the taxes you owe, if you qualify. Contact your local IRS office, an accountant, or tax preparer for more information.

Child Support Enforcement Program (CSEP): This program assists custodial parents or caretakers in obtaining support from an absent parent(s) for their child(ren). CSEP can assist with locating the absent parent, establishing paternity and/or establishing and enforcing financial and medical support obligations. Visit <https://dwss.nv.gov> for more information.

