Applicant											
General Informa	ation										
Applica	nt Type	e First Name Required									
	Child Adult										
Nickr	name	Birthday Required		nder		Alternate ID					
					Male						
		DID			Female		DID.				
D Asian D An	and an Indian/Alaska N	Race PIR		Disabas Africa			Hispanic/Latino PIR				
	nerican Indian/Alaska N ative Hawaiian/Pacific Is	<del>-</del>			an American		□ Yes □ No				
			ou _				□ INO				
Family's Addres	<u> </u>	A 4 19 11 11		6 11 1			0''				
Living Address		Mailing address th		as family's	Zip		City				
			Yes No								
State	County	Individual's Address		Homeless	Family Address No	otes:					
	,	☐ Yes		☐ Yes	,						
		□ No		□ No							
Languages											
Primary L	anguage	Other Language				Other Language					
English P	roficiency	Other Language Proficie	Other Language Proficiency								
☐ Lif	ttle		☐ Little								
	oderate			☐ Moderate							
_	one roficient		<ul><li>□ None</li><li>□ Proficient</li></ul>								
Additional Infor			- Premoient								
All release			Child will transition to								
	Yes				-						
	No										
Emergency Con	tact (Individual)										
Na	me			ip to applicant			Contact Type				
		☐ Foster Parents		Relative other than	grandparents		Emergency Contact				
		<ul><li>☐ Grandparents</li><li>☐ Parents</li></ul>		Other:			Release To Do Not Release To				
Add	ress	Zip		City			State				
		,		- ,							
Pho	ne 1	Phone 1 Type	Phone	1 Notes:							
1110		Thone Trype	THORIC	1 140103.							
Dha		Dhara O Tirra	Dhana	O Nietaa							
Phone 2 Phone 2 Type Phone 2 Notes:											
Agency-Specific	Information										

Applicant								
General Informa	ation							
Applica	int Type			Last Name Required				
	Child Adult							
Nickr	name	Birthday Required		Ge	nder		Alternate ID	
					Male Female			
		Race <sup>PIR</sup>					Hispanic/Latino PIR	
☐ Asian ☐ An	merican Indian/Alaska N		acial [	Black or Afric	an American		☐ Yes	
☐ White ☐ Na	ative Hawaiian/Pacific Is	slander 🗆 Unspec	ified [	Other:			□ No	
Family's Addres								
Living Address		Mailing address th	ne same	as family's	Zip		City	
			Yes					
			No					
State	County	Individual's Address		Homeless	Family Address No	otes:		
		□ Yes □ No		□ Yes □ No				
Languages								
Primary L	_anguage	Other Language				Other Language		
English D		Other Lenguage Drofinia				Othe	n I an muana Duafiaian au	
English P □ Lit	ttle	Other Language Proficie	Other Language Proficiency  Little					
_	oderate		☐ Moderate					
_	one		□ None					
	roficient		☐ Proficient					
Additional Infor			0.71.77.4					
All releas			Child will transition to					
	Yes No							
Emergency Con								
Na		R	elationsh	ip to applicant			Contact Type	
		☐ Foster Parents		Relative other than	grandparents		Emergency Contact	
		☐ Grandparents		Other:			Release To	
A -1 -1		□ Parents		C:t-			Do Not Release To	
Add	ress	Zip		City			State	
Pho	ne 1	Phone 1 Type	Phone	1 Notes:				
Pho	ne 2	Phone 2 Type	Phone	2 Notes:				
Agency-Specific	Information							

Parents/Guardians											
General Information											
Adult Status PIR	Fi	irst Nam	ne Requ	uired		Last Name Required					
<ul><li>□ Primary Adult</li><li>□ Secondary Adult</li></ul>											
Birthday Required	Relati	Custody of applicant 1									
						☐ Yes ☐ No					
Relationship to applicant 2	Custody of applicant 2	2		Ge	nder	Alternate ID					
	□ Yes □ No			_	Male Female						
	Race PIR					Hispanic/Latino PIR					
☐ Asian ☐ American Indian/Alaska Nativ ☐ White ☐ Native Hawaiian/Pacific Islan	<del></del>		Blac Othe		n American	□ Yes					
Family's Address											
Edit family living address or family mailing address											
Languages											
Primary Language	C	Other La	angua	ge		Other Language					
English Proficiency	Other I		Other Language Proficiency								
☐ Little			ttle oderat		☐ Little						
☐ Moderate ☐ None		☐ Moderate ☐ None									
□ None □ Proficient		□ None □ Proficient									
Phone Numbers			oficier								
Phone Type	Phone number with extension	Pri	imary (	opt-in for kts		Email Address					
				Yes No							
Agency-Specific Information											
Employment											
Employment status at enrollme					sent employment	status <sup>PIR</sup>					
☐ Full time and training ☐ Full					and training	Full time					
<ul> <li>□ Seasonally employed</li> <li>□ Part time</li> <li>□ Part-time and training</li> <li>□ Retired or disabled</li> <li>□ Part-time and training</li> <li>□ Retired or disabled</li> </ul>											
	red or disabled mployed				and training ☐ r in school ☐	Retired or disabled Unemployed					
Education and Training	p.oyou			. raining 0	5511551						
Highest grade completed PIR	College degree/Tre	ining co	rtificat	tion $\Box$	Associate's dear	00					
☐ Grade 9 or less ☐ Grade 10	<ul><li>☐ College degree/Tra</li><li>☐ College or advance</li></ul>	_		tion 🗌	Associate's degre						
☐ Grade 11	☐ High school gradua		. 9		Master's degree	-					
☐ Grade 12	☐ General education		1								

