



**APPLICATION FOR  
THE WORKING PARENTS  
ASSISTANCE PROGRAM (WPA)  
Montgomery County, Maryland**

Case ID # \_\_\_\_\_

Worker's Initials \_\_\_\_\_

**DEADLINE DATE**

**COMPLETE FULLY**

**YOUR INFORMATION**

Last Name		First Name		Middle Initial	Social Security No.
Street Address					Home Number
City			MARYLAND	Zip Code	Cell Number
Marital Status	Sex (M, F)	Date of Birth		Have you applied for WPA subsidy before?	

**YOUR MATE'S /SPOUSE'S/ FATHER OF CHILD LIVING WITH YOU/ INFORMATION**

Last Name	First Name	Middle Initial	Date of Birth	Social Security No.
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**YOUR ACTIVITY**

**YOUR MATE'S ACTIVITY**

Employer Name	Employer Name
Address	Address
Telephone	Telephone
Days of the Week Worked	Days of the Week Worked
Your Time Schedule	Your Time Schedule
Name of School	Name of School
Graduate ___ Undergraduate ___ Vocational ___ High School ___	Graduate ___ Undergraduate ___ Vocational ___ High School ___
Address	Address
Full Time ___ Part Time ___ Current Semester _____	Full Time ___ Part Time ___ Current Semester _____

**YOUR CHILDREN'S INFORMATION**

Name of Child	Child's Date of Birth	Child's Social Security Number	Full Time Care	Part Time Care	Relation to You

**YOUR CHILDREN'S ABSENT PARENT(S)**

Name of Child	Name of Child's Absent Parent	Absent Parent's DOB	Absent Parent's Social Security	Open Child Support Case or Divorce Decree with Order?

**YOUR SOURCES OF INCOME (Money Made or Receive)**

Employment	Gross Income Amount Before Taxes	Annual, Per Week, Bi-Weekly, Bi-Monthly?
Child Support	Amounts	Per Week, Monthly?
Other Income Source		Per Week, Monthly?

**YOUR MATE'S SOURCES OF INCOME (Money Made or Received)**

Employment	Gross Income Amount Before Taxes	Annual, Per Week, Bi-Weekly, Bi-Monthly?
Other Income Source	Income Amount	Annual, Per Week, Bi-Weekly, Bi-Monthly?

Are you or any of your children receiving SSA Survivor Benefits or Social Security Benefits from a deceased parent?\_\_\_\_\_ If yes, how much per month?\_\_\_\_\_

Do any of the children for whom you need care have special needs?\_\_\_\_\_ If yes, which child?\_\_\_\_\_

Do you or your mate pay court ordered child support to a child outside your home?\_\_\_\_\_

The information I have provided on this application, and all information submitted in support of this application is true, correct and complete. I understand that I can be determined ineligible for day care subsidy for making false or incorrect statements or failing to report changes.

I understand that I have the right to appeal if I am not satisfied with the action taken on my application by the Working Parents Assistance Program. My request must be filed within ten (10) working days from the date of the notice of decision.

I hereby authorize the Working Parents Assistance Program to verify my income, checking and savings, insurance, shelter or disability benefits, and any and all other facts pertinent to my eligibility for child care subsidy.

I hereby give The Working Parents Assistance Program permission to give my licensed provider information regarding the status of my application. (Please check one: yes\_\_\_\_\_ no\_\_\_\_\_)

Applicant's Signature\_\_\_\_\_Date\_\_\_\_\_

Co-Applicant's Signature\_\_\_\_\_Date\_\_\_\_\_

Case Worker's Signature\_\_\_\_\_Date\_\_\_\_\_