

(i.e. autism, developmental delay, speech/language, visual impairment, mental impairment, hearing impairment, orthopedic impairment, depression, Attention Deficit Disorder, Health Impairment, emotional behavioral disorder, traumatic brain injury, etc)

If you are a two parent household you must submitted both incomes

Household Information

Parent/Guardian #1 (*Child lives with this parent*) _____ Date of Birth _____

Address _____ City/Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Work Number _____ Message Number _____

Race/Ethnicity: _____ Primary Language: _____

Parent/Guardian #2 _____ Does this parent live in the home? Yes or No

Address _____ City _____

Home Phone Number _____ Cell Phone Number _____

Work Number _____ Message Number _____

Race/Ethnicity: _____ Primary Language: _____

Total number of persons in the household: _____ **Number of children age 0-3** _____ **Number of children age 3-5** _____

What is your income source?

- Employed Full-time
- Employed Part-time
- Homemaker
- Child Support
- Unemployment Benefits
- Teenager Fully Supported by Parent(s)
- TANF (cash)
- SSI
- Financial Aid Pell Grant

How often are you paid?

- Weekly
- Every other week
- Twice a month
- Monthly

Transportation Services

Bussing available for St. Cabrini, Madison, Lawrence, S. 12th, Riverton, Early Learning Center, Lafayette and Walnut Sites

Pick Up Address: _____
 Home Childcare

Drop Off Address: _____
 Home Childcare

Family Demographics

Parental Status:

- One-parent Household (mother) One-parent Household (father) Two-parent Household
 Teen Parent Foster Parent Grandparent as Primary Caregiver Temporary Guardian

Primary Occupational Status:

Paying Job

- Full – time _____ hrs
 Part-time _____ hrs

In Job Training Program

- Training program with salary
 Training program without salary

Unemployed

- Unable to work due to disability
 Home Maker
 Other _____

In School

- Towards high School diploma/GED
 Towards trade/business certification
 Towards college degree

Types of Financial Assistance Received (check all that apply)

- WIC Medicaid/Medicare Energy program assistance Food Stamps Foster care/adoption subsidy
 Public Housing Public Assistance (TANF) Child Care Subsidy Child Support/alimony
 Other: Explain _____ No Assistance Received

Types of Services Received and/or Is Needed:

- Incarcerated Family Member DCFS Involvement Drug/Alcohol Abuse Domestic Violence Issues
 Mental Health GED Services Recent/Impending Eviction
 English as a Second Language Any social service agency (if yes what agency) _____

Currently Homeless or Have Been in past 12 months: Yes No (skip to next question)

- Less than 1month 1- 3 months 3-6 months More than 6 months

Adult Education:

Mother's Highest Level of Education: _____ Father's Highest Level of Education _____

I certify that this information is true and complete to the best of my knowledge. 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 _____

Parent/Guardian Signature _____ Date _____