



## KINSHIP EXTENDED DAYCARE APPLICATION

ADOPTION AGENCY			
Adoption Agency Name*			
Adoption Agency Address*	Apt, Suite, ect.	City*	
	Country*	State*	Zip Code*
Adoption Agency Phone Number*			
Adoption Advocate Name*			
Adoption Advocate Email*			
Adoption Advocate Phone*			

ADOPTION	
Date(s) of Adoption *	Number of Siblings Adopted *
Are all the children from one biological group: all having a shared parent in common? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain:	
Has your marital status changed since adoption? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

CHILD NEEDING CONTINUED DAYCARE ASSISTANCE	
Child Name*	
Date of Birth* [MM/DD/YYYY]	
Ethnicity*	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer
Race(s) Check those that apply*	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer
Weekly Daycare Cost*	\$ <input type="text"/> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Daycare Name*	
Daycare Address*	
Daycare Phone Number*	
Daycare Website*	



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CHILD NEEDING CONTINUED DAYCARE ASSISTANCE	
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Daycare Name	
Daycare Address	
Daycare Phone Number	
Daycare Website	

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Daycare Phone Number		
Daycare Website		

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Daycare Name		
Daycare Address		
Daycare Phone Number		
Daycare Website		

CHILD NEEDING CONTINUED DAYCARE ASSISTANCE		
Child Name		
Date of Birth [MM/DD/YYYY]		
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Daycare Name		
Daycare Address		
Daycare Phone Number		
Daycare Website		



## KINSHIP EXTENDED DAYCARE APPLICATION

<b>PARENT #1 PROFILE (Fields marked with * are required and must be completed)</b>			
<b>Parent First Name*</b>	<b>Parent Middle Name*</b>	<b>Parent Last Name*</b>	<b>Suffix</b>
<b>Date of Birth* [MM/DD/YYYY]</b>			
<b>Ethnicity*</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer		
<b>Race(s) Check those that apply*</b>	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer		
<b>Gender*</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Marital Status*</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<b>Are you currently active duty (serving full-time) in the US Military? *</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you a member of the National Guard or Military Reserve Unit? *</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you getting Childcare Assistance from another organization or the State? *</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability benefits? *</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Primary Residence Address*</b>	<b>Apt, Suite, ect.</b>		<b>City*</b>
	<b>Country*</b>	<b>State*</b>	<b>Zip Code*</b>
<b>Mailing Address if different</b>	<b>Apt, Suite, ect.</b>		<b>City</b>
	<b>Country</b>	<b>State</b>	<b>Zip Code</b>
<b>Primary Phone Number*</b>			
<b>Secondary Contact Number</b>			
<b>Email Address*</b>			
<b>Preferred Method of Contact*</b>	<input type="checkbox"/> Primary phone number <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address		
<b>EMPLOYMENT INFORMATION (Fields marked with * are required and must be completed)</b>			
<b>Employer Name * (If you are self-employed, write "self-employed" here)</b>		<b>Employer Phone Number*</b>	
<b>Employer Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>How often do you get paid? *</b>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly		
<b>Rate of Pay (How much do you make per hour?) *</b>	\$		
<b>Annual Income *</b>	\$		
<b>Number of hours per week worked *</b>			
<b>Seasonal Employee? *</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you a school board employee that works less than 12 months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		



## KINSHIP EXTENDED DAYCARE APPLICATION

<b>PARENT #2 PROFILE (Fields marked with * are required and must be completed)</b>			
<b>Parent First Name*</b>	<b>Parent Middle Name*</b>	<b>Parent Last Name*</b>	<b>Suffix</b>
<b>Date of Birth* [MM/DD/YYYY]</b>			
<b>Ethnicity*</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer		
<b>Race(s) Check those that apply*</b>	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer		
<b>Gender*</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Marital Status*</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<b>Are you currently active duty (serving full-time) in the US Military? *</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you a member of the National Guard or Military Reserve Unit? *</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you getting Childcare Assistance from another organization or the State? *</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability benefits? *</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Primary Residence Address*</b>	<b>Apt, Suite, ect.</b>		<b>City*</b>
	<b>Country*</b>	<b>State*</b>	<b>Zip Code*</b>
<b>Mailing Address if different</b>	<b>Apt, Suite, ect.</b>		<b>City</b>
	<b>Country</b>	<b>State</b>	<b>Zip Code</b>
<b>Primary Phone Number*</b>			
<b>Secondary Contact Number</b>			
<b>Email Address*</b>			
<b>Preferred Method of Contact*</b>	<input type="checkbox"/> Primary phone number <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address		
<b>EMPLOYMENT INFORMATION (Fields marked with * are required and must be completed)</b>			
<b>Employer Name * (If you are self-employed, write "self-employed" here)</b>		<b>Employer Phone Number*</b>	
<b>Employer Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>How often do you get paid? *</b>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly		
<b>Rate of Pay (How much do you make per hour?) *</b>	\$		
<b>Annual Income *</b>	\$		
<b>Number of hours per week worked: *</b>			
<b>Seasonal Employee? *</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you a school board employee that works less than 12 months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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FAMILY (Fields marked with * are required and must be completed)	
Yearly household income	\$
Total number of all people in the home: *	
Total number of all children in the home: *	
Total number of adopted children in the home: *	
Total number of foster children (not adopted) in the home: *	
Total number of adults in the home: *	
<b>What is the primary language spoken in the home? *</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Native Central, South American and Mexican languages (e.g., Mixteco, Quichean) <input type="checkbox"/> Caribbean Languages (e.g., Haitian-Creole, Patois) <input type="checkbox"/> Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali) <input type="checkbox"/> East Asian Languages (e.g., Chinese, Vietnamese, Tagalog) <input type="checkbox"/> Native North American/Alaska Native Languages <input type="checkbox"/> Pacific Island Languages (e.g., Palauan, Fijian) <input type="checkbox"/> European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian) <input type="checkbox"/> African Languages (e.g., Swahili, Wolof) <input type="checkbox"/> Other (e.g., American Sign Language) <input type="checkbox"/> Unspecified (Unknown or head of household declined to identify home language)	

ACKNOWLEDGEMENT	
<b>By signing this form, I certify that: *</b> <ul style="list-style-type: none"> <li>I/We have examined this application and, to the best of my knowledge and belief, the information provided is true and correct.</li> <li>I/We give consent to the Keeping Kids Together, Inc. and/or their affiliates to request all information relating to my eligibility and to make inquiry into all statements of information given.</li> <li>I/We understand information on this form may be shared with other state and local agencies for the purposes of program administration and fraud prevention.</li> <li>I/We understand that if I give false information, sign inaccurate attendance documents or fail to report changes in my circumstances that would affect my eligibility for services or the level of my services; my case may be referred to law enforcement for investigation and possible prosecution.</li> </ul>	
Parent #1 Signature*	Parent #2 Signature
Date Signed*	Date Signed