Applicant & Family Member Information

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	Grade Comp			Employment Statu			elationship	Custody	Che	ck all that apply:
☐ Associa		☐ Grade 10	□ Full Tim		e & Training		/Adopted/Step	☐ Yes		vith Family
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□GED	10.00	☐ HS Gradu		-, ou -, 1.01.10u (or Bloadica	☐ Other			If teen pa	rent, subsidized?
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^{*} If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Applicant & Family Member Information

Addition	al Child 3 (Non-Appli	cant)*						
First	Middle	Last	S	uffix	Nickname	Birthday	Gender	SSN
Race Asian Black White Other:	☐ American Indian/Alaska N ☐ Hawaiian/Pacific Islander ☐ Multi-Racial	ative E	lispanic ∃ Yes ∃ No	English Proficient		Other Language	Other La	
Addition	al Child 4 (Non-Appli	cant)*					Carry Landy B.	
First	Middle	Last	S	uffix	Nickname	Birthday	Gender	SSN
Race Asian Black White Other:	☐ American Indian/Alaska N ☐ Hawaiian/Pacific Islander ☐ Multi-Racial	lative [lispanic ⊒ Yes ⊒ No	English Pro None Little Moderate		Other Language	Other La	
Addition	al Child 5 (Non-Appli	cant)*						
First	Middle	Last	S	uffix	Nickname	Birthday	Gender	SSN
Race Asian Black White Other:	☐ American Indian/Alaska N ☐ Hawaiian/Pacific Islander ☐ Multi-Racial	lative [Hispanic □ Yes □ No	English Pro None Little Moderate Proficien	9	Other Language	Other La	
Addition	nal Child 6 (Non-Appli	icant)*	SP CONTRACTOR					
First	Middle	Last	S	uffix	Nickname	Birthday	Gender	SSN
Race Asian Black White Other:	☐ American Indian/Alaska N☐ Hawaiian/Pacific Islander☐ Multi-Racial	lative [Hispanic □ Yes □ No	English Pro ☐ None ☐ Little ☐ Moderate ☐ Proficien	e	Other Language	Other La ☐ Poor ☐ Mode ☐ Profic	
Addition	nal Child 7 (Non-Appl	icant)*						
First	Middle	Last	S	uffix	Nickname	Birthday	Gender	SSN
Race Asian Black White Other:	☐ American Indian/Alaska N☐ Hawaiian/Pacific Islander☐ Multi-Racial	lative [Hispanic □ Yes □ No	English Pro ☐ None ☐ Little ☐ Moderate ☐ Proficien	е	Other Language	Other La	
Addition	nal Child 8 (Non-Appl	icant)*	清				THE RESERVE	
First	Middle	Last	S	Suffix	Nickname	Birthday	Gender	SSN
Race Asian Black White Other:	☐ American Indian/Alaska N ☐ Hawaiian/Pacific Islander ☐ Multi-Racial	Native I	Hispanic □ Yes □ No	English Pro ☐ None ☐ Little ☐ Moderat ☐ Proficien	e	Other Language	Other La	
Addition	nal Child 9 (Non-Appl	icant)*				N. S. S. S. S.		THE PARTY OF THE P
First	Middle	Last	5	Suffix	Nickname	Birthday	Gender	SSN
Race Asian Black White	☐ American Indian/Alaska N☐ Hawaiian/Pacific Islander☐ Multi-Racial	Vative	Hispanic □ Yes □ No	English Pro	e	Other Language	Other La	

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	mily Mailing Ad me as living?	dress Started Using Da	te Mailing A	ddress			Address Line 2	ZIP	С	ity		State
П '	Yes □ No										- 22	
Pho	one Number(s)		Type (ch				Note (for exam	mple, an e	extension or b	est time to d	eall)	
			☐ Cell	□ Home	□ Work	□ Other						
			□ Cell	□ Home	□ Work	□ Other						
			200000000000000000000000000000000000000	□ Home	□ Work	☐ Other						
	Parental Status (check one)		Language Home	Home Fam		Active Duty Military	y Referred b Welfare A		Receiving SNAP	WIC		IC ID plicable)
	One Two	111111111111111111111111111111111111111			222	□ Yes	□ Y∈	es	□ Yes □ No	□ Yes □ No		
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-	ome Verified by				الأجعما	Verific	ation Date		TANF Sta	lus		SSI
									nerly on TANF		☐ Yes ☐ No	
	Family Member	Amount	Per (for ex week, mon		Annual A	Amount	Description (for SSI, Job, Child			ion (for exan check stub)		Note
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Inc	ome Notes											
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н	A.1.1					ZID			☐ Yes	□ No	☐ Yes	State
a T	Address					ZIP			City			State
Contact	Phone Number	er 1		Pho	one Numbe	r 2			Phone Num	ber 3		
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	Name				Relationshi	р	FR. S. C. S. K	THE	Emergency	Contact	Releas	ве То
									☐ Yes	□ No	☐ Yes	□ No
4	Address					ZIP			City			State
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acti	ion. I also unders	tand that the infor	mation in this ap	plication v	vill be held in	n strict conj	this agency's prog fidence within the o	rams may agency and	d is accessible t	o me during i	normal busine:	ss hours.
Pa	rent/Guardian	Signature							Date			

This Section for Agency Use Only:

TI	nis Section for Agency Use Only:
Applicant Name:	Birthday

Eligibility Notes

Eligibility Date Number in Family Eligibility Criteria CACFP Date CACFP Income Per Cacfp Date CACFP Income Per Cacfp Date Cacfp Date Cacfp Income Per Cacfp Income Per Cacfp Date Cacfp Income Per Cacfp Date Cacfp Income Per Cacfp Date Per Cacfp	Initial Status New Accepted Child will transition to Classroo te, info not returned pecify in notes ibility Income	Application Nun	Income State	Funding Participation Year
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Disability? Disaposed (50 pts) Site Priority Site Application Preferences Priority Site Site Site Application Status Complete & Verified Incomplete Incomplete Complete & Verified Incomplete Complete Complete in Family Eligibility Criteria on this formation of the provided below. Then, for each question, list each of the provided the following example to help you get started. Eligibility Question Possible Answers Disability? Diagnosed (50 pts)	te, info not returned pecify in notes ibility Income	Application Nun	Income State	Participation Year
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ACFP Date CACFP Income Per Cacfp Income Co set up your program's eligibility criteria on this for provided below. Then, for each question, list each of the process of t	ibility Income	☐ Eligible		
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