

COMMUNITY BASED CARE AGENCY	1			
Agency Name*				
Agency Address*	Suite, ect.		City*	
Agency Address	Suite, ect.		City	
	Country*	State*	Zip Code*	
	,			
Agency Phone Number*				
Caseworker Name*				
Caseworker Email*				
Caseworker Phone*				
CAREGIVING				
Date(s) Siblings Came i	nto Care *	Nun	nber of Siblings in Care *	
(,)			<u> </u>	
Are all the siblings from one biolog	ical group: all having a	shared parent in co	mmon? *	
If no, please explain:				
Heaven financial situation shows	4 -1			
Has your financial situation changed since caregiving? *				
If yes, please explain:				
What type of caregiver are you?	□ Polativo Carogivor	□ Non Polativo Care	agivor	
what type of caregiver are you:	☐ Relative Caregiver	□ NOII-Relative Care	egivei	
HOUSING				
Current Monthly Rent: *		\$		
Current Number of Bedrooms: *				
Current Number of Children Per Be	droom: *			
Describe current living situation: *				
Are you currently up to date with y	our rent payments? *	☐ Yes ☐ No		



If no, please explain:		
Are you more than two months behind on ren	t payments? *	☐ Yes ☐ No
Do you or have you ever had a lease for this p	roperty? *	☐ Yes ☐ No
Is your lease month to month?		☐ Yes ☐ No
When does or when did your lease expire [mm	/dd/yyyy]:	
Are you able to break your lease without penal	ty?	☐ Yes ☐ No
		1
SIBLING NEEDING ROOM Child Name*		
Date of Birth* [MM/DD/YYYY]		
Sex*	☐ Male ☐ Fem	2010
Does child have special needs? *	☐ Yes ☐ No	lale
If yes, please explain:	□ Yes □ NO	
ii yes, piease explaili.		
Can child share a room with another child? *	☐ Yes ☐ No	
If no, please explain:		
,,		
Ethnicity*	☐ Hispanic ☐	☐ Non-Hispanic ☐ Prefer not to answer
Race(s) Check those that apply*	☐ Asian ☐ Bla	ck \square Hawaiian/Pacific \square US Indian / Alaskan \square White
	☐ Prefer not to	o answer
SIBLING NEEDING ROOM		
Child Name*		
Date of Birth* [MM/DD/YYYY]		
Sex*	☐ Male ☐ Fem	nale
Does child have special needs? *	☐ Yes ☐ No	
If yes, please explain:		
Can child share a room with another child? *	☐ Yes ☐ No	
If no, please explain:		
Fall minian.*		Alexander II Berferende
Ethnicity*	· ·	Non-Hispanic Prefer not to answer
Race(s) Check those that apply*		ck □ Hawaiian/Pacific □ US Indian / Alaskan □ White
	☐ Prefer not to	o answer



SIBLING NEEDING ROOM	
Child Name*	
Date of Birth* [MM/DD/YYYY]	
Sex*	☐ Male ☐ Female
Does child have special needs? *	☐ Yes ☐ No
If yes, please explain:	
Can child share a room with another child? *	☐ Yes ☐ No
If no, please explain:	
ii no, piease explain:	
Ethnicity*	☐ Hispanic ☐ Non-Hispanic ☐ Prefer not to answer
Race(s) Check those that apply*	☐ Asian ☐ Black ☐ Hawaiian/Pacific ☐ US Indian / Alaskan ☐ White
	☐ Prefer not to answer
SIBLING NEEDING ROOM	
Child Name*	
Date of Birth* [MM/DD/YYYY]	
Sex*	☐ Male ☐ Female
Does child have special needs? *	
<u> </u>	☐ Yes ☐ No
If yes, please explain:	
Can child share a room with another child? *	☐ Yes ☐ No
If no, please explain:	
o, prease expression	
Ethnicity*	☐ Hispanic ☐ Non-Hispanic ☐ Prefer not to answer
Race(s) Check those that apply*	☐ Asian ☐ Black ☐ Hawaiian/Pacific ☐ US Indian / Alaskan ☐ White
	☐ Prefer not to answer



