BROWN UNIVERSITY CHILD CARE SUBSIDY APPLICATION
January 1, 2027 – December 31, 2027

Part One: Your Information

Employee Category

☐ Medical Student
☐ Postdoctoral Fellow

Name (Last, First, Middle Initial): _____

Date of Hire (if applicable): _____

Home Street Address: _____

City, State, Zip Code: _____

Workday ID: _____

Email Address: _____

Department: _____

Campus Box: _____

Expected Graduation Date (if applicable): _____

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?

☐ Yes
☐ No

Spouse's Employer: _____

Is your spouse a full-time student?

☐ Yes
☐ No

Spouse's School: _____

Is your spouse considered legally disabled?

☐ Yes
☐ No

Is your spouse unemployed but actively seeking employment?

☐ Yes
☐ No

* 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.

Part Three: Your Child's Information

Please list children between the ages of 0 to 6.

Name (Last, First, Middle Initial)	Date of Birth	Tax Dependent	Last 4 Digits of SSN	Type of Child Care	Estimated Monthly Fee
1.		☐ Yes ☐ No		☐ In-Home ☐ Center	$
2.		☐ Yes ☐ No		☐ In-Home ☐ Center	$
3.		☐ Yes ☐ No		☐ In-Home ☐ Center	$
4.		☐ 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 2025.
(Required if single –or– married and filing jointly).

☐ I have enclosed the first two pages of my spouse's federal form 1040 from 2025.
(Required if married and filing individually).

Birth Certificate or Certificate of Adoption

☐ I have enclosed a copy of my child(ren)'s birth certificate(s) or certificate(s) of adoption.

☐ My child(ren)'s birth certificate(s) or certificate(s) of adoption are on file in Workday.

Spouse's Work Visa

☐ I have enclosed my spouse's work visa.

☐ Not applicable

Read and Sign

Statement of Understanding – By signing below, I certify that I have attached all applicable tax forms and other 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)