

Family Information, Income & Contacts

Family Information									
Family Living Address									
Started Living at Date	Living Address	Address Line 2	ZIP	City	State	County			
Family Mailing Address									
Same as living?	Mailing Address	Address Line 2	ZIP	City	State				
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Phone Number(s)		Type (check one)		Note (extension or best time to call)		Opt in for Text Messages			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parental Status (check one)	Primary Language at Home	Relationship to Participant(s)	Acquired/learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TANF Status	SSI	Current CCDF Participant	Housing	Interested in Volunteering	Field Trip Permission	Photograph Permission
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> HUD <input type="checkbox"/> Section 8 <input type="checkbox"/> Live with relatives	<input type="checkbox"/> Yes, best times: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child's Race			
Identified Ethnicity		American Indian/Alaska Native	Descendant:
<input type="checkbox"/> American Indian Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other _____		Tribe Enrolled: _____ Enrollment Number: _____	<input type="checkbox"/> Yes, Tribe: _____ <input type="checkbox"/> No
			Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contacts				
Contact 1	Name	Relationship	Emergency Contact	Release To
	<input type="checkbox"/> Parent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend/Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State
	Phone Number 1	Phone Number 2	Phone Number 3	
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Contact 2	Name	Relationship	Emergency Contact	Release To
	<input type="checkbox"/> Parent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend/Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State
	Phone Number 1	Phone Number 2	Phone Number 3	
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Contact 3	Name	Relationship	Emergency Contact	Release To
	<input type="checkbox"/> Parent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend/Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State
	Phone Number 1	Phone Number 2	Phone Number 3	
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. 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 _____