



___ Gas Card
___ Voucher

Transportation 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? _____ Do you own a car? _____

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? _____ Phone _____

Name of child care program _____

Street Address _____ City _____ State _____ Zip _____

*****Please submit the following in order to determine eligibility:**

- **Copy of 2009 Federal Tax Return**
- **4 Weeks of Pay Stubs OR**
- **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 x495
Alice Rosado, Family Connections Coordinator
alicer@rocklandchildcare.org

For office use only

Account # _____
 CST – Gas Card
 CST – Voucher
 United Way – Voucher
Start Date _____
Consult Date _____
End Date _____

