



The Family Transportation Assistance Program Application

Please complete the following application

Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell _____

Fax Number _____ Email _____

How many people are in your family? _____ Ages? _____

Number of children? _____

Are you currently employed? _____ Family household income _____

Name of Employer _____

Street Address _____ City _____ State _____ Zip _____

Do you currently have a child care provider or program? _____

Name of child care program _____

Street Address _____ City _____ State _____ Zip _____

Please submit the following in order to determine eligibility for the Family Transportation Assistance Program:

- Copy of current Federal Tax Return; and
- 4 Weeks of Pay Stubs

If you have not filed a Federal Tax Return and do not have proof of salary you must submit the following:

- Letter from employer stating length of employment, days and hours and salary

Signature _____ Date _____

Submit your application and proof of income to:

Child Care Resources of Rockland, Inc.

235 North Main Street, Suite 11

Spring Valley, NY 10977

(845) 425-0009 x221

Edna Ward, Family Assistance Coordinator

ednaw@rocklandchildcare.org

The United Way of Rockland County reserves the right to seek additional verification that tax forms submitted are accurate and authentic.

