



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. 12<sup>th</sup>, Riverton,  
Early Learning Center, Lafayette and Walnut Sites**

Pick Up Address: \_\_\_\_\_  
 Home    Childcare

Drop Off Address: \_\_\_\_\_  
 Home    Childcare

**Note: Transportation Available If Family Lives Within Bussing Boundaries**

# 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 \_\_\_\_\_