

# FREE CHILDCARE APPLICATION



## EVEN HEROES CAN USE A HELPING HAND

At Pink Zebra, we see single moms as true heroes—their work, care and sacrifices inspire us. Our HEROES program (Helping, Encouraging, Rewarding, Obtaining, Education for Single moms) is our effort to help mothers in meaningful ways to achieve their goals. A portion from our sales goes towards providing free daycare (our goal is one million days)! While many of Pink Zebra's Independent Consultants are single moms, you do not have to join Pink Zebra or buy anything to be eligible or nominate a worthy recipient.

## RAISING MONEY

Each Pink Zebra party held above \$500 provides the funds for a day of childcare. The average childcare daily cost is approximately \$35.

## PAYMENTS

Payments will be made monthly to the childcare facility on behalf of the parent, upon receipt of a monthly invoice from the daycare facility. **A minimum of \$50 per month will be awarded to chosen applicants.**

## ELIGIBILITY CRITERIA

**ANNUAL INCOME:** \$24,600 - \$71,500 (depending on your state/province.)

**CHILD(REN):** **UNDER 13 MUST INCLUDE COPY OF BIRTH CERTIFICATE.**

**CHILD CARE FACILITY:** Must be licensed by the state/province.

**SINGLE MOM:** Proof of work or education.

**WORKING PARENT:** Must work or participate in a work activity as defined by the state or 6 months as a Pink Zebra Consultant.

**EDUCATION:** Parent must show proof of completion of high school or equivalent, or proof of enrollment to an accredited college.

**MARITAL STATUS:** Divorced, widowed or single.

## REQUIREMENTS

Filled out and signed application.

Copy of Diploma or equivalent.

Copy of child's birth certificate.

Proof of work or school.

## APPROVAL PROCESS

» Download application online at [pinkzebrahome.com](http://pinkzebrahome.com) and **email to [heroes@pinkzebrahome.com](mailto:heroes@pinkzebrahome.com) or fax to 713.467.7334.**

» Allow 90 days for approval process.

## RE-APPLY PROCESS

You can re-apply as often as you need our help and qualify. If you are re-applying you must supply a video to explain how the HEROES program has helped you and your children as a single mom.

1-2 minute video (max) to re-apply to the program.



# FREE CHILDCARE APPLICATION

## CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## GENDER

Male

Female

## MARITAL STATUS

Single

Widowed

Divorced

Married

## DAY CARE FACILITY

Daycare Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County/Province: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

State/Province License Number: \_\_\_\_\_  
\_\_\_\_\_

## MUST HAVE 1 OR BOTH BELOW

Eligibility requires parent to be working or attending an accredited college.

VERIFY EMPLOYER: 2 Pay Stubs Required.

Name of Employer (if applicable) \_\_\_\_\_  
\_\_\_\_\_

Annual Income: \_\_\_\_\_

VERIFY COLLEGE: Registrar Letter Required.

Name of College (if applicable) \_\_\_\_\_  
\_\_\_\_\_

State/Province: \_\_\_\_\_

## CHILDREN INFORMATION

List Children Attending Day Care Facility

Name #1: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name #2: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name #3: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*The information is submitted for the sole purpose of applying for HEROES Care, a Pink Zebra Charitable Program, and the information provided is accurate. False information may lead to HEROES funding to be revoked. See official Rules & Eligibility.*

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_