

Thank you for your interest in our early childhood programs. Please provide the following information to assist in determining your eligibility for enrollment in our Center Based and Non-Center Based early childhood programs. We look forward to working with you.

1. **Proof of residency** - (home phone bill (not cell phone), utility bill - gas/electric (no electronic bills), official rent receipt with a company stamp **OR** a notarized letter from your landlord, homeowner, or someone you live with stating that you and your children live there and two current pieces of mail with your name and address (original documents only) - **Documents must be dated within the last 30 days**
 - **Homeless Families – A letter from your shelter or transitional housing case manager stating that you are a resident or participant. We can also accept your Intake Packet from the Virginia Williams Resource Center.**

2. **Proof of Income – (Only required if your family is not homeless) Four most recent, consecutive pay statements for you (and spouse if applicable). Pay stubs must have DC State taxes withheld and show a minimum of 20 hrs. worked per week (**original documents, no photocopies, please**)**

OR

Verification of any other source of income (TANF, SSI, etc.) TANF statement must show applicant receives cash payments and be date stamped and initialed by caseworker within last 30 days.

3. 2018 Federal Tax Return or 2018 W-2
4. Statement from school or training site verifying your enrollment and attendance, officially prepared by the proper source, stating schedule, duration and type of program (**if applicable**)
5. Birth Certificate of all children in your household for whom you are financially responsible (**original documents only**)
 - **Pregnant women – Proof of pregnancy, such as confirmation from your physician**
6. Social Security card for child/children
7. Other documentation to support your need for childcare (ex: special needs classification, referral from another agency)
8. Valid picture ID (i.e. driver license) must not be expired
9. Current Health Certificate including immunization record with office name/address stamp & Physician's signature (**original documents only**)
10. Current Dental Certificate with office name/address stamp & Physician's signature (**original documents only**)