

We will consider this application without regard to race, color, age, sex, handicap, religion, national origin, or political benefit.

<p>1. PARENT/LEGALLY RESPONSIBLE PERSON INFORMATION</p> <p>NAME _____</p> <p>MAILING ADDRESS _____</p> <p>CITY _____ ZIP _____</p> <p>PHYSICAL ADDRESS, IF DIFFERENT THAN MAILING ADDRESS _____</p>	<p>COUNTY OF RESIDENCE _____</p> <p>PHONE _____ (Home) _____ (Work)</p> <p>SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED</p> <p>PLACE OF EMPLOYMENT _____ Phone # _____</p> <p>SPOUSE PLACE OF EMPLOYMENT _____ Phone # _____</p> <p>Are you a teen parent? _____ Are you currently deployed (military)? _____</p>
---	--

2. PLEASE LIST ALL PERSONS LIVING IN THE HOME (Use two forms if necessary)

NAME (LIST YOURSELF FIRST)	Race/Ethnicity** (Check all that apply)	SEX	BIRTH DATE	RELATION TO YOU	FATHER IN HOME?	MOTHER IN HOME?	SOCIAL SECURITY NO.*
1.	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hispanic or Latino (If yes, also check one of the above)			SELF	N/A	N/A	
2.	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hispanic or Latino (If yes, also check one of the above)						
3.	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hispanic or Latino (If yes, also check one of the above)						
4.	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hispanic or Latino (If yes, also check one of the above)						
5.	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hispanic or Latino (If yes, also check one of the above)						

\*\*We are required by the federal government to collect this information. It will not be used to determine program eligibility.  
\*The absence of this information cannot be a basis to deny eligibility.

3. PLEASE LIST CHILDREN NEEDING CHILD CARE AND PROVIDE CHILD CARE PROVIDER INFORMATION (Use two forms if necessary)

CHILD'S NAME	SPECIAL NEEDS CHILD?  Please write Yes or No	Will Child be in Head Start or Kindergarten or school?  Please write : HS (for Head Start), K (for Kindergarten), S (for school)	If your child will be in HS, K, or S, what is approximate start date?	What type of care is required?  Please write: F (Full time day care), BA (Before/After School care), or SU (Summer care)	NAME, ADDRESS AND PHONE NUMBER OF YOUR CHILD CARE PROVIDER (DAY CARE CENTER OR INDIVIDUAL)
1.					
2.					
3.					
4.					
5.					
6.					

Please indicate the days of the week and the hours for which you need care. Example:  Monday From 7:00 AM To 5:30 PM

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
From ____ AM PM To ____ AM PM	From ____ AM PM To ____ AM PM	From ____ AM PM To ____ AM PM	From ____ AM PM To ____ AM PM			

SOURCE OF INCOME	PERSON RECEIVING	GROSS AMOUNT	HOW OFTEN PAID	I AM WORKING:
Employment	SELF	Attach check stubs		<input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Not Working <input type="checkbox"/> Clinical or Field Placement
Employment	SPOUSE	Attach check stubs		
Self-employment		Attach documentation		
SSI		\$		I Am <input type="checkbox"/> In High school <input type="checkbox"/> In College
Social Security or Other		\$		
Child Support/Alimony		\$		

DO YOU RECEIVE:  Housing Assistance  TANF  SNAP (Food Stamps)  Other Assistance including educational grants, loans and scholarships