C.S.P.P. STATE FUNDED APPLICANT INFORMATION **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Time: \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **How did you hear from us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Child Information**

Last Name: First Name:

Birth Date: Age: Primary Language: \_\_\_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Size? \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Caregiver Information**

Last Name: First Name:

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_ Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Income: \_\_\_\_\_\_\_\_\_\_ Source of Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License (Need Copy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Immunizations (Need Copy of MMR & DTAP) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CalWorks/ TANF in past 24 mo.? Yes/ No Receiving WIC? Yes/ No Food Stamps? Yes/ No Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Caregiver Information**

Last Name: First Name:

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_ Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Income: \_\_\_\_\_\_\_\_\_\_ Source of Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Driver’s License (Need Copy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Immunizations (Need Copy of MMR & DTAP) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CalWorks/ TANF in past 24 mo.? Yes/ No Receiving WIC? Yes/ No Food Stamps? Yes/ No Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_