

CCR&R Scholarship Application



Child Care Resource & Referral of Clackamas County
13455 SE 97th Ave, Clackamas, OR 97015
Phone: (503) 675-4100
ccrr@clackesd.k12.or.us

Office Use Only

AN / VB ☐LoE Sent ☐

Staff initials _____

Date _____

Provider Information

Name: _____

Address: _____
Street City State ZipWork Address: _____
Street City State Zip

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Email: _____

Date of Birth: ____/____/____
DD MM YYYY

Last 5 digits of SSN: _____

DHS Programs

TANF ☐ERDC ☐SNAP ☐

Other: _____

*Please attach your "Approval Notice" or "Verification of Benefits" to the application. These are available upon request from your case manager or local DHS office."

Reason for Scholarship

Let us know how the Scholarship will help you!

OCC renewal requirements ☐OCC Licensing Requirements ☐

OTHER: _____

Agreement

I understand the Scholarship will remain active for a year from the approval date at which point I may reapply. I agree to update Child Care Resource & Referral of Clackamas County on any changes in DHS Subsidy and understand this could affect my Scholarship eligibility. The information I have provided on this form is accurate to the best of my knowledge.

Provider Signature____/____/____
MM DD YYYY