

Are you currently working: ☐ Yes ☐ No ☐ Part Time ☐ Full Time ☐ Seasonal ☐ Unemployed
☐ Disabled

Source(s) of Income: ☐ Wages ☐ TANF ☐ CalWORKs ☐ SSI ☐ Disability
☐ Unemployment ☐ Child Support ☐ Alimony/Spousal Support ☐ Active Military
☐ Foster Subsidy ☐ Formerly on TANF

Family Status

☐ Two Parent Family ☐ Single Parent Family ☐ Single Parent Family with Partner
☐ Foster Family ☐ Guardianship

Number of Adults in Family: _____ Number of Children in the Family: _____

List full names and birthdates of all children in the family:

Name (First, Middle, Last)	Date of Birth	Gender
1) _____	_____	☐ M ☐ F
2) _____	_____	☐ M ☐ F
3) _____	_____	☐ M ☐ F
4) _____	_____	☐ M ☐ F

Family Circumstances

Has your family experienced any of the following in the past 12 months?

☐ Parent in Drug/Alcohol Treatment	☐ Agency Referral: _____
☐ Parent or guardian is disabled	☐ Need transportation to center
☐ Open CPS Case	☐ Restraining Order
☐ Domestic violence	☐ Child abuse or neglect
☐ Parent or guardian is incarcerated	☐ Foothills and Truckee Healthy Babies
☐ Military deployment	☐ Other: _____

Does your family receive WIC? ☐ Yes ☐ No **Does your family receive CalFresh?** ☐ Yes ☐ No

Please add any other concerns you have for your child and/or your family:

Which language do you prefer?

Spoken: ☐ English ☐ Spanish Written: ☐ English ☐ Spanish

Residence Information

Does your family: ☐ Live in permanent housing ☐ Temporarily share a home with other people/Actively seeking alternate housing
☐ Live in a hotel/motel ☐ Lack regular nighttime housing
☐ Live in a shelter ☐ Live in a car, park or other public place

Childcare Needs

Does your child need full day childcare? ☐ Yes ☐ No

PCAC Employment

Are you or an immediate family member currently employed by our agency? ☐ Yes ☐ No

If so, what is the relationship to you? _____

Recruitment Tracking

How did you hear about our program? ☐ Event:

☐ Sierra College TV Ad ☐ Someone Came to My Door ☐ Flyer ☐ Banner
☐ Past or Present Parent ☐ Other: _____

Please note: You may be required to provide additional documents from your health care provider(s) and/or your special education provider(s) prior to your child attending the program. In addition, a special written plan may need to be agreed upon prior to your child attending the program. All submitted information will be kept confidential. I certify the information I have provided is accurate to the best of my knowledge. I understand I must provide all required documentation in order for my application to be processed. I understand that completion of this application does not guarantee enrollment.

Parent/Guardian Signature

Date Signed