



SECTION 1 - CHILD INFORMATION (If pregnant, go to SECTION 2)

Child's Legal Name - Last:		First:	Sex: M F
Child's Preferred Name:		Child's Social Security #:	Date of Birth:
Ethnicity:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	Child's/Family's Language:
Race:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Native Hawaiian or Pacific	<input type="checkbox"/> White	<input type="checkbox"/> Unspecified
<i>In order to better serve your child, please answer the following questions:</i>			
Does your child have a current IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or others have any concerns about your child's behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have any known medical conditions or allergies requiring medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to any questions above, please specify:			
What providers are/were you working with:			

SECTION 2 - PARENT, FAMILY, AND/OR PREGNANT WOMAN INFORMATION

Mother/Guardian:	<input type="checkbox"/> In Home	Date of Birth:	Cell Ph:
		Social Security #:	()
If pregnant - due date?			
Father/Guardian:	<input type="checkbox"/> In Home	Date of Birth:	Cell Ph:
		Social Security #:	()
Living Address:	Directions to Home:		
City:	Zip Code:		
Mailing Address:	Home Ph:()		
City:	Zip Code:	Message Ph:()	
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you or your family live in any of these situations? (check all that apply)			
<input type="checkbox"/> Sharing housing of other persons due to loss of housing, economic hardship, or similar reason			
<input type="checkbox"/> In motel/hotel/weekly rate housing			
<input type="checkbox"/> In trailer park or camping ground due to the lack of alternative adequate accommodations			
<input type="checkbox"/> In emergency or transitional shelter			
<input type="checkbox"/> In primary nighttime residence that is a public/private place not designed for/used as regular sleeping accommodation			
<input type="checkbox"/> In cars, parks, public spaces, abandoned buildings, substandard housing, bus, or similar settings			
Do you have a need for child care from our agency: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check reason for Care:			
<input type="checkbox"/> Working		Incapacitated due to medical needs	
<input type="checkbox"/> Education/Training		Referred for protective services (neglect/abuse)	
Health Insurance Status: <input type="checkbox"/> No Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other Insurance - Name:			
Status of parent(s) living in home: (check one)			
<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Foster <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative (Grandparent/Aunt/Cousin) <input type="checkbox"/> Other (Not Related)			

SECTION 3 - INCOME INFORMATION- Attach verification of ANY or ALL sources of income

TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No	SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No	CalWORKS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support: <input type="checkbox"/> Yes <input type="checkbox"/> No
Total persons living on this income: _____		Total Income: _____		
How many of this total are children? _____				
Total persons living in the home: _____				

I certify that the above application is correct and complete:

_____ Parent/Guardian/Pregnant Woman Signature

_____ Date

***Applications received without proof of income will NOT be considered for enrollment and will be returned!!
 Please also attach a copy of your child's immunization record.***