

# CMPDD Redetermination Form

CMPDD FY'10

<b>1. Parent/Legally Responsible Person Information</b> Name _____ Mailing Address _____ City _____ Zip _____ Physical Address, if Different than Mailing Address _____ _____	Parent Social Security No. _____ County of Residence _____ Phone _____ (Home) _____ (Work) Single _____ Married _____ Separated _____ Divorced _____ Place of Employment _____ Spouse Place of Employment _____ Are you a teen parent? _____ Are you currently deployed (military)? _____
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**2. Please list all persons living in the home. (Include all children needing child care.) Use reverse if necessary.**

Name (List yourself first)	Write date of birth and Social Security no. for any <b>new</b> child(ren). Indicate if Special Needs, Head Start, or Kindergarten.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**3. Please list all sources of income for your household.**

Source of Income	Check One	Person Receiving	Gross Amount	How Often? (Weekly, Biweekly, Semi-Monthly, Monthly)	Check all that apply
Employment	Yes No	Self	Attach Check Stubs		<input type="radio"/> Day Shift
Employment	Yes No	Spouse	Attach Check Stubs		<input type="radio"/> Night Shift
Self-employment	Yes No		Attach Documentation		<input type="radio"/> Swing Shift
SSI	Yes No		\$		<input type="radio"/> Clinicals
Social Security/Other	Yes No		\$		<input type="radio"/> In High School
Child Support/Alimony	Yes No		\$		<input type="radio"/> In College

I certify the above information is true and correct.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Return this original form with requested documentation by due date.

**Date Due:** \_\_\_\_\_

(If this form and requested documentation is not received by due date, child care certificates will be terminated.)