

## CHILD &amp; FAMILY DEVELOPMENT PROGRAMS CHILD APPLICATION

CHILD INFORMATION									
Child's Legal Name (First and Last)									
Child's Preferred Name (First and Last)									
Child's Social Security #	Sex M      F		Date of Birth		Primary Language:				
<b>Race:</b> (Circle all that apply)    Black    Native Hawaiian/Pacific Islander    Asian    White    Native American    Other									
<b>Ethnicity:</b> (Chinese, Mexican, Hispanic, etc.)									
FAMILY INFORMATION									
Primary Adult				Primary Adult SSN #					
Secondary Adult									
Living Address	City		State	Zip	Mailing Address:	City	State	Zip	County
Phone (      )      Circle one: Home    Work Cell    Message				Phone (      )      Circle one: Home    Work Cell    Message					
Email Address:									
<b>Parental Status:</b>	One Two	<b>Primary language in home:</b>	Num. in Family	Total Number of Children _____. by age: 0-3 _____ 4-5 _____.				Num. In Household	
<b>WIC:</b> Yes    No			WIC Case #:						
Are you receiving public assistance?      Yes      No				Do you receive food stamps?      Yes      No					
Health Coverage					Insurance Number:				
DOCTOR									
Name:			Address		City	State	Zip	Phone	
DENTIST									
Name:			Address		City	State	Zip	Phone	
<b>INCOME:</b> Please circle the range that is closest to your <b>YEARLY</b> income. <b>I understand that my family income must be verified before my child is selected.</b>									
\$ 0 to \$3,000		\$6,000 to \$9,000		\$12,000 to \$15,000		\$20,000 to \$25,000			
\$ 3,000 to \$6,000		\$9,000 to \$12,000		\$15,000 to \$20,000		\$25,000 to \$30,000			
If more than \$30,000 please list amount _____.									
Was child referred to program?      No      Yes (if yes, by whom?)				(Why?)					
<b>OPTIONAL:</b> Child has disability or special need:      No      Suspected      Yes (if yes, give diagnosis, date & source)									
<b>OPTIONAL:</b> Any specific family need or crisis:      No      Yes (if yes, describe)									

**Certification:** I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### FAMILY MEMBER INFORMATION ~ Adults

First and Last Name of all Adults in the Home ~ Enter Primary Adult First	Date of Birth	Social Security #	Sex	Highest Grade Comp.	Present Employ. Status	Lives with Family	Provides Financial Support
		- -	M F			Yes No	Yes No
		- -	M F			Yes No	Yes No
Teen Parent: Yes No							
Highest Grade Completed Codes				Present Employment Status Codes			
G9 = thru 9 <sup>th</sup> grade G10 = thru 10 <sup>th</sup> grade G11 = thru 11 <sup>th</sup> grade G12 = thru 12 <sup>th</sup> grade HSG = High School GED = G.E. Diploma COL = Some College CTG = College Degree A = Associates Degree B = Bachelor's Degree M = Master's Degree				B = Full time Work/Training F = Full time (35 hrs /week) L = Part time Work/Training R = Retired/Disabled P = Part time (less than 35 hrs/wk) S = Seasonal T = Transitional/School U = Unemployed			

### Children

First and last name of children living in home	Date of Birth	Social Security #	Sex	Child/Primary Adult Relationship	Custody
		- -	M F		Yes No
		- -	M F		Yes No
		- -	M F		Yes No
		- -	M F		Yes No
		- -	M F		Yes No
Child/Primary Adult Relationship					
Natural/Adopted/Step/Foster      Grandchild      Niece/Nephew      Other					

☐ Check here if there are other children in the home; list on back.

### STAFF USE ONLY

Family Member	Source	Amount	Annual Income	Type	Desc	Verification Code	Public Assistance Code
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
<b>Total Yearly Income of Family</b>			\$				

#### Type Codes

#### Description Codes

#### Verification Codes

#### Public Assistance Codes

ERN = Earned

PEN = Pension  
 SS = Social Security  
 SSI = Supplemental Security Income\*  
 CS = Child Support  
 SSDI = Social Security Disability Income

CS = Check Stub  
 EL = Employee Letter  
 W2 = W-2  
 TAN = TANF\*  
 SD = Self Declaration  
 TR = Tax Return  
 FC = Foster Child\*  
 HL = Homeless\*  
 O = Other

MAA = TANF/Cash & Medical  
 MAA = TANF/Medical Only  
 OPC = Children under 100% FPL  
 OP6 = Children under 6 with income between 100-133% FPL  
 CHP = Children under 19 with income between 100-185% FPL  
 OSP = SSI eligible  
 FHIAP

**\*Meets income eligibility qualifications**

### ELIGIBILITY INFORMATION

Child Eligible Next Year: Yes No	Proof of Birth/Age: Yes No	Brother/Sister Eligible Next Year? Yes No
Income Status: Eligible Over 101%-130%	Disability Status: None Suspected Diagnosed	

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Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Verifying Staff Member \_\_\_\_\_

Date: \_\_\_\_\_