

375 Lake Blvd., Ste. #100

530-241-1036; Fax 530-241-2703

PY____

APPLICATION FOR SERVICES

Joint/Split Custody Family: □ Guardian/Family 1 □Guardian/Family 2 □ 3rd year HS □ WL Family Site Change: □ Update Enrolled – Parent Request									
First Name Middle Name Last Name Date of Birth Gender Applicant's Primary Language IF NOT English: Spanish Other: Preg. Mom Due Date: A2.PARENT/GUARDIAN: * Legal Names only	Joint/Split Custody Family: Guardian/Family 1 Guardian/Family 2 G								
First Name Middle Name Last Name Date of Birth Gender Applicant's Primary Language IF NOT English: Spanish Other: Preg. Mom Due Date: A2.PARENT/GUARDIAN: * Legal Names only									
First Name Middle Name Last Name Date of Birth Gender Applicant's Primary Language IF NOT English: Spanish Other: Preg. Mom Due Date: A2.PARENT/GUARDIAN: * Legal Names only	A1. APPLICANT (CHILD OR PREGNANT MOTHER) APPLYING FOR SERVICES *Legal Names only								
Applicant's Primary Language IF NOT English: Spanish Other: Preg. Mom Due Date: A2.PARENT/GUARDIAN: * Legal Names only	First Name	•	Middle Name	Last Name		Date of Birth	Gender		
Applicant's Primary Language IF NOT English: □ Spanish □ Other: Preg. Mom Due Date: A2.PARENT/GUARDIAN: * Legal Names only									
A2.PARENT/GUARDIAN: * Legal Names only Parent Name: Date of Birth: Gender Guardian Foster Image:									
A2.PARENT/GUARDIAN: * Legal Names only Parent Name: Date of Birth: Gender Guardian Foster Image:	Applicant's Primary L	anguage IF N	I OT English: 🗖 Spanish			Preg Mom D	ue Date [.]		
Parent Name: Date of Birth: Gender Guardian Foster Date of Birth: Gender EMPLOYMENT STATUS: Student Homemaker Unemployed (w/ benefits) Unemployed (no benefits) Employed (PT/FT) Self-Employed Seasonally Employed: # months? Retired Disabled Parent work/need schedule (State/Collabs only): 1.Mon Tues Wed Thur Fri Sat Sun Parent Name: Date of Birth Gender Male Female Guardian Parent Name: Date of Birth Gender Guardian Name: Date of Birth Gender Parent work/need schedule (State/Collabs only): 1.Mon State/Collabs only): Intermale 1.Mon Tues Wed Thur Fri Sat Sun A3. FAMILY ADDRESS: Intermal Matersa Line 2 Zip City State	Applicant's Enimary Lo	anguaye n n	OT English. 🖬 Spanish						
Parent Name: Date of Birth: Gender Guardian Foster Date of Birth: Gender EMPLOYMENT STATUS: Student Homemaker Unemployed (w/ benefits) Unemployed (no benefits) Employed (PT/FT) Self-Employed Seasonally Employed: # months? Retired Disabled Parent work/need schedule (State/Collabs only): 1.Mon Tues Wed Thur Fri Sat Sun Parent Name: Date of Birth Gender Male Female Guardian Parent Name: Date of Birth Gender Guardian Name: Date of Birth Gender Parent work/need schedule (State/Collabs only): 1.Mon State/Collabs only): Intermale 1.Mon Tues Wed Thur Fri Sat Sun A3. FAMILY ADDRESS: Intermal Matersa Line 2 Zip City State	A2 PARENT/GU	ARDIAN [.] * Le	enal Names only						
Guardian Imale Foster Imale EMPLOYMENT STATUS: Student Employed (PT/FT) Self-Employed Parent work/need schedule (State/Collabs only): Imale Parent Name: Guardian Date of Birth Guardian Male Poster Imale Imale Male Imale Sat State Gender Guardian Imale Poster Imale EMPLOYMENT STATUS: Student Homemaker Unemployed (w/ benefits) Imale Imale Guardian Imale Foster Imale EMPLOYMENT STATUS: Student Imale Imale Employed (PT/FT) Self-Employed Self-Employed State/Collabs only): 1.Mon Tues Imal Wed Thur Fri Sat Sun A3. FAMILY ADDRESS: Imal Living Address (If Different) Address Line 2 Address Line 2<			gui Numes only			N' 11	Candar		
Foster Iffemale EMPLOYMENT STATUS: Student Homemaker Unemployed (w/ benefits) Unemployed (no benefits) Parent work/need schedule (State/Collabs only): Image: Collabs only): Image: Collabs only): Image: Collabs only): 1.Mon Tues Wed Thur Fri Sat Sun Parent work/need schedule (State/Collabs only): Image: Collabs only): Image: Collabs only): Sat Sun Parent Name: Date of Birth Gender Male Foster Date of Birth Gender Male Foster Employed (PT/FT) Student Homemaker Unemployed (w/ benefits) Unemployed (no benefits) Employed (PT/FT) Student Homemaker Unemployed (w/ benefits) Unemployed (no benefits) Employed (PT/FT) State State Disabled Female Parent work/need schedule (State/Collabs only): Image: Collabs only): Image: Collabs only): Image: Collabs only): 1.Mon Tues Wed Thur Fri Sat Sun A3. FAMILY ADDRESS: Image: Collabs Image: Collabs Image: Collabs <td></td> <td>Name:</td> <td></td> <td></td> <td>Date of E</td> <td>Birth:</td> <td></td>		Name:			Date of E	Birth:			
EMPLOYMENT STATUS: Student Homemaker Unemployed (w/ benefits) Unemployed (no benefits) Employed (PT/FT) Self-Employed Seasonally Employed: # months? Retired Disabled Parent work/need schedule (State/Collabs only):									
Employed (PT/FT) Self-Employed Seasonally Employed: # months? Retired Disabled Parent work/need schedule (State/Collabs only): 1.Mon Tues Wed Thur Fri Sat Sun Parent Date of Birth Gender Male Fri Sat Male Fremale EMPLOYMENT STATUS: Student Homemaker Unemployed (w/ benefits) Retired Disabled Parent work/need schedule (State/Collabs only): 1.Mon Tues Wed Thur Fri Sat I.Mon Tues Wed Thur Fri Sat A. FAMILY ADDRESS: Living Address (If Different) Address Line 2 Zip City Mailing Address (If Different) Address Line 2 Zip City Contact/Primary Phone #: Type (Check One) Cell Home									
