

To qualify for child care assistance based on disability or age, the condition must prevent the parent or guardian from providing full-time care for their child(ren). If applicable, please answer the following questions to help us determine the client's eligibility.

Client's Name: _____ Client's Date of Birth: _____

Client is (*choose one*):

- Permanently disabled
- Temporarily disabled until _____
- Exempt from work requirements due to age

Physician's Name: _____

Phone Number: _____ License Number: _____

Mailing Address: _____

Physician's Signature

Date