

Famseq # \_\_\_\_\_ Appl # \_\_\_\_\_

**Child Information**

Child's Legal Name: Last	First		
Preferred Name:	Child's Social Security #		
Date of Birth:	Race:	Sex:	Language:
	Black Native	White Asian / Pacific (O)	Hispanic M F

**Family Information**

A01 Primary Adult:	Adult SSN# - - - or Made-up # - - -		
Family Name:	Parental Status: One Two Foster Non-Parent		
Number in Family:	Number in Household:	Num Children: Num. by Age: 0 - 3 4-5	
Parent/Guardian: (for mailing labels)		Address:	
City:	State:	Zip:	Country:
Phone: [ ] Home [ ] Message: ( ) -		Phone Other: ( ) -	

**Program Information**

School Year:	Program Code:	Program Desc.:	Delegate:	Class Age:
Participation Year: 1 2 3	Application Status:	Application Date:	Acceptance Status:	
Prior Location ID:	Releases Signed:	Date Release Signed:		
Center Name:	Center ID:	Class ID:		
Enrollment Comments:				

**Eligibility Information**

Child Eligible Next Year: Yes No	Brother / Sister Eligible Next Year?: Yes No	
AFDC: Yes No	Medical Elig Stat: Eligible Not Potentially Formerly	Child Med / Insu Num:
Income Status: Eligible Over Family Income:	Disability Status: Z(ero Disability) X(Suspected) If Diag. Code_____	
USDA Status: Free Reduced None	USDA Certification Date:	USDA Household Income:
Elig-Parent Stat: Pt:	Elig-Disabled: Pt:	Elig-Income: Pt:
Elig-Other: Pt:	Elig-Age: Pt:	TOTAL ELIG RATING:
Eligibility Comments:		
Income Verified? Yes No By: [ ] W-2 [ ] Check Stub [ ] Tax Return [ ] Letter [ ] Other:		
Birth Verified? Yes No By: [ ] Certified Birth Cert. [ ] Hospital Birth Cert. [ ] Health Dept. Cert. [ ] Other:		

Income (list by family member)

Family Member	Amount	Per	X	Annual Income	
				Twice a month x 24 = Annual Income Monthly x 12 = Annual Income	Weekly x 52 = Annual Income Every 2 Weeks x 26 = Annual Income
AO1	\$			\$	
AO2	\$			\$	
AO3	\$			\$	
Total Yearly Income					

Optional: Child has disability or special need: No Suspected Yes (If yes, give diagnosis, date and source)

Was child referred to program? No Yes (If yes, by whom?): (Why?):

Optional: Any specific family need or crisis? No Yes (If yes, please describe):

Verifying Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

*Certification: I certify that this information is true. If any part is false, my participation in this agency's programs will 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's signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Shaded boxes will be completed by staff.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Famseq # \_\_\_\_\_

Transportation Information

Transportation Code: Bus Walking Parent Other:
Pick-up location: Route Number:
Drop-off location: Route Number:
Directions to Home:

Release Child To: Relationship Relationship
Name: Name:
Name: Name:

Emergency Information

Emergency Contacts:
Name: Address: State: Zip:
City: Phone: ( )
Name: Address: State: Zip:
City: Phone: ( )
Name: Address: State: Zip:
City: Phone: ( )

Physician:
Name: Address: State: Zip:
City: Phone: ( )

Dentist:
Name: Address: State: Zip:
City: Phone: ( )

Family Member Information

Adults

Table with 8 columns: CODE, First and Last Name, Date of Birth, Social Security #, Sex, (D1) Educ Level, (D2) Empl Status, (D3) Notes. Rows A01, A02, A03.

Legend for D1 - Education Level Codes, D2 - Employment Status Codes, D3 - Notes.

Children

Table with 7 columns: First and last name of children in home, Date of Birth, Social Security #, Sex, (D1) Related to, (D2) How Related, (D3) Notes. Rows C01-C06.

Legend for (D1) - Related to Codes, (D2) - How Related, (D3) - Notes.