SIBLING NEEDING ROOM

Child Name*			
Date of Birth* [MM/DD/YYYY]			
Sex*	☐ Male ☐ Female		
Does child have special needs? *	☐ Yes ☐ No		
If yes, please explain:			
Can child share a room with another child? *	☐ Yes ☐ No		
If no, please explain:			
Ethnicity*	☐ Hispanic ☐ Non-Hispanic ☐ Prefer not to answer		
Race(s) Check those that apply*	☐ Asian ☐ Black ☐ Hawaiian/Pacific ☐ US Indian / Alaskan ☐ White		
	☐ Prefer not to answer		
	☐ Prefer not to answer		
	☐ Prefer not to answer		
	☐ Prefer not to answer		
	☐ Prefer not to answer		
SIBLING NEEDING ROOM	☐ Prefer not to answer		
SIBLING NEEDING ROOM Child Name*	☐ Prefer not to answer		
Child Name* Date of Birth* [MM/DD/YYYY]	☐ Prefer not to answer		
Child Name*	☐ Male ☐ Female		
Child Name* Date of Birth* [MM/DD/YYYY]			
Child Name* Date of Birth* [MM/DD/YYYY] Sex*	□ Male □ Female		
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? *	□ Male □ Female		
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain:	☐ Male ☐ Female ☐ Yes ☐ No		
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain: Can child share a room with another child? *	□ Male □ Female		
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain:	☐ Male ☐ Female ☐ Yes ☐ No		
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain: Can child share a room with another child? *	☐ Male ☐ Female ☐ Yes ☐ No		
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain: Can child share a room with another child? *	☐ Male ☐ Female ☐ Yes ☐ No		
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain: Can child share a room with another child? * If no, please explain: Ethnicity*	☐ Male ☐ Female ☐ Yes ☐ No ☐ Yes ☐ No ☐ Hispanic ☐ Non-Hispanic ☐ Prefer not to answer		
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain: Can child share a room with another child? * If no, please explain:	☐ Male ☐ Female ☐ Yes ☐ No		



SIBLING NEEDING ROOM			
Child Name*			
Date of Birth* [MM/DD/YYYY]			
Sex*	☐ Male ☐ Female		
Does child have special needs? *	☐ Yes ☐ No		
If yes, please explain:			
Can child share a room with another child? *			
	☐ Yes ☐ No		
If no, please explain:			
Ethnicity*	☐ Hispanic ☐ Non-Hispanic ☐ Prefer not to answer		
Race(s) Check those that apply*	☐ Asian ☐ Black ☐ Hawaiian/Pacific ☐ US Indian / Alaskan ☐ White		
	☐ Prefer not to answer		
SIBLING NEEDING ROOM			
Child Name*			
Date of Birth* [MM/DD/YYYY]			
Sex*	☐ Male ☐ Female		
Does child have special needs? *	☐ Yes ☐ No		
If yes, please explain:			
Can child share a room with another child? *	☐ Yes ☐ No		
If no, please explain:			
Ethnicitu*	Duinneis Due Hieraria Doctores to constant		
Ethnicity*	☐ Hispanic ☐ Non-Hispanic ☐ Prefer not to answer		
Ethnicity* Race(s) Check those that apply*	☐ Hispanic ☐ Non-Hispanic ☐ Prefer not to answer ☐ Asian ☐ Black ☐ Hawaiian/Pacific ☐ US Indian / Alaskan ☐ White ☐ Prefer not to answer		



