

# Family Friend and Neighbor/Approved Home ECE COVID-19 Rapid Response Application

## Directions

### Caregiver Information

Please type or print the following information in the areas as indicated: Your full name, address, city, state, zip code, primary phone number and email address.

Document the amount weeks, months or years that you have been providing care as an FFN provider.

Date started: Add the month and year that you began providing care as an FFN provider.

Document the number of children who are currently in your care.

### How many hours of care do you provider per week?

Document the ages of the children in your care, their relationship with you and the hours of care for each child per week. **Do not add names of children.**

**Are the parents of the children in your care considered essential workers during COVID-19:** Yes or No  
Give a brief description of the child care needs of the families during this time.

**Have you seen any change in need for child care during this crisis?** Fill in all that apply to you.

**Are you paid for providing child care?** Yes or No

**Do you receive child care subsidy payments?** Yes or No

**About how much do you earn per week?** Document your approximate weekly pay.

**Do you care for children or families with the following needs?** Add only the number of children next to the corresponding need. Do not add names of children or families.

**Funding Needs/Request:** Check all that apply and prioritize based on importance. 1 is most important; 9, least important. If you select other, indicate what the need is by documenting it on the line.

**How will you use emergency funds?** Check all items that apply. **Description of funds (Optional):**  
Document the general amount of the expenses you will address?

**Narrative:** Type or print a paragraph to tell us more about you, the families you serve and your community. 250 words or less.

**Attestation:** Check each box to show that you agree with each part of the statement.

**Optional Questions:** Complete for data collection purposes only.

**Signature /Date:** Affix signature of applicant and Date the application is completed.

**Submission:** Must submit completed application and W9 to email address or fax number shown.