



Renu Hope Foundation Intake Screening Application

Date of Application _____ Rank _____

Contact Information

Parent or Guardian #1 Name: First _____ Middle Initial ____ Last _____ D.O.B. ___/___/___

Address _____ Apt# _____ City _____ Zip Code _____

Home Phone (____) _____ Other daytime phone (____) _____ Email address _____

Employer/ School Name _____ Work/ School Zip _____ Work /Cell (____) _____

Parent or Guardian #2 Name: First _____ Middle Initial ____ Last _____ D.O.B. ___/___/___

Address _____ Apt# _____ City _____ Zip Code _____

Employer/ School Name _____ Work/ School Zip _____ Work/Cell (____) _____

#1 Employment/ School Hours (Circle all that apply): Mon Tue Wed Thu Fri Sat Sun From: To: Single Parent Yes NO

#2 Employment/ School Hours (Circle all that apply): Mon Tue Wed Thu Fri Sat Sun From: To:

Need for Child Care: (please check all that apply for each parent or guardian)

	Working	Incapacitated/Disabled	Seeking Employment	Homeless	School/ Training	Migrant Worker
Parent/ Guardian #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/ Guardian #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Calworks/CalFresh Recipient: Yes No If Yes: Case# _____

Special Needs: Limited English CPS IEP/ IFSP Severely Handicapped Ongoing Health Problem Developmental Delays

Preferred Location: Banning Beaumont Perris Mead Valley Moreno Valley Indio North Shore Oceanside Escondido Yorba Linda



Income Sources (Total dollar amount from all sources before taxes and deductions)

Parent/ Guardian #1

Monthly Wages: _____ Child Support: _____ Unemployment: _____ SSI: _____ Self Employed: _____ Cal Works: _____ Other: _____

Parent/ Guardian #2

Monthly Wages: _____ Child Support: _____ Unemployment: _____ SSI: _____ Self Employed: _____ Cal Works: _____ Other: _____

Please list all your children ages 2-5 yrs. old needing care

Family Size: _____ Total Countable Income: _____

Please list child(ren) <u>Needing</u> child care			Date of Birth	Gender	Foster Child	Please list child(ren) <u>Not</u> Needing care
First Name	Middle Initial	Last Name				
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Care Needed: (check all that apply) Full Day Part Day

Language Spoken _____

Parent/ Guardian #1 Name: _____ Parent/ Guardian #2 Signature: _____ Date: _____

Parent/ Guardian #2 Name: _____ Parent/ Guardian #2 Signature: _____ Date: _____

Authorized Agency Representative Name: _____ Authorized Agency Representative Signature: _____

Date _____