

PRIMARY PARENT Type of Slot Needed: _____

First Name: _____ Last Name: _____

Application Date:

Month	Day	Year
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Address Line 1: _____ Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Gender: _____ Female _____ Male Parent Date of Birth: _____

Marital Status: _____ Single _____ Married

Language: _____ Social Security #:

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Home Phone:

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 Cell Phone:

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EMPLOYMENT / TRAINING DETAILS

Type: _____ Employment _____ Education or Training _____ Incapacity _____

Employer Name: _____

INCOME TYPE:

_____ Child Support	_____ Child Support Paid	_____ Employment
_____ Federal Benefits	_____ Food Stamps	_____ Housing
_____ Other	_____ Self Employed	_____ SSI
_____ TANF-TAFDC	Monthly Income: _____	

Child Details: Is child currently enrolled in a program? _____

Name of Program: _____

If yes, what type of slot? _____

Family Type: _____ Standard _____ Foster _____ Guardian _____

First Name: _____ Last Name: _____

Date of Birth:

Month	Day	Year
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 Gender: _____ Female _____ Male

Social Security #:

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 Grade: _____ Language: _____

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 Grade: _____ Language: _____