

ELIGIBILITY APPLICATION

FIRST PARENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____
 Street Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Okay to call work Yes No
 Message Cell/Pager _____ Best Place to Call _____ Best Time to Call _____
 E-mail address _____ Marital Status Single Married Separated Widowed
 Date of Birth _____ Gender Male Female Single Parent Yes No
 Speak English Yes No Primary Language _____

Please Check One: <input type="checkbox"/> Chaffey College Student ID # _____ <input type="checkbox"/> Chaffey College Employee : <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Department _____ Ext. _____ <input type="checkbox"/> Community Member
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Additional Comments: _____

Are you currently receiving CalWORKs or participating in CalWORKs activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you received AFDC, TANF, or CalWORKs Cash Aid within the last 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes to the question above, what was the last date that you received aid or received one-time payment?	
CalWORKs Cash Aid received each month (Please attach Notice of Action)	
Gross Monthly Wages received by First Parent each month (Please attach pay stub)	
Child Support Total Amount received by First Parent each month (Please attach documentation)	
Spousal Support total amount received by First Parent each month (Please attach documentation)	
Unemployment received by First Parent each month (Please attach documentation)	
Social Security (Not SSI/SSP) received by First Parent each month (Please attach documentation)	
SDI (State Disability Insurance) received by First Parent each month (Please attach documentation)	
Do YOU PAY Child Support each month? (Please attach documentation)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YOU PAY Child Support, is the child you are paying for receiving subsidized child care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Source of income per month. Please specify:	

****DO NOT COMPLETE THIS SECTION IF THERE IS ONLY ONE PARENT LIVING IN THE HOME****

SECOND PARENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____
 Street Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Okay to call work Yes No
 Message Cell/Pager _____ Best Place to Call _____ Best Time to Call _____
 E-mail address _____ Marital Status Single Married Separated Widowed
 Date of Birth _____ Gender Male Female Single Parent Yes No
 Speak English Yes No Primary Language _____

Please Check One: <input type="checkbox"/> Chaffey College Student ID # _____ <input type="checkbox"/> Chaffey College Employee : <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Department _____ Ext. _____ <input type="checkbox"/> Community Member
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Additional Comments: _____

Are you currently receiving CalWORKs or participating in CalWORKs activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you received AFDC, TANF, or CalWORKs Cash Aid within the last 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes to the question above, what was the last date that you received aid or received one-time payment?	
CalWORKs Cash Aid received each month (Please attach Notice of Action)	
Gross Monthly Wages received by Second Parent each month (Please attach pay stub)	
Child Support Total Amount received by Second Parent each month (Please attach documentation)	
Spousal Support total amount received by Second Parent each month (Please attach documentation)	
Unemployment received by Second Parent each month (Please attach documentation)	
Social Security (Not SSI/SSP) received by Second Parent each month (Please attach documentation)	
SDI (State Disability Insurance) received by Second Parent each month (Please attach documentation)	
Do YOU PAY Child Support each month? (Please attach documentation)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YOU PAY Child Support, is the child you are paying for receiving subsidized child care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Source of income per month. Please specify:	

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FIRST ENROLLED CHILD INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Gender Male Female

Speak English Yes No Primary Language _____

School Name _____ Grade _____

Child Relationship to Applicant _____

Does your child have any special needs/requirements? _____

	<u>ARRIVAL</u>	<u>DEPARTURE</u>	<u>Circle meals that apply</u>
MONDAY			Breakfast 8:30-9/Lunch 11:30-12 Snack 2-2:30
TUESDAY			Breakfast 8:30-9/Lunch 11:30-12 Snack 2-2:30
WEDNESDAY			Breakfast 8:30-9/Lunch 11:30-12 Snack 2-2:30
THURSDAY			Breakfast 8:30-9/Lunch 11:30-12 Snack 2-2:30
FRIDAY			Breakfast 8:30-9/Lunch 11:30-12 Snack 2-2:30

SECOND ENROLLED CHILD INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Gender Male Female

Speak English Yes No Primary Language _____

School Name _____ Grade _____

Child Relationship to Applicant _____

Does your child have any special needs/requirements? _____

	<u>ARRIVAL</u>	<u>DEPARTURE</u>	<u>Circle meals that apply</u>
MONDAY			Breakfast 8:30-9/Lunch 11:30-12 Snack 2-2:30
TUESDAY			Breakfast 8:30-9/Lunch 11:30-12 Snack 2-2:30
WEDNESDAY			Breakfast 8:30-9/Lunch 11:30-12 Snack 2-2:30
THURSDAY			Breakfast 8:30-9/Lunch 11:30-12 Snack 2-2:30
FRIDAY			Breakfast 8:30-9/Lunch 11:30-12 Snack 2-2:30

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OTHER FAMILY MEMBERS

_____ Name	_____ Birth date	_____ Relationship
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_____ Name	_____ Birth date	_____ Relationship
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_____ Name	_____ Birth date	_____ Relationship
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_____ Name	_____ Birth date	_____ Relationship
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_____ Name	_____ Birth date	_____ Relationship
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Total household family members: _____

CONFIRMATION INFORMATION

- I declare under penalty of perjury that the above information is complete and true to the best of my knowledge.
- I understand my eligibility will be based upon information given here and that documentation will be required for enrollment.
- In order to remain active on eligibility list, I must update this application with any changes of employment, training, income, address, telephone, and family size.
- This application remains valid one (1) semester. If after one (1) semester, I do not update this application, it will be removed from the waiting list.

Signature

Date