Part One: Your Infor	mation					
□ Faculty					stdoctoral Research Associate	
☐ Union Dining Services Name (Last, First, Middle				□Union Library		
Name (Last, First, Widdle	: IIIIuai)			Date of Hi	re	
Home Street Address						
Home Street Address						
City, State, Zip Code					Workday ID	
Email Address					Work Extension	
Department					Campus Box	
Job Title					Marital Status	
				☐ Single	☐ Married	
Part Two: Your Spouse's Information						
☐ Not Applicable						
Spouse's Name (Last, First, Middle Initial)						
Is your spouse employed at least part-time? Spouse's Employer ☐ Yes ☐ No						
Is your spouse a full-time ☐ Yes ☐ No		Spouse's School				
Is your spouse considered ☐ Yes ☐ No	l legally disa	bled?				
Is your spouse unemployed but actively seeking employment? * Your spouse must have legal work authorization to work in the United States. If applicable, a work visa is required and must be attached as documentation. ☐ Yes ☐ No						
Part Three: Your Chi						
Please list children in sixth gr			T	T	Tradi - 1	
Name (Last, First, Middle Initial)	Date of Birth	Tax Dependent	Last 4 Digits of SSN	Type of Child Care	Estimated Monthly Fee	
		☐ Yes ☐ No		☐ In-Home ☐ Center	\$	
		□ Yes □ No		☐ In-Home ☐ Center	\$	
		☐ Yes ☐ No		☐ In-Home ☐ Center	\$	
		□ Yes □ No		☐ In-Home ☐ Center	\$	

Part Four: Documentation					
As part of our application process, we need to review personal information. Be assured this information is kept					
strictly confidential and securely stored.					
Please check off each item as it is enclosed with your application.					
IRS Form 1040	☐ I have enclosed the first two pages of my federal form 1040 from 2019.				
	(Required if single –or- married and filing jointly).				
	☐ I have enclosed the first two pages of my spouse's federal form 1040 from 2019.				
	(Required if married and filing individually).				
Birth Certificate or	☐ I have enclosed a copy of my child(ren)'s birth certificate(s) or certificate(s) of adoption.				
Certificate of	☐ My child(ren)'s birth certificate(s) or certificate(s) of adoption are on file in Workday.				
Adoption					
* Spouse's Work	☐ I have enclosed my spouse's work visa.				
Visa	□ Not applicable				
Dood on d Circu					
Read and Sign					
	anding – By signing below, I certify that I have attached all applicable tax forms and other				
income source document	income source documents. I understand I must notify the Benefits Office of any family status changes (i.e. dissolution				
of marriage or domestic partnership) which could affect my child custody responsibilities during the plan year I					
receive a Child Care Subsidy. I certify under penalty of perjury that all statements and documentation relating to this					
application are true. I understand that incomplete or inaccurate information may adversely affect my child(ren)'s					
eligibility under this Program up to and including repayment to Brown University of any funds awarded and/or may					
result in disciplinary action up to and including termination.					
Signature Date					

Submit this application and all required supporting documentation to:

Childcare@Brown.edu (please send securely via Virtru)