

# CHILD INFORMATION

# San Joaquin County CEL

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 or preschool** services?  Yes  No

**STOP: If Question #6 is No, stop here and move on to the next child whether or not they need child care or preschool services. If question # 6 is Yes that child needs services, you MUST complete remaining questions below. PRINT ADDITIONAL COPIES OF THIS FORM FOR EACH CHILD.**

- 7) What is this child's Ethnicity?  
 American Indian/Alaskan Native  Asian  Decline to State  
 Black/African American  Caucasian/White  Other  
 Native Hawaiian/Other Pacific Islander  Multiracial  Don't Know  
 Hispanic/Latino  Middle Eastern
- 8) What language do you speak at home?  
 English  Spanish  Hmong  Other  
 Farsi  Punjabi  Vietnamese  Decline to State
- 9) What type of service do you need?  
 Part Time (3-4 hours per day)  Full Time (6+ hours per day)  Evening Care  
 Weekend Care  Before/After School Care
- 10) What grade is this child in? **Please circle one:** No grade K 1 2 3 4 5 6 7 8 9 10 11 12
- 11) Is this child currently receiving **subsidized** child care or preschool?  Yes  No
- 12) If yes, **where** is this child receiving subsidized child care or preschool?  
 Early Head Start  Head Start  CalWorks program  CalSAFE program  State Preschool  Other
- 13) 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:** \_\_\_\_\_
- 14) If you need preschool, in what **school district** do you live in?  
 Banta  Lincoln  Lodi  Manteca  Stockton  Tracy  
**Site preference:** \_\_\_\_\_
- 15) Is this child currently being referred by Child Protective Services (CPS)?  Yes  No
- 16) Is this child declared At-risk of neglect, abuse, and/or exploitation by a professional?  Yes  No  
**(If you marked yes, you are required to provide the legal date the CPS case or At-Risk declaration began in order to receive a priority status. Please list the date referral or legal document was issued here: \_\_\_\_\_).**
- 17) Does this child have an Individual Education Plan (IEP) or an Individual Family Service Plan (IFSP)?  
 Yes  No
- 18) Does this child have special needs?  Yes  No  
If yes, what is the child's special need? \_\_\_\_\_
- 19) Does this child have a brother or sister currently receiving subsidized child care?  Yes  No
- 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**