



## CCEP PRE-SCREENING AND APPOINTMENT REQUEST

CENTER Name _____		Employer ID # (EIN) _____
Center Address _____		City _____ Zip _____
Phone: _____	Fax: _____	E-Mail: _____
Signature of Authorized Representative _____	Printed Name _____	Date _____

EMPLOYEE Name \_\_\_\_\_ E-mail \_\_\_\_\_

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

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ Best time to call:  AM  PM

Date early care and education is needed: \_\_\_\_\_

Name of Child (Last, First, Middle Initial)	Date of Birth	Type of Care Needed
		<input type="checkbox"/> FT <input type="checkbox"/> PT
		<input type="checkbox"/> FT <input type="checkbox"/> PT
		<input type="checkbox"/> FT <input type="checkbox"/> PT
		<input type="checkbox"/> FT <input type="checkbox"/> PT
		<input type="checkbox"/> FT <input type="checkbox"/> PT

**Do all adults in the household work at least 20 hours a week?**  Yes  No

You maybe eligible if you family size is (select one):

- 2 and your annual family gross income is less than 29,140
- 3 and your annual family gross income is less than 36,620
- 4 and your annual family gross income is less than 44,100
- 5 and your annual family gross income is less than 51,580
- 6 and your annual family gross income is less than 59,060
- 7 and your annual family gross income is less than 66,540
- 8 and your annual family gross income is less than 74,020
- 9 and your annual family gross income is less than 81,500
- 10 and your annual family gross income is less than 88,980

*If eligible, daily fees will be based on your total family size and type of child care service*

**Preferred Appointment Time:**  Morning  Afternoon

Complete this form and email or fax to the Eligibility Office that serves the zip code area where employee resides.

For Monroe employees, fax form to Kathy Snyder at 809-5010.