



U.S. Customs and Border Protection (CBP) Child Care Subsidy Application Addendum

Printed Name of Qualifying Employee: _____

I) Status of member: (Please check all that apply)

____ Married

____ Single

____ Divorced

____ Separated

____ Other, please specify _____

Provide information confirming status, for example:
Orders, Divorce Decree, or other legal document(s).

II) Number of hours that the spouse/partner works: _____

III) Number of credit hours that the spouse/partner attends school to include attending a
community college, university, technical school or on-line classes:

Graduate _____

Undergraduate _____



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IV) Schedule of Care Needed:

Number of hours of enrollment:

Week #1 _____

Week #2 _____

Week #3 _____

Week #4 _____

Additional days and/or hours:

Parents who misrepresent information used to calculate Fee Assistance may have their Fee Assistance terminated.

Qualifying CBP Employee Signature

Date

Printed Name of Employee