



SECTION 1 - CHILD INFORMATION (if pregnant, go to SECTION 2)			
Child's Legal Name - Last:	Date of Birth:	Sex: M F	
Child's Legal Name - First:	Child's Preferred Name:		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Child's/Fam. Language:		
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Black/African American <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, health or development?	<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 <u>Yes</u> to any questions above, please specify: _____			
What providers are/were you working with: _____			
SECTION 2 - PARENT, FAMILY, AND/OR PREGNANT WOMAN INFORMATION			
Status of the parent/s living in home: (check applicable box below)			
<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)			
Mother/Guardian:	<input type="checkbox"/> In Home	Date of Birth:	Cell Phone: ()
If pregnant - due date?			
Father/Guardian:	<input type="checkbox"/> In Home	Date of Birth:	Cell Phone: ()
Living Address:		Directions to Home:	
City:	Zip Code:		
Mailing Address:		Home Phone: ()	
City:	Zip Code:	Message Phone: ()	
Are you homeless? Do you/your family live in any of these situations? <input type="checkbox"/> Yes (check applicable box below) <input type="checkbox"/> No			
<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 childcare from our agency? <input type="checkbox"/> Yes (check applicable box below) <input type="checkbox"/> No			
If two parents are in the home, BOTH parents must have a need for childcare.			
<input type="checkbox"/> Working <input type="checkbox"/> Homeless			
<input type="checkbox"/> Education/Training <input type="checkbox"/> Referred for protective services (neglect/abuse)			
<input type="checkbox"/> Incapacitated due to medical needs			
SECTION 3 - INCOME INFORMATION- Attach verification of ALL sources of income			
Do you/your family receive any of the following?			
CalWORKs/TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No SSI: <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: _____			
How many of this total are children? _____		Total Income: _____	
Total persons living in the home: _____			
I certify that the above application is correct and complete:			
_____			_____
Parent/Guardian/Pregnant Woman Signature			Date

All applications require proof of a year's worth of income/verification of eligibility & will be called for an interview.

Please also attach a copy of your child's immunization record.