Brown University Child Care Subsidy Application for 1/1/24 - 12/31/24

City, State, Zip Code	Part One: Your Information								
City, State, Zip Code									
City, State, Zip Code	Name (Last, First, Middle Initial)								
City, State, Zip Code									
Email Address Department	Home Street Address								
Email Address Department									
Email Address Department	City State 7in Code						Workday ID		
Department Campus Box Expected Graduation Date (if applicable) Marital Status Single Married	city, state, zip code					Workda	ly ID		
Department Campus Box Expected Graduation Date (if applicable) Marital Status Single Married									
Campus Box Expected Graduation Date (if applicable) Marital Status Single Married Part Two: Your Spouse's Information Not Applicable Spouse's Name (Last, First, Middle Initial) Is your spouse employed at least part-time? Spouse's Employer Yes No Is your spouse a full-time student? Spouse's School Is your spouse considered legally disabled? Yes No Is your spouse unemployed but actively seeking employment? * Your spouse must have legal work authorization to work in the United States. If applicable, a work visa is required and must be attached as documentation. Yes No Part Three: Your Child's Information Please list children between the ages of 0 to 6. Name (Last, First, Middle Birth Dependent Digits of SSN Type of Child Care Estimated Monthly Fee	Email Address								
Campus Box Expected Graduation Date (if applicable) Marital Status Single Married Part Two: Your Spouse's Information Not Applicable Spouse's Name (Last, First, Middle Initial) Is your spouse employed at least part-time? Spouse's Employer Yes No Is your spouse a full-time student? Spouse's School Is your spouse considered legally disabled? Yes No Is your spouse unemployed but actively seeking employment? * Your spouse must have legal work authorization to work in the United States. If applicable, a work visa is required and must be attached as documentation. Yes No Part Three: Your Child's Information Please list children between the ages of 0 to 6. Name (Last, First, Middle Birth Dependent Digits of SSN Type of Child Care Estimated Monthly Fee									
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			☐ Yes ☐ N	To O	☐ In-Home	□ Center	\$		
			☐ Yes ☐ N			☐ Center	\$		





Part Four: Docum	entation			
	process, we need to review personal information. Be assured this information is kept			
strictly confidential and s				
Please check off each item	n as it is enclosed with your application.			
IRS Form 1040	☐ I have enclosed the first two pages of my federal form 1040 from 2022.			
	(Required if single –or- married and filing jointly).			
	☐ I have enclosed the first two pages of my spouse's federal form 1040 from 2022.			
	(Required if married and filing individually).			
Birth Certificate or	☐ I have enclosed a copy of my child(ren)'s birth certificate(s) or certificate(s) of adoption.			
Certificate of	(,)(,)			
Adoption				
* Spouse's Work	☐ I have enclosed my spouse's work visa.			
Visa	□ Not applicable			
Read and Sign				
income source document of marriage or domestic preceive a Child Care Subs application are true. I un eligibility under this Prog	anding – By signing below, I certify that I have attached all applicable tax forms and other is. I understand I must notify the Benefits Office of any family status changes (i.e. dissolution partnership) which could affect my child custody responsibilities during the plan year I sidy. I certify under penalty of perjury that all statements and documentation relating to this aderstand that incomplete or inaccurate information may adversely affect my child(ren)'s gram up to and including repayment to Brown University of any funds awarded and/or may on up to and including termination.			
Signature				

Submit this application and all required supporting documentation to:

Childcare@Brown.edu (please send securely via Virtru)