

PACCC Family Partnership Program Application

 City of Palo Alto

 State of California

For Subsidized Child Care at Palo Alto Community Child Care

3990 Ventura Court, Palo Alto CA 94306 • P (650) 493-2361 • F (650) 493-0936

Please Print

PRIMARY PARENT

Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:					
Date:		Primary Parent Name:		Date of birth:	
Current address:		Apartment/Unit:		County:	
City:		State:		Zip Code:	
Home Phone: ()		Cell: ()		Work: ()	
Email:		Language:		Ethnicity:	
Family Size (include parents & children):		Preferred zip codes:(1)		(2) (3) (4) (5)	

SECONDARY PARENT Not living in the home

Secondary Parent Name:		
Date of birth:	Cell: ()	Work: ()
Email:	Language:	Ethnicity:

FAMILY INFORMATION

Characteristics (check all that apply): <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Teen Parent <input type="checkbox"/> Seasonal Migrant Worker <input type="checkbox"/> Other:		
Marital Status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Housing (check all that apply): <input type="checkbox"/> Currently homeless <input type="checkbox"/> Living in a shelter <input type="checkbox"/> None		
Are you a Student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, name of school:</i> <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University		

REASON FOR CARE

PRIMARY PARENT

SECONDARY PARENT Not living in the home

- | | |
|--|--|
| <input type="checkbox"/> Working (my work zip code: _____) | <input type="checkbox"/> Working (my work zip code: _____) |
| <input type="checkbox"/> Attending School/Training (my school zip code: _____) | <input type="checkbox"/> Attending School/Training (my school zip code: _____) |
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Looking for Work |
| <input type="checkbox"/> Medically Incapacitated | <input type="checkbox"/> Medically Incapacitated |
| <input type="checkbox"/> Part-day Preschool (3 hours) | <input type="checkbox"/> Part-day Preschool (3 hours) |

MONTHLY INCOME: Primary Parent

Total Monthly Wage \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly Hours & Wage Hours per week _____ \$ per hour _____	Child Support	Cash Aid or Foster Payment	State Disability Insurance (SDI)	Supplemental Security Income (SSI)	Other Income
					Type: _____

MONTHLY INCOME: Secondary Parent Not living in the home

Total Monthly Wage \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly Hours & Wage Hours per week _____ \$ per hour _____	Child Support	Cash Aid or Foster Payment	State Disability Insurance (SDI)	Supplemental Security Income (SSI)	Other Income
					Type: _____

ELIGIBILITY ASSESSMENT

- Are you currently receiving child care/preschool assistance for your child(ren)?** Yes No **If yes, name of Program:** _____
- Have you received Cash Aid (Welfare/TANF/AFDC) within the last 2 years?** Yes No **If yes, provide your Case Number:** _____
- Are you currently participating in CalWORKs?** Yes No

Name:	School:	School District:
Date of birth:	Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes,</i> <input type="checkbox"/> IEP <input type="checkbox"/> IFSP Please explain:	
Schedule of Care: <input type="checkbox"/> (F/T) Full time <input type="checkbox"/> (P/T) Part time <input type="checkbox"/> Variable		
Preferred Child Care Center/Preschool:		Program:
Preferred type of child care setting/arrangement: <input type="checkbox"/> Center <input type="checkbox"/> Licensed Family Home		
Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what program:</i>		Reason for re-applying:

CHILD 2

Name:	School:	School District:
Date of birth:	Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes,</i> <input type="checkbox"/> IEP <input type="checkbox"/> IFSP Please explain:	
Schedule of Care: <input type="checkbox"/> (F/T) Full time <input type="checkbox"/> (P/T) Part time <input type="checkbox"/> Variable		
Preferred Child Care Center/Preschool:		Program:
Preferred type of child care setting/arrangement: <input type="checkbox"/> Center <input type="checkbox"/> Licensed Family Home		
Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what program:</i>		Reason for re-applying:

CHILD 3

Name:	School:	School District:
Date of birth:	Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes,</i> <input type="checkbox"/> IEP <input type="checkbox"/> IFSP Please explain:	
Schedule of Care: <input type="checkbox"/> (F/T) Full time <input type="checkbox"/> (P/T) Part time <input type="checkbox"/> Variable		
Preferred Child Care Center/Preschool:		Program:
Preferred type of child care setting/arrangement: <input type="checkbox"/> Center <input type="checkbox"/> Licensed Family Home		
Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what program:</i>		Reason for re-applying:

CHILD 4

Name:	School:	School District:
Date of birth:	Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes,</i> <input type="checkbox"/> IEP <input type="checkbox"/> IFSP Please explain:	
Schedule of Care: <input type="checkbox"/> (F/T) Full time <input type="checkbox"/> (P/T) Part time <input type="checkbox"/> Variable		
Preferred Child Care Center/Preschool:		Program:
Preferred type of child care setting/arrangement: <input type="checkbox"/> Center <input type="checkbox"/> Licensed Family Home		
Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what program:</i>		Reason for re-applying:

List CHILDREN that DO NOT NEED CARE

Name:	Date of birth:	If already enrolled, program:
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APPLICATION CONSENT

By signing this application you acknowledge and grant permission for your application to be shared among participating agencies.

- I declare that the above information is complete and true to the best of my knowledge.
- I understand my eligibility is based upon information given here and that documentation will be required prior to enrollment.
- In order to remain active on the wait list, I must take immediate action to inform PACCC of any changes to my address, phone number or income.
- This application is valid for 3 months, however I understand that if I do not update this application within 3 months, my name will be removed from the list.

Signature: _____ Date: _____