



For a Brighter Future.

Dedicated Appointment Line:
1-800-589-2264

For Program Questions:
(260) 423-3546
1-800-589-3506

Fax Number:
1-844-510-5775

Allen County
227 E. Washington Blvd.
Fort Wayne, IN 46802

DeKalb County (Tues, Thurs)
209 N. Jackson St.
Auburn, IN 46706

Elkhart County (Mon, Tues, Thurs, Fri)
Poplar Court
1900 Berry St., Suite H
Elkhart, IN 46514

Kosciusko County (Wed only)
1515 Provident Drive, Suite 270
Warsaw, IN 46580

LaGrange County (Mon)
109 E. Central Ave, Suite 4
LaGrange, IN 46761

LaPorte (Mon-Thurs)
301 E. 8th St. Suite 107
Michigan City, IN 46360

Noble County (Tues, Thurs, Fri)
119 W. Mitchell St.
Kendallville, IN 46755

St. Joseph (Mon-Fri)
919 E. Jefferson, Suite 107
South Bend, IN 46617

Steuben County (Tues, Thurs, Fri)
213A Martha St.
Angola, IN 46703

Whitley County (Tues)
885 W. Connexion Way
Columbia City, IN 46725



CHILD CARE ASSISTANCE

How to apply

The Child Care Assistance Program [or Child Care Development Fund (CCDF)] is currently seeking applicants in Allen, DeKalb, Elkhart, Fulton, Kosciusko, LaGrange, LaPorte, Marshall, Noble, Pulaski, St. Joseph, Starke, Steuben, and Whitley counties.

To be eligible for assistance, you must be attending school or be employed and have a household income at or below the amounts listed:

127% Federal Poverty Guideline		
Size of Family Unit	Monthly	Yearly
2	\$1,695	\$20,345
3	\$2,134	\$25,603
4	\$2,572	\$30,861
5	\$3,010	\$36,119
6	\$3,448	\$41,377
7	\$3,887	\$46,650
8	\$4,328	\$51,938
For each additional person add:	\$440	\$5,283

To apply for Child Care Assistance, fill out a pre-application and submit it with a current pay stub. To receive an application or for more information, visit our website www.mybrightpoint.org

- Click on “Get Help” tab
- Click on “Child Care Assistance”
- Under “How to Apply” on right hand side. Click “Download Application Here”
- Complete application and mail with all required documents to:

Brightpoint
PO Box 10570
Fort Wayne, IN 46853-0570

OR

Visit your local Brightpoint location

You will need:

- Proof of last 30 days income (Current pay stub for yourself and any other adults in the household.)

CHILD CARE and DEVELOPMENT FUND (CCDF) Pre-application (v2-16)

Date Completed _____ Phone: Area Code (_____) Number _____
 Last Name _____ First Name _____
 Street Address _____ City _____ County _____ Zip _____

Are you (check one) Working or Attending School? If you are working, are you paid Weekly Bi-Weekly Other _____
 Is a spouse/parent of the child(ren) living with you? Yes No If yes, are they Working Attending School or Other _____
 If spouse/parent is working, are they paid Weekly Bi-Weekly Other _____

PLEASE NOTE: YOU MUST ATTACH A COPY OF A RECENT PAY-STUB FOR YOURSELF AND OTHER ADULT, IF APPLICABLE. IF SELF EMPLOYED ATTACH STATEMENT OF PROFIT AND LOSS FOR PREVIOUS MONTH.

Complete the table below for ALL household members including yourself.

LIST ALL MEMBERS OF THE HOUSEHOLD Last Name, First Name	Date of Birth	Does child need child care services?	Does child have special needs? (See Note)	Relationship to Applicant	Licensed Foster Parent	OTHER SOURCES OF INCOME
		N/A	N/A	SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support \$ _____ mo.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security \$ _____ mo.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	TANF* \$ _____ mo. <small>(*Documentation required)</small>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	Unemployment \$ _____ mo.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	Other \$ _____ mo.

Special Needs Note: Child must be enrolled in Children with Special Health Care Services, First Steps, Public School Special Education (IEP), or Head Start (professionally diagnosed with disabilities); receiving Supplemental Social Security, or have a statement from health professional. (Documentation must be submitted.)

Additional Questions

- Are you and your family currently living in a homeless or domestic violence shelter?
Yes or No
- Are you and your family currently living in a car, park or other public place?
Yes or No
- Do your family assets (cash, retirement, real property, and investments) total more than one million?
Yes or No

AFFIRMATION STATEMENT
I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this pre-application when and if I complete an application for services.
 Signed, _____ Date _____
 Your pre-application must be renewed every 90 days. This process is initiated by the Intake Agency by mail. Please notify the agency of any changes to your application, including address.

Check all categories which best describe who is currently watching your child(ren).

Licensed Child Care Center
 Licensed Child Care Home
 Unlicensed Registered Child Care Ministry
 Friend / Relative / Neighbor
 Head Start
 Pre-School
 Before/After School Program
 Boys/Girls Club
 Nanny (In my own home)
 No one at this time
 Other _____