

Child's Legal Name: _____ **Date of Birth** _____ **Gender:** M F

_____ **First** _____ **Middle** _____ **Last** _____ **Month / Day / Year**

What race(s) do you identify your child as? (Check all that apply)

Asian

Black/African-American

Caucasian

Native American

Pacific Islander

Prefer not to answer

Other _____

What ethnicity do you identify your child as?

Hispanic or Latino origin

Non-Hispanic or Non-Latino origin

Prefer not to answer

- Does your child have any Food, Non-Food Allergies or Medical Conditions? Yes No If yes, please describe. _____
- **Does your child receive services for a special need?** Yes No
- Consent to contact GGRC/Early Intervention/School District Yes No
- Is your child related to any employee in CFS programs? Yes No If yes, please provide name & site _____

Primary Adult Name _____ **Are you under 19 yrs. of age?** Yes No

Date of Birth ____/____/____ **Primary language** _____

Month Day Year

Race/Ethnicity _____ **Relationship to child** _____

Physical Address _____

City _____ **Zip Code** _____

Primary Phone (____) _____ - _____ **Message** (____) _____ - _____

Other Phone (____) _____ - _____ **E-mail:** _____

Are there any current restraining/custody orders in place? Yes No
If yes, please provide copy.

***Primary Adult- Employment Status**

Type of employment: _____

non-essential essential

Employed FT / PT Stay at home parent

Seeking work Unemployed

In School/Job training Retired/Incapacitated

Income Source	Amount \$	How Often?
Wages (before taxes)		
Cash Aid/ TANF/SSI		
Child Support/Alimony		
Unemployment		
Other...		

Proof of income will be requested for eligibility.

Secondary Adult Name _____ **Are you under 19 yrs. of age.** Yes No

Date of Birth ____/____/____ **Primary language** _____

Month Day Year

Race/Ethnicity _____ **Relationship to child** _____

Lives in home: Yes No (if no, print address below)

Physical Address _____

City _____ **Zip Code** _____

Primary Phone (____) _____ - _____ **Message** (____) _____ - _____

Other Phone (____) _____ - _____ **E-mail:** _____

Secondary Adult- Employment Status

Type of employment: _____

non-essential essential

Employed FT / PT Stay at home parent

Seeking work Unemployed

In School/Job training Retired/Incapacitated

Income Source	Amount \$	How Often?
Wages (before taxes)		
Cash Aid/ TANF/SSI		
Child Support/Alimony		
Unemployment		
Other...		

Proof of income will be requested for eligibility.

Parent Status:

Two parent home

Single parent home full custody Shared custody

Grandparent full custody Temporary custody

Foster Parent

Other _____

Current Housing:

Shared Housing (renting a room in an apt/house)

Transitional Housing/Emergency Shelters/ weekly rating housing

Rent (single family renting apt/house)

Own

Other _____

Family:

Total family size _____

Total household _____



Children and Family Services

Application | Infant Toddler, Preschool, & School Aged Programs

555 Northgate Drive, Suite 201, San Rafael, CA 94903
 (415) 526-7583 / Fax (415) 464-6604
enrollment@camarin.org

Type of care needed: <input type="checkbox"/> Infant/Toddler 0-3 <input type="checkbox"/> Pre-school 3-5 <input type="checkbox"/> School Aged 5-12	How did you hear about our program: <input type="checkbox"/> family/friend <input type="checkbox"/> other _____ <input type="checkbox"/> local agency referral <input type="checkbox"/> community Event	Do we have authorization to access the applicant's immunization record through CAIR? (California Immunization Registry) <input type="checkbox"/> Yes <input type="checkbox"/> No	In what way has COVID impacted you? <input type="checkbox"/> economic/income <input type="checkbox"/> emotional <input type="checkbox"/> other _____ <input type="checkbox"/> loss of childcare
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List of applicant's siblings:

Name	D.O.B.	Sex		does this child need care?	
		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> yes	<input type="checkbox"/> no
		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> yes	<input type="checkbox"/> no
		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> yes	<input type="checkbox"/> no
		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> yes	<input type="checkbox"/> no

To best assess the needs of each family applying for Infant/Toddler and Preschool Programs, please answer the following yes/no questions. If yes, please specify on the line provided.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is this your first child?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a lack of Family/Social support network?
<input type="checkbox"/>	<input type="checkbox"/>	Does either parent have a permanent disability? <input type="checkbox"/> Physical <input type="checkbox"/> Developmental
<input type="checkbox"/>	<input type="checkbox"/>	Are there any Mental Health needs or concerns for a family member living in the home? (ex: depression/postpartum) _____
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your family display reckless behaviors? (ex. Doing risky or hurtful things to themselves or others) _____
<input type="checkbox"/>	<input type="checkbox"/>	Has there been a loss of job for either parent within the last 12 months? _____
<input type="checkbox"/>	<input type="checkbox"/>	Has either parent been incarcerated, on probation, or on parole within last 12 months? _____
<input type="checkbox"/>	<input type="checkbox"/>	Has there been a loss of a parent/family member within the last 12 months? _____ <i>(ex; divorce, separation, abandonment, deportation, or death)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Is there substance abuse in the home? (Parent/Partner/Household) _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you experienced domestic violence? When: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you received or initiated a call to County of Marin Children & Family Services? If so, name & number of contact _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently have an open case with County of Marin Children & Family Services? /Contact person & number _____

Is there any additional information you would like Children and Family Services to know about your family?

Community Action Marin provides many different services and can refer your family to local community programs. If you would like information on any of the following categories listed, please check all that apply.

Family and Adult Services

- Energy Assistance (helps families in crisis with financial utilities support)
- Emergency Family Needs (one-time financial assistance for basic needs)
- Financial Career & Credit Coaching (one-on-one coaching)
- Mental Health (supports individuals & families with mental health needs)
- Care Outreach Teams (work with the homeless population to transition clients to mental health services and housing)

Does CAM/Children & Family Services have authorization to share your contact information with other programs /resources of Community Action Marin that may have opportunities for your child and/or family?
 Yes No Initial _____

All the above information must be filled in and complete or your application will not be processed.

Certification: I certify that this information is true. If any part is false, my participation in this agency's program may be terminated. I also understand that the information in this application will be held in strict confidence. The acceptance of this application does NOT guarantee services or placement. Further, I authorize CFS to share information (this application, immunization and physical reports with Children and Family Services Infant/Toddler & Preschool partners to support enrollment into Federal and State funded programs.)

Parent/Guardian Signature: _____ Date: ____/____/____