SIBLING NEEDING ROOM

Child Name*	
Date of Birth* [MM/DD/YYYY]	
Sex*	☐ Male ☐ Female
Does child have special needs? *	☐ Yes ☐ No
If yes, please explain:	
Can child share a room with another child? *	☐ Yes ☐ No
If no, please explain:	
material w	
Ethnicity*	☐ Hispanic ☐ Non-Hispanic ☐ Prefer not to answer
Race(s) Check those that apply*	☐ Asian ☐ Black ☐ Hawaiian/Pacific ☐ US Indian / Alaskan ☐ White
	☐ Prefer not to answer
SIBLING NEEDING ROOM	
SIBLING NEEDING ROOM Child Name*	
Child Name*	☐ Male ☐ Female
Child Name* Date of Birth* [MM/DD/YYYY]	☐ Male ☐ Female ☐ Yes ☐ No
Child Name* Date of Birth* [MM/DD/YYYY] Sex*	
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? *	
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain:	☐ Yes ☐ No
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain: Can child share a room with another child? *	
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain:	☐ Yes ☐ No
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain: Can child share a room with another child? *	☐ Yes ☐ No
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain: Can child share a room with another child? * If no, please explain:	☐ Yes ☐ No ☐ Yes ☐ No
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain: Can child share a room with another child? * If no, please explain: Ethnicity*	☐ Yes ☐ No ☐ Yes ☐ No ☐ Hispanic ☐ Non-Hispanic ☐ Prefer not to answer
Child Name* Date of Birth* [MM/DD/YYYY] Sex* Does child have special needs? * If yes, please explain: Can child share a room with another child? * If no, please explain:	☐ Yes ☐ No ☐ Yes ☐ No



PARENT #1 PROFILE (Fields marked)	with * are required and	must be c	completed	d)		
Parent First Name*	Parent Middle Name*	Parent	Last Nam	ne*		Suffix
Date of Birth* [MM/DD/YYYY]						
Ethnicity*	☐ Hispanic ☐ Non-Hispanic ☐ Prefer not to answer					
Race(s) Check those that apply*	☐ Asian ☐ Black ☐ Hav	vaiian/Pac	cific □ US	Indian /	Alaskan □ Whit	te
	☐ Prefer not to answer	•		·		
Gender*	☐ Male ☐ Female					
Marital Status*	☐ Single ☐ Married ☐	Separated	l □ Divord	ed 🗆 Wi	dowed	
Are you currently active duty (servi	ng full-time) in the US M	lilitary? *			☐ Yes ☐ No	
Are you a member of the National (Guard or Military Reserv	e Unit? *			☐ Yes ☐ No	
Are you receiving Rental Assistance	from another organizat	ion or the	governm	ent? *	☐ Yes ☐ No	
Are you disabled or unable to work	as documented by a ph	ysician or	a letter fr	om the	☐ Yes ☐ No	
Social Security Administration awar	ding you disability bene	fits? *				
Primary Residence Address*	Apt, Suite, ect.			City*		
	C*	C+-+-*		7in Cod	_*	
	Country*	State*		Zip Cod	e*	
Mailing Address if different	Apt, Suite, ect.			City		
3	1.7.2.2.7					
	Country	State		Zip Cod	е	
Primary Phone Number*						
Secondary Contact Number Email Address*						
Preferred Method of Contact*	□ Duineau , mhana m. mal		·ail [1 1 4 2 : 1 : 2 2	A d dua a a	
EMPLOYMENT INFORMATION (Fields marked with * are required and must be completed) Employer Name * (If you are self-employed, write "self-employed" here) Employer Phone Number*						
Employer Name (ii you are sen er	inproyed, write sen emp	pioyeu iii	,	Lilipioy	er i none ivania	
Employer Address	City	State		Zip Cod	е	
How often do you get paid? *	☐ Daily ☐ Weekly ☐ Bi	i-Weekly [☐ Monthly	y □ Semi	-monthly	
Rate of Pay (How much do you mak	e per hour?) *		\$			
Annual Income *			\$			
Number of hours per week worked *						
Seasonal Employee? *			☐ Yes ☐ No			
Are you a school board employee that works less than 12 months?			☐ Yes ☐ No			



