City of Norwalk
Child Development Program
11929 Alondra Blvd.
Norwalk, CA 90650

ELIGIBILITY QUESTIONNAIRE

PARENT/GUARDIAN # 1 INFORMATION (Must provide information on all adults in the household)

Last name:	First name:	Primary language:
Street address:	City:	Zip Code:
Home phone:	Work phone:	Cell phone:

Are you currently receiving cash aid? ☐ Yes ☐ No If **NO**, have you received cash aid within the last two years? ☐ Yes ☐ No
If **YES** last date of cash aid payment:_____/_____/_____ Case # _____ Children Only ☐ Yes ☐ No

REASON FOR NEEDING CHILD CARE (Check all that apply)

☐ Working (Employer's Name/Zip Code:) _____ ☐ Looking for Work
☐ Attending School or Job Training (Name of School/Zip Code:)_____ ☐ Homeless/Seeking housing
☐ Medically Incapacitated/Disabled ☐ Part-day preschool experience for child ONLY ☐ Migrant Worker

INCOME (Write total dollars, before taxes and deductions, for each source of income)

MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE
$	Wages/salaries or income from self-employment	$	Spousal Support	$	Food Stamps
$	Social Security Benefits	$	State Disability	$	Unemployment benefits
$	Worker's Compensation	$	Child Support	$	Pensions/Annuities
$	State Supplemental income	$	Adoption Subsidies	$	Cash Aid (children only)
$	Other:	$	If you pay out child support, how much is it per month?		

PARENT/GUARDIAN # 2 INFORMATION

Last name:	First name:	Primary language:
Home phone:	Work phone:	Cell phone:

Are you currently receiving cash aid? ☐ Yes ☐ No If NO, have you received cash aid within the last two years? ☐ Yes ☐ No
If YES last date of cash aid payment: _____/_____/_____

REASON FOR NEEDING CHILD CARE (Check all that apply)

☐ Working (Employer's Name/Zip Code:) _____ ☐ Looking for Work
☐ Attending School or Job Training (Name of School/Zip Code:)_____ ☐ Homeless/Seeking housing
☐ Medically Incapacitated/Disabled ☐ Part-day preschool experience for child ONLY ☐ Migrant Worker

INCOME (Write total dollars, before taxes and deductions, for each source of income)

MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE
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$	Social Security Benefits	$	State Disability	$	Unemployment benefits
$	Worker's Compensation	$	Child Support	$	Pensions/Annuities
$	State Supplemental income	$	Adoption Subsidies	$	Cash Aid (children only)
$	Other:	$	If you pay out child support, how much is it per month?		

Revised: July 2017

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ELIGIBILITY QUESTIONNAIRE

CHILDREN LIVING AT HOME (All children in the household under 18 or under age 22 if disabled)

#1. First Name	Last Name		#2. First Name	Last Name	
Birth date:	Gender: M F	Preferred Zip codes for care:	Birth date:	Gender: M F	Preferred Zip codes for care:
Care Needed: (*Check all schedules that apply*) ☐ Full time ☐ Part time ☐ Evenings ☐ Weekends ☐ NONE			Care Needed: (*Check all schedules that apply*) ☐ Full time ☐ Part time ☐ Evenings ☐ Weekends ☐ NONE		
Child School Name / Grade:	District:		Child School Name / Grade:	District:	

IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE

Foster Care Payments	Social Worker's Name	Contact Number	Case Number	Foster Care Payments	Social Worker's Name	Contact Number	Case Number
$				$			
At Risk of Abuse, Neglect or Exploitation? (Must have a referral) ☐ Yes ☐ No Referred by: _____		List related siblings in the same household:		At Risk of Abuse, Neglect or Exploitation? (Must have a referral) ☐ Yes ☐ No Referred by: _____		List related siblings in the same household:	
"Parents" Relationship To This Child: ☐ Biological ☐ Foster ☐ Guardian ☐ Adoptive ☐ Other:				"Parents" Relationship To This Child: ☐ Biological ☐ Foster ☐ Guardian ☐ Adoptive ☐ Other:			

#3. First Name	Last Name		#4. First Name	Last Name	
Birth date:	Gender: M F	Preferred Zip codes for care:	Birth date:	Gender: M F	Preferred Zip codes for care:
Care Needed: (*Check all schedules that apply*) ☐ Full time ☐ Part time ☐ Evenings ☐ Weekends ☐ NONE			Care Needed: (*Check all schedules that apply*) ☐ Full time ☐ Part time ☐ Evenings ☐ Weekends ☐ NONE		
Child School Name / Grade:	District:		Child School Name / Grade:	District:	

IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE

Foster Care Payments	Social Worker's Name	Contact Number	Case Number	Foster Care Payments	Social Worker's Name	Contact Number	Case Number
$				$			
At Risk of Abuse, Neglect or Exploitation? (Must have a referral) ☐ Yes ☐ No Referred by: _____		List related siblings in the same household:		At Risk of Abuse, Neglect or Exploitation? (Must have a referral) ☐ Yes ☐ No Referred by: _____		List related siblings in the same household:	
"Parents" Relationship To This Child: ☐ Biological ☐ Foster ☐ Guardian ☐ Adoptive ☐ Other:				"Parents" Relationship To This Child: ☐ Biological ☐ Foster ☐ Guardian ☐ Adoptive ☐ Other:			

CHILDREN WITH SPECIAL NEEDS, DISABILITIES OR MEDICAL CONDITIONS

Check all that apply for each child listed above	CHILD # 1	CHILD # 2	CHILD # 3	CHILD # 4
Child has Individual Family Services Plan (IFSP) (age 0-3)				
Child has an Individual Education Plan (IEP) ages 3 and older				
Receives Early Start/Regional Center services				
Receives services from local school district (special education)				
Developmental delays (cognitive, autism, Down syndrome, etc.)				
Developmental delays (physical motor)				
Social/Emotional delays or behavior				
Physical disability (cerebral palsy, spinal bifida, orthopedic limitations, etc.)				
Health/medical (asthma, diabetes, other_____)				
Speech/language/communication				
Hearing/vision				

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