

Los Angeles Child Care and Development Council

Office Use Only

New Applicant: <input type="checkbox"/>	Update: <input type="checkbox"/>	Date:	Family ID#
Family Type: Standard <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/>			Family Size:
			Income:

1st. Parent			2nd. Parent (if same household)		
First Name	MI	Last Name	First Name	MI	Last Name
Address:					
City	State	ZIP			
County	Primary Language			Primary Language	
Employer:	Work Hours:		Employer:	Work Hours:	
Work Address:			Work Address:		
City	State	ZIP	City	State	ZIP
Home Phone:	Work Phone:			Work Phone:	
Message/Cell or Pager	Gender	M F	Message/Cell or Pager	Gender	M F
	Marital Status	S M		Marital Status	S M
SSN:	Single Parent	Y N	SSN:	Single Parent	Y N

Reasons for Care:			Reasons for Care:			
Incapacitated	Y	N	Gross Income:	Incapacitated	Y	N
Working	Y	N		Working	Y	N
Education/Training	Y	N	TANF:	Education/Training	Y	N
Actively seeking employment	Y	N		Actively seeking employment	Y	N
Homeless	Y	N	Child Support?	Homeless	Y	N
Teen Parent	Y	N		Teen Parent	Y	N
Migrant	Y	N	SSI:	Migrant	Y	N
Student at CA State or CC	Y	N		Student at CA State or CC	Y	N
CALWORKS - Stage 1	Y	N	Other:	CALWORKS - Stage 1	Y	N
Student at:				Student at:		

Child:	Need services?	Y	N	Child:	Need services?	Y	N
First Name	MI	Last Name		First Name	MI	Last Name	
Gender: M F	Primary Language :			Gender: M F	Primary Language :		
School:	Grade:	D.O.B.		School:	Grade:	D.O.B.	
Special Needs:	CPS? Y N			Special Needs:	CPS? Y N		
Schedule: Full <input type="checkbox"/> Part-time <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Overnight <input type="checkbox"/>				Schedule: Full <input type="checkbox"/> Part-time <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Overnight <input type="checkbox"/>			
Hours requested?				Hours requested?			

Child:	Need services?	Y	N	Child:	Need services?	Y	N
First Name	MI	Last Name		First Name	MI	Last Name	
Gender: M F	Primary Language :			Gender: M F	Primary Language :		
School:	Grade:	D.O.B.		School:	Grade:	D.O.B.	
Special Needs:	CPS? Y N			Special Needs:	CPS? Y N		
Schedule: Full <input type="checkbox"/> Part-time <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Overnight <input type="checkbox"/>				Schedule: Full <input type="checkbox"/> Part-time <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Overnight <input type="checkbox"/>			
Hours requested?				Hours requested?			

Provider Info					
Preferred Program:	First Available Program <input type="checkbox"/>			Preferred Provider:	
State Preschool	Y	N	Alternative Payment	Y	N
Center Based	Y	N	Migrant	Y	N
Other: _____				Preferred ZIP?	