



Date: _____
Update: [] New: []
Ranking Number: _____
Contact Dates: _____

(For Office Use Only)

Family Service Association – Child Development Eligibility Information
21250 Box Springs Rd. Suite 212, Moreno Valley, CA 92557
Phone: (951)779-9623 – Fax: (951) 779-0073 – Email: parentportal@fsaca.org

Date: _____

Name of Parents/Guardians in home: _____
Parent/Guardian A (First & Last Name) Parent/Guardian B (First & Last Name)

Mailing Address: _____
Street Apt. Number City Zip Code

Contact Information: _____
Main Telephone Work Telephone Email Address

Family Information:

Child(ren) Needing Care:	Date of Birth:	Child(ren) <u>NOT</u> Needing Care:	Date of Birth:

Total Number of persons in Household: _____

Qualifying Need Information: (Please Check ALL that Apply)

Need	Parent/Guardian A	Parent/Guardian B
Working/Currently Employed	☐	☐
Looking for Work	☐	☐
Attending School	☐	☐
State Preschool ONLY	☐	☐

Income Information: (Please List MONTHLY Income from ALL Sources BEFORE taxes)

\$ _____
(Ex: Wages/Salary, Child Support, Alimony, AFDC, Unemployment, SSI Benefits, Etc.)

Do you pay **COURT ORDERED** Child Support for any child(ren) not living with you?

NO ☐ YES ☐ Amount: _____

Schedule Information: (Please note that hours of care will be based on NEED) *Circle ALL Choices and list specific hours

Days	Hours	Program
MON TUES WED THURS FRI ☐ ☐ ☐ ☐ ☐		Part-Time ☐ or Full-Time ☐

Additional Information:

Do any of the children needing care require any specific needs? (IFSP, IEP, Disability, etc.) _____

Is your family's home language other than English? ☐ Yes ☐ No

Child Development Centers: (Please choose the site/sites you'd like this application to be shared with)

Infant and Toddler Programs (3 months – 3 years)	Preschool Programs (3 – 5 years)
Lakeland Village CDC (Lake Elsinore) *Coming Soon ☐ Hemlock CDC (Moreno Valley) ☐ Magnolia CDC (Riverside) ☐ Rubidoux (Jurupa Valley) ☐ Hemet CDC ☐ Cabazon CDC ☐	Hemlock CDC (Moreno Valley) ☐ Olivewood CDC (Moreno Valley) ☐ Hemet CDC ☐ Cabazon CDC ☐ Alvord CDC (Riverside) ☐ Arlanza CDC (Riverside) ☐ Highgrove CDC (Riverside) ☐ Magnolia CDC (Riverside) ☐ Rubidoux (Jurupa Valley) ☐

How did you hear about our Child Development Programs? _____

Staff Receiving Application: _____ Date: _____

(FOR OFFICE USE ONLY)

Date

Contact Notes:

[illegible]