

ChildPlus Family ID # _____

Family Information

Shaded boxes will be completed by agency staff.



Primary Adult Name _____ SSN _____ Birthday _____

Address										
Living Address										
Living Address Line 2										
City					State		Zip		County	
Mailing Address (if different)										
Mailing Address Line 2										
City					State		Zip			
Phone Numbers										
Type	✓ if Primary	Phone Number					Note			
		()								
		()								
		()								
		()								
		()								
Phone Type Codes: H-Home W-Work C-Cell M-Message P-Pager/Beeper										
General										
Primary Site					Parental Status:		Primary Language At Home			
					One Two					
Number in Family _____			Number of Children _____ By age: 0-3 _____ 4-5 _____				Number in Household _____			
Income Support										
CACFP Status: Free Reduced None				CACFP Date			CACFP Income			
TANF Status: Yes No		SSI: Yes No		WIC: Yes No		WIC Code				
Family Income										
Family Member	Date	Source	Amount	Per	Annual Amount	Type	Desc	Verifi- cation		
Type Codes		Description Codes			Verification Codes					
ERN–Earned		PEN–Pension		SSI–SSI	CS–Check Stub		W2–W-2			
SUB–Subsidized		SS–Social Security			EL–Employer Letter		TAN–TANF			
Income Notes										

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Verifying Staff Member _____ Date _____