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	☐	☐	☐	☐	☐	☐
Parent/ Guardian #2	☐	☐	☐	☐	☐	☐

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 ☐Coachella ☐ North Shore ☐ Oceanside ☐ Riverside

Renu Hope does not discriminate based on sex, creed, national origin, religion, sexual orientation, age or disabilities.

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 6weeks -School Age needing care **Family Size: _____ Total Countable Income: _____**

Please list child(ren) **Needing** child care Fist Name Middle Initial Last Name	Date of Birth	Gender	Foster Child	Please list child(ren) **Not** Needing care Date of Birth
		☐M ☐F	☐Yes ☐No	
		☐M ☐F	☐Yes ☐No	
		☐M ☐F	☐Yes ☐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_____

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