

CSPP / PT  
 CC / FT  
 CCTR

Date of Application \_\_\_\_\_

### INTEREST FORM

PARENT / GUARDIAN # 1 INFORMATION (Must provide information on all adults in the household)		
Last Name:	First Name:	Primary Language:
Street address:	City:	Zip Code:
Home Phone:    Cell Phone:	Work Phone:	Email:

Are you currently receiving cash aid? Yes No    If **NO**, have you received cash aid within the last two years? Yes No  
 If **YES**, last date of cash aid payment \_\_\_/\_\_\_/\_\_\_

REASON FOR NEEDING CHILD CARE (Check all that apply)	
<input type="checkbox"/> Working (Employer's Name & Zip Code) _____	<input type="checkbox"/> Looking for Work
<input type="checkbox"/> Attending School or Job Training (Name & Zip Code) _____	<input type="checkbox"/> Homeless/Seeking Housing
<input type="checkbox"/> Medically Incapacitated/Disabled <input type="checkbox"/> Part-day preschool experience for child ONLY	<input type="checkbox"/> Migrant Worker

INCOME (Write total dollars, before taxes and deductions, for each 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:	\$	If you pay out child support, how much is it per month?		

PARENT / GUARDIAN # 2 INFORMATION		
Last Name:	First Name:	Primary Language:
Street address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:

Are you currently receiving cash aid? Yes No    If **NO**, have you received cash aid within the last two years? Yes No  
 If **YES**, last date of cash aid payment \_\_\_/\_\_\_/\_\_\_

REASON FOR NEEDING CHILD CARE (Check all that apply)	
<input type="checkbox"/> Working (Employer's Name & Zip Code) _____	<input type="checkbox"/> Looking for Work
<input type="checkbox"/> Attending School or Job Training (Name & Zip Code) _____	<input type="checkbox"/> Homeless/Seeking Housing
<input type="checkbox"/> Medically Incapacitated/Disabled <input type="checkbox"/> Part-day preschool experience for child ONLY	<input type="checkbox"/> Migrant Worker

INCOME (Write total dollars, before taxes and deductions, for each source of income)					
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\$	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?		

**CHILDREN LIVING AT HOME (ALL Children in the household under 18 or 22, if disabled)**

<b># 1. First Name:</b>				<b># 2. First Name:</b>			
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 all schedules that apply) Full-time Part-time Evenings NONE				Care Needed (Check all schedules that apply) Full-time Part-time Evenings NONE			
Child School Name / Grade		District		Child School Name / Grade		District	
<b>IF CHILD IS IN CHILD PROTECTIVE SERVICES, PLEASE COMPLETE HERE</b>				<b>IF CHILD IS IN CHILD PROTECTIVE SERVICES, PLEASE COMPLETE HERE</b>			
Foster Care Payments	Social Worker's Name	Contact Number	Case Number	Foster Care Payments	Social Worker's Name	Contact Number	Case Number
\$				\$			
At Risk of Abuse, Neglect or Exploitation? YES NO (Must have a referral) Referred By: _____		List related siblings in the same household:		At Risk of Abuse, Neglect or Exploitation? YES NO (Must have a referral) Referred By: _____		List related siblings in the same household:	
Parents' Relationship To This Child: Biological / Foster / Guardian / Adoptive / Other				Parents' Relationship To This Child: Biological / Foster / Guardian / Adoptive / Other			

<b># 3. First Name:</b>				<b># 4. First Name:</b>			
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 all schedules that apply) Full-time Part-time Evenings NONE				Care Needed (Check all schedules that apply) Full-time Part-time Evenings NONE			
Child School Name / Grade		District		Child School Name / Grade		District	
<b>IF CHILD IS IN CHILD PROTECTIVE SERVICES, PLEASE COMPLETE HERE</b>				<b>IF CHILD IS IN CHILD PROTECTIVE SERVICES, PLEASE COMPLETE HERE</b>			
Foster Care Payments	Social Worker's Name	Contact Number	Case Number	Foster Care Payments	Social Worker's Name	Contact Number	Case Number
\$				\$			
At Risk of Abuse, Neglect or Exploitation? YES NO (Must have a referral) Referred By: _____		List related siblings in the same household:		At Risk of Abuse, Neglect or Exploitation? YES NO (Must have a referral) Referred By: _____		List related siblings in the same household:	
Parents' Relationship To This Child: Biological / Foster / Guardian / Adoptive / Other				Parents' Relationship To This Child: Biological / Foster / Guardian / Adoptive / Other			

**CHILDREN WITH SPECIAL NEEDS, DISABILITIES OR MEDICAL CONDITIONS**

Check all that apply for each child listed above	Child # 1	Child # 2	Child # 3	Child # 4
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				