

Please PRINT then mail completed application to our PO Box. We will call to schedule an interview.

If you have any questions while completing the application—or after you have mailed it back to us—please call and ask for the Program Director or Director. 717.396.91329

MOM'S HOUSE APPLICATION

P.O Box 787 ~ 415 S. Queen Street ~ Lancaster, PA 17608-0787
Office (717) 396-9130

Name _____ Date _____
Birthdate _____
Social Security # _____
Address _____

Phone Number _____

Marital Status (circle one) Single Divorced Separated Other

Living Arrangements (circle one) Self Parents Relatives Other (describe)

Cost of Housing per month \$ _____

List the members of your household and their relationship to you:

Means of Financial Support per month:

Parents \$ _____ Public Assistance \$ _____ Child Support \$ _____

Food Stamps \$ _____ Do you receive WIC? _____

Employment \$ _____ Other (specify) \$ _____

If working, please attach a copy of your last two pay stubs.

Educational Plans:

List any degrees, certificates or diplomas you have already received:

Where are you currently attending school? _____

Address _____

If not currently attending, where do you plan to enroll or attend? _____

After completing your schooling, what kind of job would you like?

Expected beginning date of classes _____

Expected completion or graduation date _____

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List any work experience or special training:

Names of your children that you are requesting childcare for:

Name	_____	Birthdate	_____
Name	_____	Birthdate	_____
Name	_____	Birthdate	_____
Name	_____	Birthdate	_____

Why do you want to become part of our program at Mom's House?

The following information is needed for an annual report with the Commonwealth of PA to conform with antidiscrimination laws. You are not required to fill this out.

Parent's Race:

Caucasian African American Hispanic Asian/Pacific Other

Child's Race:

Caucasian African American Hispanic Asian/Pacific Other

Caucasian African American Hispanic Asian/Pacific Other

Caucasian African American Hispanic Asian/Pacific Other

For office use:

Application Received: _____

Contacts: _____

Interviewed: _____

Start Date: _____