Parent work/need schedule (State/Collabs only): 1.MonTuesWedThurFriSatSun									
1.MonTuesWedThurFriSatSun ParentName: Date of BirthGenderMale GuardianFoster Date of BirthMale Foster Bate of BirthMale EMPLOYMENT STATUS:StudentHomemakerUnemployed (w/ benefits)Name Unemployed (no benefits)Male EMPLOYMENT STATUS:StudentHomemakerUnemployed (w/ benefits)RetiredDisabled Date of BirthMale EMPLOYMENT STATUS:StudentHomemakerNemoths?RetiredDisabled Description Parent work/need schedule (State/Collabs only): 1.Mon		,		y Employed: # month	s?	_ 🗆 Retired	□ Disabled		
Parent Name: Date of Birth Gender Guardian Foster Male Foster Foster EMPLOYMENT STATUS: Student Homemaker Unemployed (w/ benefits) Employed (PT/FT) Self-Employed Seasonally Employed: # months? Parent work/need schedule (State/Collabs only): 1.Mon Tues Wed Thur Fri Sat Sat State County of Residence: Shasta Trinity Siskiyou Other Mailing Address (If Different) Address Line 2 Zip City State Contact/Primary Phone #: Type (Check One) Alternative Phone #: Type (Check One) Cell Home	Parent work/need so	chedule (State/	(Collabs only):						
Parent Name: Date of Birth Gender Guardian Foster Male Foster Foster EMPLOYMENT STATUS: Student Homemaker Unemployed (w/ benefits) Employed (PT/FT) Self-Employed Seasonally Employed: # months? Parent work/need schedule (State/Collabs only): 1.Mon Tues Wed Thur Fri Sat Sat State County of Residence: Shasta Trinity Siskiyou Other Mailing Address (If Different) Address Line 2 Zip City State Contact/Primary Phone #: Type (Check One) Alternative Phone #: Type (Check One) Cell Home	1.Mon	Tues	Wed	Thur	Fri	Sat	Sun		
Guardian Foster EMPLOYMENT STATUS: Student Homemaker Unemployed (W) benefits) Imployed (PT/FT) Self-Employed Seasonally Employed: # months? Retired Disabled Parent work/need schedule (State/Collabs only): 1.Mon Tues Wed Thur Fri Sat Sun Address Line 2 Zip City State Malie Fremale County of Residence: Shasta Trinity Siskiyou Other Mailing Address (If Different) Address Line 2 Zip City State Contact/Primary Phone #: Type (Check One) Cell Cell Home Work Cell							Gender		
Foster Image: Female EMPLOYMENT STATUS: Student Homemaker Unemployed (w/ benefits) Unemployed (no benefits) Employed (PT/FT) Self-Employed Seasonally Employed: # months? Retired Disabled Parent work/need schedule (State/Collabs only): 1.Mon Tues Wed Thur Fri Sat Sun	□ Guardian								
EMPLOYMENT STATUS: Student Homemaker Unemployed (w/ benefits) Unemployed (no benefits) Employed (PT/FT) Self-Employed Seasonally Employed: # months? Retired Disabled Parent work/need schedule (State/Collabs only): 1.Mon Tues Wed Thur Fri Sat Sun A3. FAMILY ADDRESS:	□ Foster								
Employed (PT/FT) Self-Employed Parent work/need schedule (State/Collabs only): 1.Mon Tues Wed Fri Sat A3. FAMILY ADDRESS: Living Address Address Line 2 County of Residence: Shasta Trinity Address Line 2 County of Residence: Shasta County of Residence: Shasta Address Line 2 Mailing Address (If Different) Address Line 2 Contact/Primary Phone #: Contact/Primary Phone #: Type (Check One) Cell									
Parent work/need schedule (State/Collabs only): 1.MonTuesWedThurFriSatSun									
1.MonTuesWedThurFriSatSun A3. FAMILY ADDRESS: Living AddressAddress Line 2 Zip City County of Residence:ShastaTrinitySiskiyouOther Mailing Address (If Different) Address Line 2 Zip City Mailing Address (If Different) Address Line 2 Zip City Contact/Primary Phone #:Type (Check One)		1		Employed. # monun:	S:				
A3. FAMILY ADDRESS: Living Address Address Line 2 Zip City State County of Residence: Shasta Trinity Siskiyou Other	Parent work/need schedule (State/Collabs only):								
A3. FAMILY ADDRESS: Living Address Address Line 2 Zip City State County of Residence: Shasta Trinity Siskiyou Other	1 Mon	Tues	W/ed	Thur	Fri	Sat	Sun		
Living Address Address Line 2 Zip City State County of Residence: Shasta Trinity Siskiyou Other		1005				Out	5011		
Living Address Address Line 2 Zip City State County of Residence: Shasta Trinity Siskiyou Other	Δ3 ΕΔΜΙΙΥΔΟ								
County of Residence: Shasta Trinity Siskiyou Other		DILLUU.			7!	<u></u>	Ctata		
Mailing Address (If Different) Address Line 2 Zip City State Contact/Primary Phone #: Type (Check One) Alternative Phone #: Type (Check One) Cell Home Work Cell Home Work Cell	Living Address			Address Line 2	ZIP	City	State		
Mailing Address (If Different) Address Line 2 Zip City State Contact/Primary Phone #: Type (Check One) Alternative Phone #: Type (Check One) Cell Home Work Cell Home Work Cell									
Mailing Address (If Different) Address Line 2 Zip City State Contact/Primary Phone #: Type (Check One) Alternative Phone #: Type (Check One) Cell Home Work Cell Home Work Cell	County of Residence: Shasta Trinity Siskiyou Other								
Contact/Primary Phone #: Type (Check One) Alternative Phone #: Type (Check One) Cell Home Work Cell Home Work	1				7in		Stato		
Cell D Home D Work	IVIAIIIITY AUDIESS (II L	mereni)		Audiess Line Z	ZIP	City	Sidle		
Cell D Home D Work									
Cell D Home D Work	Contact/Primary Pho	ne #∙	Type (Check One)	Δlternative P	hone #·	Type ((Theck One)		
E-Mail Address: 1: 2: 2:			\Box Cell \Box Home \Box Work _						
E-Wall Aduless: 1: 2: 2:				0.					
				Z					

