



## Childcare Assistance 2019-2020

By completing this form I understand that I will receive childcare assistance through an AmeriCorps sponsored plan, if eligible.

\_\_\_\_\_ I would like to enroll in the Childcare Assistance Plan and will visit [www.americorpschildcare.com](http://www.americorpschildcare.com) to apply

\_\_\_\_\_ I am WAIVING my opportunity for childcare assistance.  
(Only fill in your name and city below.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: (Month/day/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Service City: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_