ELIGIBILITY FORM
Coastside Children's Programs

Priority Rank

Parent/Guardian A: Information		
First Name:	Last Name:	Primary Language:
Are you a single parent? Yes No	Email:	Cell Phone:
Relationship to Child:	Are you: Employed Student Homeless Incapacitated	
Address:	City:	Zip Code:

Parent/Guardian A: Gross Monthly Income *update CCP with changes*	
Employment: $	Child Support: $
Disability or Unemployment: $	Spousal Support: $
Cash Aid (CalWORKS or TANF): $	Workers Comp: $
Other or NO Income (please declare amount or describe):	

Parent/Guardian B: Information Only complete if Parent/Guardian B lives at the same address and is responsible for the child/ren listed below:		
First Name:	Last Name:	
Primary Language:	Email:	Cell Phone:
Relationship to Child:	Are you: Employed Student Homeless Incapacitated	

Parent/Guardian B: Gross Monthly Income *update CCP with changes*	
Employment: $	Child Support: $
Disability or Unemployment: $	Spousal Support: $
Cash Aid (CalWORKS or TANF): $	Workers Comp: $
Other or NO Income (please declare amount or describe):	

Child/ren Needing Services				
Child First Name	Child Last Name	Date of Birth	Does the Child have an IEP or IFSP?	Is he/she a Foster Child or have a CPS case?
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
Number of children in the family under the age of 18 not needing services:				

Location Preference		
Child Name	Preschool	School-Age
	Half Moon Bay Montara	Half Moon Bay El Granada Montara
	Half Moon Bay Montara	Half Moon Bay El Granada Montara
	Half Moon Bay Montara	Half Moon Bay El Granada Montara

Parent/Guardian Signature:	Date: