

Child 3 that you want to enroll in Palcare

Last Name, First Name:	Birth Date:
Is this child currently enrolled in California State Funding Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Race:	Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. NEED ELIGIBILITY

Applicants will be required to provide verification of employment and work schedule and copies of paycheck stubs. Independent Contractors or Casual Labor will also require independent documentation that verifies income and need.

Parent A, check all that apply:		Parent B, check all that apply:	
<input type="checkbox"/>	Employed	<input type="checkbox"/>	Employed
<input type="checkbox"/>	Seeking employment	<input type="checkbox"/>	Seeking employment
<input type="checkbox"/>	Participating in Vocational Training	<input type="checkbox"/>	Participating in Vocational Training
<input type="checkbox"/>	Incapacitated, unable to care for children	<input type="checkbox"/>	Incapacitated, unable to care for children
<input type="checkbox"/>	Seeking permanent housing	<input type="checkbox"/>	Seeking permanent housing
<input type="checkbox"/>	CPS and/or At Risk	<input type="checkbox"/>	CPS and/or At Risk

3. INCOME ELIGIBILITY

Estimated monthly income of Family: \$ _____

Four consecutive paycheck stubs or verification of one month's income will be required upon enrollment offer.

Other Sources of Countable Income	Please write amount
Child Support	
Spousal Support / Alimony	
Student Loans / Grants / Scholarships	
Public Assistance / Cash Awards	
Other (specify)	

Signature of Applicant(s):

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Parent A _____ Date _____

Parent B _____ Date _____

For office use only:

Rank # _____ Family size _____