

Parent/Guardian #1: **Email Address:** _____

First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ Cell Phone# Contact: _____ Alternative Phone Contact: _____

Date of Birth: _____ Marital Status: _____ Relationship to child: _____

Preferred Written Language: _____

Ever a CalWORKs Recipient? (Yes/No) Have you received Diversion? (Diversion means One Time Payment issued to CalWORKs applicants) yes/no. If yes, what date did the aid end, or was a one-time payment received? Date: _____

Parent/Guardian #2: (Only complete Parent #2 if this parent lives in the same household)

Parent #2 Email Address: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ Cell Phone# Contact: _____ Alternative Phone Contact: _____

Date of Birth: _____ Marital Status: _____ Relationship to child: _____

Preferred Written Language: _____

Ever a CalWORKs Recipient? (Yes/No) Have you received Diversion? (Diversion means One Time Payment issued to CalWORKs applicants) yes/no. If yes, what date did the aid end, or was a one-time payment received? Date: _____

Family Size: _____

(number of adults and children related by blood, marriage, or adoption living in a household under 18 years old)

(1) Child(ren) living in the home:

First Name _____ Last Name _____ Date of Birth _____

Does your child have any Special Needs?

No Special Needs (). Individual Education Plan (IEP) (Yes/No) Individual Family Service Plan (IFSP) (Yes/No)

Is your child currently enrolled in subsidized childcare? (yes/No) if yes, where? _____

Is your child proficient in English? (Yes/No)

Service Needed (Circle all that apply) Full-time Part-time Preschool School age No service need

(2) Child(ren) living in the home:

First Name _____ Last Name _____ Date of Birth _____

Does your child have any Special Needs?

No Special Needs (). Individual Education Plan (IEP) (Yes/No) Individual Family Service Plan (IFSP) (Yes/No)

Is your child currently enrolled in subsidized childcare? (yes/No) if yes, where? _____

Is your child proficient in English? (Yes/No)

Service Needed (Circle all that apply) Full-time Part-time Preschool School age No service needed

(3) Child(ren) living in the home:

First Name _____ Last Name _____ Date of Birth _____

Does your child have any Special Needs?

No Special Needs (). Individual Education Plan (IEP) (Yes/No) Individual Family Service Plan (IFSP) (Yes/No)

Is your child currently enrolled in subsidized childcare? (yes/No) if yes, where? _____

Is your child proficient in English? (Yes/No)

Service Needed (Circle all that apply) Full-time Part-time Preschool School age No service needed

Household Information:

Monthly Income and Sources:

(Enter total dollars, before taxes and deductions, for each source of income for parents/guardians in the household)

Monthly Income and Sources:	Parent #1	Parent #2
Employment salary or wages/self-employment income (before taxes)	\$ _____	\$ _____
Cash Aid (CalWORKs)	\$ _____	\$ _____
Child/ Spousal Support that you receive	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Gross Income	\$ _____	\$ _____

Reason for Needing Care (Check all that apply)	Parent #1	Parent #2
Working		
Education or Training		
Medically Incapacitated/Disabled		
Actively Seeking Employment		
Homeless/Seeking permanent housing		
Agricultural or migrant worker		
Seeking Part-Day Educational Preschool		

Household Member Currently Receiving Benefits from Means-Tested Government Program & Attach Any Supporting Documents

___ Medi-Cal ___ CalFresh ___ California Food Assistant Program

___ Head Start ___ Early Head Start ___ Non-Applicable

___ California Special Supplemental Nutrition Program for Women, Infants, And Children (WIC)

___ The Federal Food Distribution Program on Indian Reservations

___ The California Work Opportunity & Responsibility to Kids (CalWORKs)

Parent Signature _____ **Date:** _____

Parent Signature _____ **Date:** _____