

CHILD INFORMATION

San Joaquin County CEL

PRINT ADDITIONAL COPIES OF THIS FORM FOR EACH CHILD IN THE HOME

Please complete the following questions for each child under the age of 18 living in your home that is related to you by blood, marriage, or adoption OR is a child for whom you have been designated as legal guardian, kinship, or foster parent, whether or not they need child care or preschool.

- 1) What is child's first name? _____
- 2) What is child's last name? _____
- 3) What is child's birth date? Month Day Year mm/dd/yyyy
- 4) What is child's gender? Male Female
- 5) What is your relationship to this child?
 Mother Father Foster Parent Legal Guardian Other

- 6) Does this child need **child care/day care** services? Yes No
- 7) Does this child need **preschool** services? Yes No
To receive preschool services, child must currently be 3 or 4 years old OR turn 3 or 4 years old for the upcoming school year.

- 8) **Please check ONE of the boxes below for this child:**
 This child has lost their child care through CalWORKs **Stage 3** due to the elimination of the program
 This child will be "timing out" or has timed out of CalWORKs **Stage 2** child care
 The statements above do not pertain to this child

STOP: If Questions #6 AND #7 are both answered "No", stop here. Please continue to complete additional Child Forms for all other children that live in your home whether or not they need child care or preschool services. If questions # 6 OR # 7 is answered "Yes" that the child needs services, you MUST complete remaining questions below.

- 9) What is the primary language this child speaks at home?
 English Spanish Hmong Other
 Farsi Punjabi Vietnamese Decline to State
- 10) What type of service do you need?
 Part Time (less than 4 hours per day) Full Time (more than 4 hours per day) Evening Care
 Weekend Care Before/After School Care
- 11) What grade is this child in? **Please circle one:** No grade K 1 2 3 4 5 6 7 8 9 10 11 12
- 12) Is this child currently receiving **subsidized** child care or preschool? Yes No
- 13) If yes, **where** is this child receiving subsidized child care or preschool?
 Early Head Start Head Start CalWorks program CalSAFE program State Preschool Other
- 14) If you need child care, in **what area** do you prefer the child care to be located?
 Acampo French Camp Lathrop Lodi Manteca Stockton Tracy Thornton
Site preference: _____

- 15) If you need preschool, in what **school district** do you live in?
 Lincoln Lodi Manteca Stockton Tracy/Banta
Site preference: _____

- 16) Is this child currently being referred by Child Protective Services (CPS)? Yes No
- 17) Is this child declared At-Risk of neglect, abuse, and/or exploitation by a professional? Yes No

(If you marked "YES" to question #16 or #17, you are required to provide along with this application a letter by a professional indicating that the child has an open CPS case or At-Risk declaration in order to receive a priority status. Please list the referral date or date the legal document was issued: _____ . For more information or assistance, call 209-953-2121).

- 18) Does this child have an Individual Education Plan (IEP) or an Individual Family Service Plan (IFSP)?
 Yes No
- 19) Does this child have special needs? Yes No
 If yes, what is the child's special need? _____

- 20) Please check Yes, if this child is a Foster Child or that you have legal guardianship or kinship care.
 Yes No

- 21) Does this Foster Child or child that you have legal guardianship or kinship care have a brother or sister living with you as well? Yes No

- 22) Please list the **total monthly amount** of Foster Care payments or payments you receive for the care of this child. \$.

Please attach this to the Main Application form