Parents/Guardians												
General Information												
Adult Status PIR	Fi	irst Nam	ne Required			Last Name Required						
<ul><li>□ Primary Adult</li><li>□ Secondary Adult</li></ul>												
Birthday Required	Relati	Custody of applicant 1										
,						☐ Yes ☐ No						
Relationship to applicant 2	Custody of applicant	2		Ge	nder	Alternate ID						
	□ Yes □ No			_	Male Female							
	Race PIR					Hispanic/Latino <sup>PIR</sup>						
□ Asian     □ American Indian/Alaska Native     □ Multi-Racial     □ Black or African American     □ Yes       □ White     □ Native Hawaiian/Pacific Islander     □ Unspecified     □ Other:     □ No												
Family's Address												
Edit family living address or family mailing address												
Languages												
Primary Language	(	Other La	anguage			Other Language						
English Proficiency	Other I		Other Language Proficiency									
☐ Little		_	ttle oderate			☐ Little						
☐ Moderate ☐ None			☐ Moderate ☐ None									
□ Proficient		□ None □ Proficient										
Phone Numbers						_						
Phone Type	Phone number with extension	Pri	mary opt- texts	in for	ı	Email Address						
			☐ Ye									
Agency-Specific Information												
Employment												
Employment status at enrollme					sent employment							
☐ Full time and training ☐ Full					and training	Full time						
<ul> <li>□ Seasonally employed</li> <li>□ Part time</li> <li>□ Part-time and training</li> <li>□ Retired or disabled</li> <li>□ Part-time and training</li> <li>□ Retired or disabled</li> </ul>												
	mployed				and training ☐ r in school ☐	Retired or disabled Unemployed						
Education and Training	1 7			9								
Highest grade completed PIR												
☐ Grade 9 or less	☐ College degree/Tra	inina ce	ertification		Associate's degre	De						
☐ Grade 10	☐ College or advance	_			Bachelor's degre							
☐ Grade 11	☐ High school gradua				Master's degree							
☐ Grade 12	☐ General education	diploma	l									

Other Family Members			
General Information			
Adult or Child Required and PIR		First Name <sup>Required</sup>	Last Name Required
☐ Adult			
☐ Child			
Birthday <sup>Required</sup>	ler		
		□ Ma	ale
		□ Fe	male
	Race PIR		Hispanic/Latino <sup>PIR</sup>
☐ Asian ☐ American Indian/Alaska	Native   Multi-Rad	cial   Black or African American	□ Yes
☐ White ☐ Native Hawaiian/Pacific	Islander   Unspecifi	ied  Other:	No
How is this person related to the	Parents/Guardians?		
	Relationship		Supported by
$\square$ Blood, marriage or adoption $\square$	Friend   Other	r:	□ Yes
☐ Boyfriend/girlfriend ☐	Not related		□ No

