



Fecha de Aplicacion: _____

Parte I - Informacion de Padre:

Padre A - Padre Aplicando

Nombre: _____

Domicilio: _____

Cuidad: _____ Codigo: _____

Telefono de Casa: _____

Telefono de Trabajo: _____

Numero de Mensaje: _____

Numero de Seguridad: _____

Relacion a los ninos: _____

Padre B

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Number: _____

Work Number: _____

Message Number: _____

Social Security Number: _____

Relationship to Children: _____

Part II - Parent Need/Eligibility

Employment Information:

Parent A

Name of Employer: _____

Address: _____

City: _____ Zip Code: _____

Parent B

Name of Employer: _____

Address: _____

City: _____ Zip Code: _____

School/Training Information:

Parent A

Name of School: _____

Address: _____

City: _____ Zip Code: _____

Parent B

Name of School: _____

Address: _____

City: _____ Zip Code: _____

Eligibility/Waiting List Application (continued)

Part III - Income Verification: (Monthly Gross Income)

Parent A

Parent B

Hourly Rate: _____

Weekly Rate: _____

Monthly Rate: _____

Pay Period: _____

Weekly: _____

Bi-Monthly: _____

Semi-Monthly: _____

Monthly: _____

TANF(AFDC): _____

Child Support: _____

Social Security: _____

Other: _____

Hourly Rate: _____

Weekly Rate: _____

Monthly Rate: _____

Pay Period: _____

Weekly: _____

Bi-Monthly: _____

Semi-Monthly: _____

Monthly: _____

TANF(AFDC): _____

Child Support: _____

Social Security: _____

Other: _____

Part IV - Child/Children Information: (List all children in household.)

First and Last Name	Social Security Number	Date of Birth	Age
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

How did you here about our program? _____

Reference:

Referring Agency/Site: _____

Counselor's Name: _____

Early Intervention: _____ At Risk: _____

Special Needs: _____ Other: _____

Office Use Only

Total Income: _____ **Ranking Number:** _____