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GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES  
Department of Human Services  
Office of Child Care & Regulatory Services



3011 Golden Rock  
Christiansted  
St. Croix, VI 00820-4355  
Phone: (340)773-2323 Ext: 2115 & 2138  
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**Subsidy, Resource & Referral Program**  
**SUMMER CAMPER COVID-19**  
**PRELIMINARY APPLICATION**

No.: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ FAMILY SIZE: \_\_\_\_\_

SS#: \_\_\_\_\_ (required) \_\_\_\_\_ Single \_\_\_\_\_ Married

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NOS.: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ Phone # \_\_\_\_\_

SCHOOL OR TRAINING PROGRAM: \_\_\_\_\_ (supporting documents required)

**ARE YOU A TEEN PARENT?**      **YES**      **NO (supporting documents)**

ANNUAL INCOME: \$ \_\_\_\_\_

NAME OF CHILD (REN) \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: (required)

\_\_\_\_\_ DOB: \_\_\_\_\_ SS#: (required)

\_\_\_\_\_ DOB: \_\_\_\_\_ SS#: (required)

I, \_\_\_\_\_, attest that all the information provided in this

(Print Your Name)

Application is the truth, to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Decision Box**

◇ **ELIGIBLE**

◇ **INELIGIBLE**

*With the current information provided, you have been found eligible for child subsidy funding. However, upon availability of funds, you will be re-evaluated and if you continue to be found eligible, you will receive child care subsidy funding.*