Additional I	nform	atio	n for	App	plica	ant	S									
Add Participat	ion Rec	ord f	or:													
Program Te	erm Required						Α	gency	Required	ed					Initial Status <sup>F</sup>	Required
Status Beg	gin <sup>Required</sup>															
Location Preferences																
Priority				Si	te					Cla	assroom				Funding	
Priority				Si	te					Cla	assroom				Funding	
Enrollment Info	rmation															
Enrollment																
Eligibility				ı			DID	1				ı			T	
Application Date	Applica	tion S	tatus	Parti	icipatic	n Yea	ar <sup>PIR</sup>	(	CACFP	Stat	us	_	le to Pai	-	Intervi	ew Type
													Yes [	] No		
Income Status	Eligib	ility Da	ate	Nι	ımber	in fam	nily	E	ligibility	Inco	me	Docui	mentatio	n Used		entation of ncome
				THE WISSI												
Selection Criteria																
Parental Status Diagnosed D						d Disab	oility					Risk	Factors			
Pregna	ant Mother						Retu	rning	rning					Adju	stment	
☐ Ye:	s 🗆 No	1														
Health																
Health Informa																
		Docto	r					Dentist								
PIR Health Cov	erage Primary he	alth a	01/05000	ot oprol	lmont	PIR					Mo	dicaid El	liaibility		Madiania	l Number
☐ Private insura			nbined M					CHIP				Not eligil			Medical	Number
☐ No insurance		Oth		ieuicaiu				Medic	aid			On Medi	caid			
		Dan	tal Cave									Potential			la suma na	- Niverskan
☐ Private insura	nce 🗆		tal Cover	-	1			CHIP			Denta	l coveraç	ge numb	eı	insuranc	e Number
□ No insurance		Oth		□ Medicaid □ Medicaid												
Immunizations																
Family Services																
Homeless Family PIR Referred by welfare agency PIR Military service – Active duty at enrollment									ollment PIR							
□ Yes		VF <sup>PIR</sup>			SSI	PIR	Yes		No WIC	PIR			SNAP P	☐ Yes		CID
At Enrollment	☐ Yes				Yes		No		Yes		No		Yes [		VV	טוט
At end of	☐ Yes				Yes		No				No		Yes [		1	
enrollment	1						-			)	-				1	

Additional I	nform	atio	n for	App	plica	ant	S									
Add Participat	ion Rec	ord f	or:													
Program Te	erm Required						Α	gency	Required	ed					Initial Status <sup>F</sup>	Required
Status Beg	gin <sup>Required</sup>															
Location Preferences																
Priority				Si	te					Cla	assroom				Funding	
Priority				Si	te					Cla	assroom				Funding	
Enrollment Info	rmation															
Enrollment																
Eligibility				ı			DID	1				ı			T	
Application Date	Applica	tion S	tatus	Parti	icipatic	n Yea	ar <sup>PIR</sup>	(	CACFP	Stat	us	_	le to Pai	-	Intervi	ew Type
													Yes [	] No		
Income Status	Eligib	ility Da	ate	Nι	ımber	in fam	nily	E	ligibility	Inco	me	Docui	mentatio	n Used		entation of ncome
				THE WISSI												
Selection Criteria																
Parental Status Diagnosed D						d Disab	oility					Risk	Factors			
Pregna	ant Mother						Retu	rning	rning					Adju	stment	
☐ Ye:	s 🗆 No	1														
Health																
Health Informa																
		Docto	r					Dentist								
PIR Health Cov	erage Primary he	alth a	01/05000	ot oprol	lmont	PIR					Mo	dicaid El	liaibility		Madiania	l Number
☐ Private insura			nbined M					CHIP				Not eligil			Medical	Number
☐ No insurance		Oth		ieuicaiu				Medic	aid			On Medi	caid			
		Dan	tal Cave									Potential			la suma na	- Niverskan
☐ Private insura	nce 🗆		tal Cover	-	1			CHIP			Denta	l coveraç	ge numb	eı	insuranc	e Number
□ No insurance		Oth		□ Medicaid □ Medicaid												
Immunizations																
Family Services																
Homeless Family PIR Referred by welfare agency PIR Military service – Active duty at enrollment									ollment PIR							
□ Yes		VF <sup>PIR</sup>			SSI	PIR	Yes		No WIC	PIR			SNAP P	☐ Yes		CID
At Enrollment	☐ Yes				Yes		No		Yes		No		Yes [		VV	טוט
At end of	☐ Yes				Yes		No				No		Yes [		1	
enrollment	1						-			)	-				1	

Family Information											
Family Composition											
Number in family Parental Status PIR Number in household											
	•	parent family									
☐ Two parent family											
Relationship to participant(s) PIR											
☐ Foster Parents ☐ Grandparents ☐ Parents ☐ Relative other than grandparents ☐ Other:											
Family Income											
Verification By Verification Date TANF St	atus <sup>PIR</sup>	SSI PIR		SNAP PIR	WIC PIR						
		□ Yes		□ Yes	☐ Yes						
Income Source		□ No		□ No	☐ No						
Family Member Amo	ount	Pe	r	Verification	Notes:						
, , , , , , , , , , , , , , , , , , , ,				70,,,,,,	1101001						
Languages											
Primary language at home PIR		If primary language is English, is the applicant learning a language in addition to English?									
				□ Y€	es						
Family Address		l			0						
Edit family living address or family mailing address											
Emergency Contacts (Family)											
Name R	elationship to t	family		Conta	ct type						
				•	ency contact						
				☐ Releas							
DI ALT				_	release to						
Phone Number 1 Phone 1 Ty	/pe			Phone 1 Notes:							
Phone Number 2 Phone 2 Ty	ре			Phone 2 Notes:							
Address		Zip		City	State						