



CHILD CARE APPLICATION

Parent/Guardian Name: Semaj Blackwell
Case Number 8840104892710

If yes, list all child care provider names and registration numbers (if assigned) you seek assistance in paying: Elizabeth Jones 648026504833006	List all other child care provider(s) such as Head Start, Pre-K or Child Care at a provider not on this application.
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WORK INFORMATION - If you are working more than one job, you MUST tell us about all your jobs even if you don't need child care for that job. Photocopy this page and complete a separate work information and work schedule section for each job you have. If you have left a job in the past 3chicasgo months, include a letter from that employer with your last date of employment.	Number of jobs currently working 1 job
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First Employer/Company Name Albertsons (jewel Osco)	Job Title Security (loss prevention)
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Address 9400 s ashland ave	City Chicago	State IL	Zip Code 60620-
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Work Telephone Number Ext. 773-238-2393	Date you started this job:
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I earn before deductions (complete one) Per Hour Per Month Per Year amount \$ 18.50

I get paid (check one) <input type="checkbox"/> every day <input type="checkbox"/> every week <input checked="" type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> none <input type="checkbox"/> once per month <input type="checkbox"/> other (please explain)	Number of hours usually worked at this job each week 40 HRS	Number of days usually worked at this job each week 5 DAYS
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Travel time from the child care provider to work: (Hrs) 1HOUR(Min.) 20 Do you use public transportation? X Yes No

WORK SCHEDULE: If your schedule varies, provide an example of your schedule. YES

	MON	TUE	WED	THURS	FRI	SAT	SUN
FROM	7AM <input type="checkbox"/> AM <input type="checkbox"/> PM	7AM <input type="checkbox"/> AM <input type="checkbox"/> PM	7AM <input type="checkbox"/> AM <input type="checkbox"/> PM	2PM <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	2PM <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	4PM <input type="checkbox"/> AM <input type="checkbox"/> PM	4PM <input type="checkbox"/> AM <input type="checkbox"/> PM	10PM <input type="checkbox"/> AM <input type="checkbox"/> PM	10PM <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	10PM <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

If your schedule varies, please explain how (you may send additional documentation to verify, see Frequently Asked Questions #11 on page 16 of this application):
 Retail as needed 40 hours days changes but same 40 hours

Second Employer/Company Name	Job Title
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Address	City	State	Zip Code -
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Work Telephone Number Ext.	Date you started this job:
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I earn before deductions (complete one) Per Hour Per Month Per Year amount \$

I get paid (check one) <input type="checkbox"/> every day <input type="checkbox"/> every week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> none <input type="checkbox"/> once per month <input type="checkbox"/> other (please explain)	Number of hours usually worked at this job each week	Number of days usually worked at this job each week
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Travel time from the child care provider to work: (Hrs) (Min.) Do you use public transportation? Yes No

