CHILD CARE SUBSIDY APPLICATION - PARENT

(See Privacy Act statement on reverse of form)

If you have a child(ren) who qualifies you as a head of household or you legally claim as a tax dependent, and your adjusted gross income (from IRS Form 1040 or IRS Form 1040A) does not exceed the GSA Subsidy Program maximum, complete, sign and return this form (by mail or fax) to:

GSA, External Services (6BCE)
1500 East Bannister Road, Room 1061
Kansas City, MO 64131
Fax number: 816-926-3642

You must submit a copy of the IRS form to be eligible to get a subsidy. For married persons filing separately, both must submit their IRS Form 1040/1040A. The IRS Form is used to certify total family income.

SECTION I - INFORMATION ON PARENT/GUARDIAN

1. NAME *(Last, first, middle initial)*	2. SOCIAL SECURITY NUMBER	3. GRADE	4. CORRESPONDENCE SYMBOL

5. WORK ADDRESS	6. E-MAIL ADDRESS

7b. HOME ADDRESS	8. TELEPHONE NUMBERS	9. CATEGORY OF PARENT
	a. WORK	☐ SINGLE
	b. HOME	☐ COUPLE *(If checked, provide name of nonapplying spouse if he/she is a Federal employee in "Remarks"*

10. ADJUSTED GROSS INCOME (From IRS Form 1040 or IRS Form 1040A: ▶

SECTION II - CHILDREN

List the name and date of birth of all children for whom you are applying for a subsidy.

	11. NAME	12. DATE OF BIRTH		13. NAME	14. DATE OF BIRTH
A.			D.		
B.			E.		
C.			F.		

15. TYPE OF APPLICATION *(Check one)*	16. REMARKS
New Family	
Annual Recertification	
Adding/changing Family Information	
Changing Provider Information	
Reapplication *(Previously enrolled, not current)*	

SECTION III- SIGNATURE OF PARENT/GUARDIAN

I understand that it is a Federal crime under United States Code, Title 18, section 1001, to make a false statement on this form. If I make a false statement, I may be subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, I may be subject to administrative punishment, including the termination of my federal employment.

I certify that the above information is true and correct to the best of my knowledge.

16. SIGNATURE	17. DATE

PRIVACY ACT STATEMENT

PURPOSE: This form is used to collect family income data from GSA employees applying for a child care subsidy under the GSA Child Care Subsidy Progam.

AUTHORITY: Public Law 107-67, Section 630 and Executive Order 9397.

USES: The primary use of the information is by the GSA Office of the Chief People Officer to determine eligibility for and the amount of a child care subsidy for GSA employees. The information may be routinely disclosed: to Federal, State, and local law enforcement agencies when there may be a violation of civil or ciminal law; to the Office of Personnel Management or the General Accounting Office for evaluation of the subsidy program; to a Member of Congress or staff in response to a request for assistance by the employee of record; to another Federal agency or to a court under judicial proceedings; and to an expert, consultant, or contractor of GSA when needed to further the implementation and operation of this program.

DISCLOSURE OF INFORMATION: Furnishing the information on this form, including the Social Security Number and IRS Form 1040 or 1040A by an employee, is voluntary. Without this information, however, no subsidy can be approved, and the application will be rejected.