



Government of the Virgin Islands of the United States

DEPARTMENT OF HUMAN SERVICES

Office of Childcare & Regulatory Services

Subsidy, Resource & Referral Program

PRELIMINARY APPLICATION

No.: _____

NAME OF APPLICANT: _____ FAMILY SIZE: _____

SS# _____ (required) _____ Single _____ Married _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NOS.: _____
WORK CELL HOME

PLACE OF EMPLOYMENT: _____ Phone# _____

SCHOOL OR TRAINING PROGRAM: _____

ARE YOU A TEEN PARENT? YES NO

ANNUAL INCOME: \$ _____ CHILD SUPPORT INCOME: \$ _____

NAME OF CHILD (REN) _____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Signature of Applicant

Date

Official use only

ELIGIBILITY COMPLETED NO LONGER INTERESTED NO SHOW OTHER

INELIGIBILITY INSUFFICIENT HOURS NOT IN COMPONENT OVER QUALIFIED

If you are found eligible, you will be placed on the waiting list upon the availability of funds; however, if you are ineligible you will be notified.