A4. JOINT/SPLIT CUSTODY FAMILIES only: Court papers required & Complete Application, Eligibility Form & documents must be completed by the other family sharing custody. * SKIP if you receive TANF/CalWORKS. Child Name:_

B1. ADDITIONAL SELECTION CRITERIA					
□ 5 Year Old: Kindergarten Unavailable					
B2. PROGRAM SELECTION & NEED FOR CARE (See Reference Card For Program Options)					
PLEASE CIRCLE ONE OF EACH:					
EHS or HS; Home Base / Center Base / Family Child Care; Full-Day or Part-Day HB Ok? YES NO					
Site Name: EHS Only					
STUDENTS:					
College: College: Concerning and Currently enrolled: # units, Day classes Night classes On Campus: Y/N Teen enrolled in High School on-campus: Name of school					
Teen enrolled in Independent Study: Name of School District reside in:					
SCOE & STATE COLLABORATIONS NEED FOR CARE:					
ALL Parent/Guardians unable to provide care during center hours due to: \Box Work \Box School					
Seeking Employment Parental Incapacity Other:					
B3. OTHER CIRCUMSTANCES					

CHECK ALL THAT APPLY:	

Related to SHS Staff Name:_____

Currently receiving SHS services: Other Child Name:_____

Site: _

B4. RESOURCES PROVIDED & NOTES					
 211 Card Key Services Housing List 	 Triple P Flyer Parent Café Flyer Other: 				
Additional Notes/ Clarifications/Special Circumstances:					
Signature of Head Start Staff	Date Signed				
Printed Name:					