PARENT #2 PROFILE (Fields marked)	with * are required and	must be c	complete	d)		
Parent First Name*	Parent Middle Name*	Parent	Last Nan	ne*		Suffix
Date of Birth* [MM/DD/YYYY]						
Ethnicity*	☐ Hispanic ☐ Non-Hi	spanic 🗆] Prefer n	ot to an	swer	
Race(s) Check those that apply*	☐ Asian ☐ Black ☐ Hav	waiian/Pad	cific 🗆 US	Indian /	[/] Alaskan □ Whit	:e
	☐ Prefer not to answer					
Gender*	☐ Male ☐ Female					
Marital Status*	☐ Single ☐ Married ☐	Separated	l 🗆 Divor	ced □ W	/idowed	
Are you currently active duty (servi	ng full-time) in the US M	lilitary? *			☐ Yes ☐ No	
Are you a member of the National (Guard or Military Reserv	e Unit? *			☐ Yes ☐ No	
Are you receiving Rental Assistance	from another organizat	ion or the	governm	ent? *	☐ Yes ☐ No	
Are you disabled or unable to work	as documented by a ph	ysician or	a letter fi	rom	☐ Yes ☐ No	
the Social Security Administration a	warding you disability b	enefits? *	k			
Primary Residence Address*	Apt, Suite, ect.			City*		
	C*	C+-+-*		7in Co.	J _ *	
	Country*	State*		Zip Cod	ae*	
Mailing Address if different	Apt, Suite, ect.			City		
3	1.7.2.2.7					
	Country	State		Zip Cod	de	
Primary Phone Number*						
Secondary Contact Number Email Address*						
Preferred Method of Contact*	□ Duineau , mhana m. mal		·:I [7 N / a : 1 :	~ ^ d dua a a	
Preferred Method of Contact* ☐ Primary phone number ☐ Email ☐ Mailing Address EMPLOYMENT INFORMATION (Fields marked with * are required and must be completed)						
Employer Name * (If you are self-er				-	yer Phone Numb	 .er*
Employer Hame (ii you are sen er	inproyect, write sen em	pioyeu iii	,	Linpio	yer i none itama	
Employer Address	City	State		Zip Cod	de	
How often do you get paid? *	☐ Daily ☐ Weekly ☐ Bi	i-Weekly [☐ Monthl	y 🗆 Sem	ni-monthly	
Rate of Pay (How much do you mak	e per hour?) *	-	\$			
Annual Income *			\$			
Number of hours per week worked: *						
Seasonal Employee? *			☐ Yes ☐ No			
Are you a school board employee that works less than 12 months?			☐ Yes ☐ No			



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: *			
Number of adopted children in the home: *			
Number of foster children (not adopted) in the home: *			
Number of adults in the home: *			
What is the primary language spoken in the home? *			
☐ English			
☐ Spanish			
\square Native Central, South American and Mexican languages (e	e.g., Mixteco, Quichean)		
☐ Caribbean Languages (e.g., Haitian-Creole, Patois)			
\square Middle Eastern and South Asian Languages (e.g., Arabic, F	lebrew, Hindi, Urdu, Bengali)		
☐ East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)			
☐ Native North American/Alaska Native Languages			
☐ Pacific Island Languages (e.g., Palauan, Fijian)			
☐ European and Slavic Languages (e.g., German, French, Ita	lian, Croatian, Yiddish, Portuguese, Russian)		
☐ African Languages (e.g., Swahili, Wolof)			
☐ Other (e.g., American Sign Language)			
☐ Unspecified (Unknown or head of household declined to	dentify home language)		
	, 5 5 7		
ACKNOWLEDGEMENT			
By signing this form, I certify that: *			
	of my knowledge and belief, the information provided is		
true and correct.	of my knowledge and belief, the information provided is		
	nd/or their affiliates to request all information relating to		
 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. 			
 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.			
 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.			
Parent #1 Signature*	Parent #2 Signature		
Date Signed*	Date Signed		