

INCOME INFORMATION: Foster Parents only need to report foster care income.

Monthly Family Income	Parent or Guardian A	Parent or Guardian B
Wages or Salary (GROSS AMOUNT <i>before taxes are deducted</i>)		
Cash Aid (TANF/Welfare)		
Child Support / Alimony that you receive		
Court-Ordered Child Support that you pay	()	()
SSI / SSP Income		
Foster Care payments		
Other – please specify (financial aid, pensions, unemployment, disability, or anything that's not listed above): _____		
TOTAL <u>BEFORE TAX</u> INCOME:	\$	\$

NEED FOR CHILD CARE: Check all that apply

- Parent A:** Working Seeking Work Medical Incapacitation (attach documentation)
 Student CPS Referral Homeless
- Parent B:** Working Seeking Work Medical Incapacitation (attach documentation)
 Student CPS Referral Homeless

EMPLOYMENT / SCHOOL / TRAINING INFORMATION:

Parent A: EMPLOYER Information:

Employer: _____
 City: _____
 ZIP Code: _____
 Hours worked per week: _____

SCHOOL Information: Full Time ___ Part Time ___

School: _____
 City: _____
 ZIP Code: _____
 Under Grad Graduate Year: 1 2 3 (circle one)

Parent B: EMPLOYER Information:

Employer: _____
 City: _____
 ZIP Code: _____
 Hours worked per week: _____

SCHOOL Information: Full Time ___ Part Time ___

School: _____
 City: _____
 ZIP Code: _____
 Under Grad Graduate Year: 1 2 3 (circle one)

The program is operated on a nondiscriminatory basis according equal treatment and access to services without regard to race, gender, color, religion, national origin or physical handicap.

PARENT/GUARDIAN

Signature

Relationship to Child

Date

Phone (530) 757-5695 • Toll Free (800) 723-3001 • www.cityofdavis.org/cs/childcare