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FSA-1643 (04-12-04)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1. Action requested (<i>Check one below</i>) <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Resubmission <input type="checkbox"/> Cancellation
FSA CHILD CARE TUITION ASSISTANCE PROGRAM (CCTAP) APPLICATION		

**NOTE: RETURN THIS COMPLETED FORM AND ATTACHMENTS BY MAIL TO: FIRST FINANCIAL ASSOCIATES, FSA CHILD CARE
7079 Hayden Quarry RD, Lithonia, GA 30038**

ELIGIBILITY REQUIREMENTS:

Applicant must:

- be an FSA WDC-National Office Employee;
- be Permanent FT or Permanent PT - scheduled to work at least 40 hours per pay period;
- have a Total Family Income of LESS THAN \$47,000;
- be a parent or guardian of a child or children through the age of 13 years OR a disabled child through age 18 years;
- use or be willing to use a LICENSED or REGULATED child care provider.

PART A - APPLICANT'S INFORMATION

2. Name of Parent or Legal Guardian (<i>Last, First, Middle</i>)	3. Social Security Number	4. Grade
5. Agency Division / Staff	6. Official Duty Location	
7. Home Address (<i>Including Zip Code</i>)	8. Work Address (<i>Including Zip Code and Stop Code</i>)	
Telephone Number (<i>Area Code</i>):	Telephone Number (<i>Area Code</i>):	
9. E-Mail Address	10. FAX Number (<i>Area Code</i>)	

PART B - IF MARRIED, SPOUSE INFORMATION

11. Name (<i>Last, First, Middle</i>)	12. Social Security Number	13. Grade (<i>If Applicable</i>)
14A. Are you employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	14B. Name of Employer (<i>If the answer is "YES" in Item 14A, enter employer's name here.</i>)	15A. Are you enrolled in full-time studies? <input type="checkbox"/> YES <input type="checkbox"/> NO
15B. Name of College or Vocational Institution (<i>If answer is "YES" in Item 15A, enter name of College or Vocational Institution here.</i>)		16. Home Address (<i>Including Zip Code</i>) <input type="checkbox"/> Check if same as Item 7.
Telephone Number (<i>Area Code</i>):		17. Explain if you are unable to care for child / children?
18. E-Mail Address (<i>If applicable</i>)	19. FAX Number (<i>Area Code</i>) (<i>If applicable</i>)	

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PART C - CHILD INFORMATION (If there are more than 3 children, duplicate this page and attach to application.)

20A. Child No. 1: Name (Last, First, Middle)		20B. Birth Date (MM-DD-YYYY)	20C. Social Security Number
20D. Type of Current Childcare Provider (Check one of the following check boxes): <input type="checkbox"/> Center-Based Care <input type="checkbox"/> School-Based Child Care <input type="checkbox"/> Family Child-Care Home			20E. Weekly Child Care Cost \$
20F. Name of Current Child-Care Provider / Center		20G. Current Child Care Provider / Center's Tax SSN or Tax ID Number	
20H. Child Care Provider / Center's Address (Including Zip Code)		20I. Child Care Provider / Center's Telephone Number (Area Code):	
		20J. E-Mail Address (If available)	
20A. Child No. 2: Name (Last, First, Middle)		20B. Birth Date (MM-DD-YYYY)	20C. Social Security Number
20D. Type of Current Childcare Provider (Check one of the following check boxes): <input type="checkbox"/> Center-Based Care <input type="checkbox"/> School-Based Child Care <input type="checkbox"/> Family Child-Care Home			20E. Weekly Child Care Cost \$
20F. Name of Current Child-Care Provider / Center		20G. Current Child Care Provider / Center's Tax SSN or Tax ID Number	
20H. Child Care Provider / Center's Address (Including Zip Code)		20I. Child Care Provider / Center's Telephone Number (Area Code):	
		20J. E-Mail Address (If available)	
20A. Child No. 3: Name (Last, First, Middle)		20B. Birth Date (MM-DD-YYYY)	20C. Social Security Number
20D. Type of Current Childcare Provider (Check one of the following check boxes): <input type="checkbox"/> Center-Based Care <input type="checkbox"/> School-Based Child Care <input type="checkbox"/> Family Child-Care Home			20E. Weekly Child Care Cost \$
20F. Name of Current Child-Care Provider / Center		20G. Current Child Care Provider / Center's Tax SSN or Tax ID Number	
20H. Child Care Provider / Center's Address (Including Zip Code)		20I. Child Care Provider / Center's Telephone Number (Area Code):	
		20J. E-Mail Address (If available)	

PART D - STATE / LOCAL SUBSIDIES

21A. Do you receive any child care tuition subsidies from a State or Local Government Program? If your answer is "YES," complete balance of Part D as applicable. <input type="checkbox"/> YES <input type="checkbox"/> NO		21B. Indicate whether State or Local <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL	
21C. Name the Subsidy Program		21D. Program Contact's Telephone Number (Area Code):	
22. List the name of the child and the amount of the tuition subsidy you receive from the State or Local Government below:			
22A. Name of Child		22B. Monthly Subsidy Amount \$	
22C. Name of Child		22D. Monthly Subsidy Amount \$	
22E. Name of Child		22F. Monthly Subsidy Amount \$	

PART E - CERTIFICATION AND SIGNATURE OF APPLICANT AND SPOUSE

I / we understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both.

I / we certify that the above information is true and correct to the best of my knowledge.

I / we certify that my spouse is either employed, enrolled in full-time studies, or physically or mentally unable to care for child / children for whom day care assistance is being requested in this application.

23A. Gross Annual Income of Applicant / Legal Guardian \$	23B. Gross Annual Income of Spouse (If applicable) \$	23C. Total Incomes of Applicant and Spouse (When applicable) as Reported on IRS Tax Form 1040 and / or 1040A.) \$
24A. SIGNATURE OF APPLICANT		24B. DATE (MM-DD-YYYY)
25A. SIGNATURE OF SPOUSE (If married)		25B. DATE (MM-DD-YYYY)

PART F - DOCUMENTATION TO SUBMIT WITH APPLICATION

1. Copies of earnings statements for the most recent 2 pay periods or pay cycles for applicant and spouse.
2. Copies of your most recent Federal (1040 or 1040A) and State Income Tax Returns.
3. Copy of applicant's most recent SF-50, Notification of Personnel Action, to verify your permanent FT or PT work status.
4. Completed **OPM-1644, Child Care Provider Information Form** with attached copy of the child care provider's most recent **unexpired** license or other notification of approval to operate. (Note: This Part F, Item 4, information can be mailed directly to FFA by the "provider" or can be included with this application.)

NOTE: When both parents work for the Federal Government, child care assistance cannot be awarded for the child / children by more than one Federal agency.