

# Yolo County YMCA Early Learning Program Interest Form

#### **Parent/Guardian:** Please print clearly and provide ALL requested information

Applicant			foster pa		se, domestic partner, biolo elative, legal guardian that n).		h
Last Name	First Name		MI Last Nai	me	First Name		
Phone Number		Date of Birth	Phone N	lumber		Date of Birth	
E-Mail Address			E-Mail <i>E</i>	.ddress			
Home Address			City			Zip Code	
Mailing Address (If diff	erent than home)		City			Zip Code	
	Last Name applicant: □ Nato	ural 🗆 Adopti		MI □ Foster	Date of Birth ☐ Guardianship	Gender □ M □ Grandchild	□F
2						Gender □ M	□F
Relationshin to	<b>Last Name</b> applicant: □ Nati		irst Name	MI □ Foster	Date of Birth  ☐ Guardianshin	□ Grandchild	
•	es this child need	•	·	L roster	- Gauraian ship	Li Grandenna	
3						Gender □ M	□F
	Last Name	Fi	irst Name	MI	Date of Birth		
Relationship to	applicant: 🗆 Nati	ural 🗆 Adopti	ve/Stepchild	☐ Foster	☐ Guardianship	☐ Grandchild	
Age Doe	es this child need o	childcare? □Y	es 🗆 No				

## **Additional Dependents Information**

			G	Gender □ M □	F
Last Name	First Name	MI	Date of Birth	Jender 🗀 IVI 🗀 I	'
Relationship to applicant:   Natural	☐ Adoptive/Stepchild	☐ Foster	☐ Guardianship	☐ Grandchild	
Age Does this child need childo	are? □Yes □ No				
4.				Gender □ M	П
Last Name	First Name	MI	Date of Birth	. Gender 🗀 Wi	
Relationship to applicant: 🗆 Natural	☐ Adoptive/Stepchild	☐ Foster	☐ Guardianship	☐ Grandchild	
Age Does this child need childc	are? □Yes □ No				
_					
5 Last Name	First Name		Date of Birth	Gender □ M	Ш
Relationship to applicant:   Natural	☐ Adoptive/Stepchild	☐ Foster	☐ Guardianship	☐ Grandchild	
Age Does this child need childc	are? □Yes □ No				
6.				Gender □ M	П
Last Name	First Name	MI	Date of Birth	. Gender 🗀 W	_
	□ Adontive/Stanchild	☐ Foster	☐ Guardianship	☐ Grandchild	
Relationship to applicant: 🛮 Natural	□ Adoptive/Stepcilla				
Relationship to applicant: □ Natural Age Does this child need childc					
				Gender □ M	

#### Please Indicate Your Need for Child Care Services: (check all that apply) Co-Applicant: Applicant: ☐ Employed ☐ Employed Name of Employer: Name of Employer: ☐ Self-Employed ☐ Self-Employed ☐ Seeking Employment ☐ Seeking Employment ☐ Educational Program ☐ Educational Program Name of Institution: Name of Institution: ☐ Vocational Training ☐ Vocational Training ☐ Incapacitated ☐ Incapacitated ☐ Homelessness ☐ Homelessness ☐ Seeking Permanent Housing ☐ Seeking Permanent Housing ☐ Child Protective Services ☐ Child Protective Services ☐ At-Risk of abuse, neglect, or exploitation ☐ 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)

<u>Family Income Information</u>: Enter your gross (pre-tax) monthly income from all sources.

Gross Monthly Income	Applicant	Co-Applicant
Employment	\$	\$
Self-employment	\$	\$
Unemployment	\$	\$
Disability	\$	\$
Child Support You <b>Receive</b>	\$	\$
Child Support You <b>Pay</b>	\$	\$
Spousal Support You Receive	\$	\$
Income from Other Sources	\$	\$

Other Family Income	
Cash Aid (child(ren) only)	\$
Foster Care Grant	\$
Guardianship Support	\$
SSA (parent)	\$
SSA (child)	\$
SSI/SSP (parent)	\$
SSI/SSP (child)	\$

### **Authorization and Signature:**

Please <u>read &amp; initial</u> the following, and sign below (incomplete/unsigne	d forms will be returned):
I acknowledge that submitting this form does <b>not</b> guarantee that I understand that I will not receive childcare until I attend an encomplete the application, and I have been certified for services. I authorize the YMCA to obtain information from relevant agend affect my eligibility to receive childcare services. I understand the 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 be (including seasonal work; inheritance; lottery winnings; rental in survivor benefits; dividends; interest on bonds; income from estannuities; allowance for housing or automobiles provided as passcholarships not identified for educational purposes such as tuit insurance or court settlements for lost wages or punitive damage of real property, stocks, or inherited property; other enterprise.  Signature & date required.	rollment appointment, cies and/or individuals that may he information provided is acked up by documentation ncome; worker's compensation; tates or trusts; pensions or rt of compensation; grants or tion, books, or supplies; ges; net proceeds from the sale
Applicant Signature:	Date:
Co-Applicant Signature:	Date:
Please indicate your family's primary language: ☐ English ☐ Spanish	☐ Other:
Office Use Only: Priority: Rank: 🗆 Letter sent 🗆 🗅	ocument Request sent