

If you have more than three children, please use this page.

Additional Dependents Information

Child(ren): *(list all children living in the household under age 18 whether they need childcare or not)*

Total Family Size _____ *(applicant / co-applicant/ children under 18 only)*

_____ Gender M F
Last Name First Name MI Date of Birth
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Age _____ Does this child need childcare? Yes No

4. _____ Gender M F
Last Name First Name MI Date of Birth
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Age _____ Does this child need childcare? Yes No

5. _____ Gender M F
Last Name First Name MI Date of Birth
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Age _____ Does this child need childcare? Yes No

6. _____ Gender M F
Last Name First Name MI Date of Birth
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Age _____ Does this child need childcare? Yes No

7. _____ Gender M F
Last Name First Name MI Date of Birth
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Age _____ Does this child need childcare? Yes No

Please Indicate Your Need for Child Care Services: (check all that apply)

Applicant:

- Employed
Name of Employer: _____
- Self-Employed
- Seeking Employment
- Educational Program
Name of Institution: _____
- Vocational Training
- Incapacitated
- Homelessness
- Seeking Permanent Housing
- Child Protective Services
- At-Risk of abuse, neglect, or exploitation

Co-Applicant:

- Employed
Name of Employer: _____
- Self-Employed
- Seeking Employment
- Educational Program
Name of Institution: _____
- Vocational Training
- Incapacitated
- Homelessness
- Seeking Permanent Housing
- Child Protective Services
- At-Risk of abuse, neglect, or exploitation

Means-Tested Government Programs: (check all that apply)

Are you, the co-applicant, or children (under 18) in your household enrolled in any of the following programs?

- Medi-Cal
- Head Start
- Early Head Start
- CalFresh
- California Food Assistance Program
- The Federal Food Distribution Program on Indian Reservations
- California Special Supplement Nutrition Program for Women, Infants, and Children (WIC)

Family Income Information: Enter your **gross (pre-tax) monthly income** from all sources.

| Gross Monthly Income | Applicant | Co-Applicant | Other Family Income | |
|----------------------------------|------------------|---------------------|----------------------------|----|
| Employment | \$ | \$ | Cash Aid (child(ren) only) | \$ |
| Self-employment | \$ | \$ | Foster Care Grant | \$ |
| Unemployment | \$ | \$ | Guardianship Support | \$ |
| Disability | \$ | \$ | SSA (parent) | \$ |
| Child Support You Receive | \$ | \$ | SSA (child) | \$ |
| Child Support You Pay | \$ | \$ | SSI/SSP (parent) | \$ |
| Spousal Support You Receive | \$ | \$ | SSI/SSP (child) | \$ |
| Income from Other Sources | \$ | \$ | | |

Authorization and Signature:

Please read & initial the following, and sign below (incomplete/unsigned forms will be returned):

_____ I acknowledge that submitting this form does **not** guarantee that I will receive services.

_____ I understand that I will not receive childcare until I attend an enrollment appointment, complete the application, and I have been certified for services.

_____ I authorize the YMCA to obtain information from relevant agencies and/or individuals that may affect my eligibility to receive childcare services. I understand the information provided is needed to determine my eligibility for childcare.

_____ I affirm that the information I provided is correct and complete.

_____ I understand that all countable income must be disclosed and backed up by documentation (including seasonal work; inheritance; lottery winnings; rental income; worker’s compensation; survivor benefits; dividends; interest on bonds; income from estates or trusts; pensions or annuities; allowance for housing or automobiles provided as part of compensation; grants or scholarships not identified for educational purposes such as tuition, books, or supplies; insurance or court settlements for lost wages or punitive damages; net proceeds from the sale of real property, stocks, or inherited property; other enterprise for gain.

Signature & date required.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Please indicate your family’s primary language: English Spanish Other: _____

| |
|---|
| Office Use Only: Priority: _____ Rank: _____ <input type="checkbox"/> Letter sent _____ <input type="checkbox"/> Document Request sent _____ |
| _____ |
| _____ |