CSPP / PT	Date of Appli
CC / FT	
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Date of Application	
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## **INTEREST FORM**

	PARENT / GUARDIAN # 1 II	NFURINATION (IVI	iust provide information on al	i adults in the nous	enola)					
Last Name:		First Name:			Primary Language:					
Street address:		City:		Zip Code:						
Home Phone:	Cell Phone:	Work Phone:		Email:						
•	ly receiving cash aid? Yes No of cash aid payment//		eceived cash aid within the las	t two years? Yes	No					
	REASO	ON FOR NEEDING	CHILD CARE (Check all that a	pply)						
Working (En	nployer's Name & Zip Code)			Looking fo	r Work					
Attending S	chool or Job Training (Name & Zip	Code)		Homeless/	Homeless/Seeking Housing					
Medically Ir	ncapacitated/DisabledPa	rt-day preschool	experience for child ONLY	Migrant W	orker					
	INCOME (Write tota	l dollars, <u>before</u> t	taxes and deductions, for each	n source of income)						
MONTHLY INCOME	SOURCE	MONTHLY SOURCE		MONTHLY INCOME	SOURCE					
\$	Wages/salaries or income from self-employment	\$	Spousal Support	\$	Food Stamp					
\$	Social Security Benefits	\$	State Disability	\$	Unemployment benefits					
\$	Worker's Compensation	\$	Child Support	\$	Pensions/Annules					
\$	State Supplement Income	\$	Adoption Subsidies	\$	Cash Aid (Children Only)					
\$	Other:	\$	If you pay out child support	, how much is it per	month?					
		PARENT / GUA	ARDIAN # 2 INFORMATION							
Last Name:	Last Name: First Name: Primary Language:									
Street address:		City:		Zip Code:						
Home Phone: Work Phone:			Cell Phone:							
	ly receiving cash aid? Yes No of cash aid payment / /	f <b>NO,</b> have you re	eceived cash aid within the las	t two years? Yes	No					
	REASO	ON FOR NEEDING	CHILD CARE (Check all that a	(vlaq						
Working (En	nployer's Name & Zip Code)		· ·	Looking fo	r Work					
	chool or Job Training (Name & Zip	Code)		Homeless/Seeking Housing						
		experience for child ONLY								
	INCOME (Write tota	l dollars, <u>before</u> t	taxes and deductions, for each	n source of income)						
MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE					
\$	Wages/salaries or income from self-employment	\$	Spousal Support	\$	Food Stamp					
\$	Social Security Benefits	\$	State Disability	\$	Unemployment benefits					
\$	Worker's Compensation	\$	Child Support	\$	Pensions/Annules					
\$	State Supplement Income	\$	Adoption Subsidies	\$	Cash Aid (Children Only)					
\$	Other:	\$	t, how much is it per month?							

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		CHILDREN LIV	ING AT H	IOME	(ALL Children	in the housel	hold ι	under 18 d	or 22,	if disab	oled)		
# 1. First Name:				# 2. First Name:									
Last Name:				Last Name:									
Birth Date:		Gender: M F	der: M F Preferred Zip Codes for Care			Birth Date:		Gender: M F			Preferred :	Zip Co	odes for Care
Care Needed (	Check a	II schedules that a	pply)			Care Needed (0	Check a	all schedules	that a	pply)			
Full-time	Part-tin	ne Evening	NONE			Full-time I	Part-tiı	me E	venings	ION	NE		
Child School N	ame / G	Grade	District			Child School Name / Grade District							
IF CHILD IS IN CHILD PROTECTIVE SERVICES,			IF CHILD IS IN CHILD PROTECTIVE SERVICES,										
	ı	PLEASE COMPI	ETE HER		T			PLEASE	COMP	LETE F	IERE		
Foster Care Payments	Social	Worker's Name	Contact Nu	ımber	Case Number	Foster Care Payments	Social Worker's Name		Contact	Number	Cas	se Number	
\$						\$							
At Risk of Abuse, Neglect or Exploitation? YES NO (Must have a referral)  List related siblings in the same household:			At Risk of Abuse, Neglect or Exploitation? YES NO household:  (Must have a referral)				same						
Referred By: Parents' Relat Biological / F		To This Child: / Guardian / Add	optive / (	Other		Referred By: Parents' Relation Biological / F				pptive /	Other		
# 3. First Nam		, Caararan , , , ta	<i>y</i>			Biological / Foster / Guardian / Adoptive / Other # 4. First Name:							
Last Name:			Last Name:										
Birth Date: Gender: M F Preferred Zip Codes for Care			Birth Date: Gender: M F Preferred Zip Codes for Care										
Care Needed (	Check a	III schedules that a	pply)	ı		Care Needed (0	Check a	all schedules	that a	pply)	l .		
Full-time	Part-tin	ne Evening	NONE			Full-time I	Part-tiı	me E	venings	ION	NE		
Child School Name / Grade District				Child School Name / Grade District									
IF CHILD IS IN CHILD PROTECTIVE SERVICES, PLEASE COMPLETE HERE		IF CHILD IS IN CHILD PROTECTIVE SERVICES, PLEASE COMPLETE HERE											
Foster Care					Cara N. salas	Foster Care	Social Worker's			Contact Number		Case Number	
Payments		Social Worker's Name	Contact No	imber	Case Number	Payments		Name	ers	Contact Number		Cas	e Number
\$						\$	Name						
At Risk of Abuse, Neglect or Exploitation? YES NO (Must have a referral) Referred By:			At Risk of Abuse, Neglect or Exploitation? YES NO (Must have a referral) Referred By:					same					
Parents' Relati Biological / F		To This Child: / Guardian / Ad	optive / (	Other		Parents' Relation				ptive /	Other		
					IAL NEEDS. D	ISABILITIES O							
	Che							hild # 1	Chilo		Child #	3	Child # 4
Check all that apply for each child listed above  Child had individual Family Services Plan (IFSP) age 0-3			_										
Child has individual Education Plan (IEP) ages 3 and older													
Receives Early Start/Regional Center Services													
Receives services from local school district (special education)													
Developmental delays (cognitive, autism, down syndrome, etc.)													
Developmental delays (physical motor)													
Social / Emotional delays or behavior													
Physical disability (cerebral palsy, spinal bifida, orthopedic limitations, etc.)				)									
Health/medical asthma, diabetes, other:													
Speech/language/communication Hearing/vision						-							
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