

Date: \_\_\_\_\_



# COSKids - Application for Assistance

## PERSONAL INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Mobile) \_\_\_\_\_

(Work) \_\_\_\_\_

Email \_\_\_\_\_

### Marital Status: CHECK ONE:

Married

Living with Boyfriend/Girlfriend/Partner/Fiance

If "Married" or "Living with," please have partner complete page 3

Single never married

Separated

Widowed

Divorced (year you divorced \_\_\_\_\_)

### Ethnic Origin: CHECK ONE:

Hispanic/Latino

African American/Black

Caucasian/White

Asian

Multi-Racial

Other

Education: Last level of school you completed: \_\_\_\_\_ Highest Degree or Certificate: \_\_\_\_\_

US Citizen? CIRCLE: Yes No If no, lived in US \_\_\_\_\_ Years

Languages spoken at home (other than English): \_\_\_\_\_

### Housing: CHECK ONE:

Rent

Own/Mortgage

Live w/family

Live w/friends

Transitional

Gov't Subsidy

If Homeless, since Mo/Yr: \_\_\_\_\_ Other \_\_\_\_\_

Your dependents	Relation	Ethnic Origin	DOB	Grade (If applicable)	Name of School (If applicable)
1.					
2.					
3.					
4.					

Other people in your home? \_\_\_\_\_

Older children that don't live with you: \_\_\_\_\_

Does the child have another guardian? \_\_\_\_\_

Name, Relation and address \_\_\_\_\_

**SPIRITUAL STATUS**

The Church you attend: \_\_\_\_\_ since mo/yr: \_\_\_\_\_

What kind of assistance have you received from your Church? \_\_\_\_\_

**WORK HISTORY**

Are you currently: CHECK ALL THAT APPLY

Employed full-time      Employed part-time      Self-employed

Currently out of work      Currently a student

*(Please use current or most recent employer.)*

Employer : \_\_\_\_\_

Supervisor: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

What you get paid per hour: \_\_\_\_\_

Number of years with employer? \_\_\_\_\_

**If you have a SECOND JOB and/or ATTENDING COLLEGE, please fill out following information:**

Employer/ College enrolled: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City: \_\_\_\_\_

Position/major/certificate in college: \_\_\_\_\_ Number of courses currently enrolled: \_\_\_\_\_

What you get paid per hour: \_\_\_\_\_ Number of years with employer? \_\_\_\_\_

**FINANCIAL INFORMATION/INCOME**

Your Total **MONTHLY** wages/salary \_\_\_\_\_

*(Please attach a copy of your three most recent pay stubs and last year's signed W-2 form)*

*(What you receive/not what you pay out)*

Alimony: \_\_\_\_\_

Child Support: \_\_\_\_\_

Social Security Benefits: \_\_\_\_\_

Unemployment: \_\_\_\_\_

Other income: \_\_\_\_\_

Have you applied for a Federal Subsidy through Childcare Resources? \_\_\_\_\_

If approved by CCRI or other agencies what amount of monthly support are you receiving? \_\_\_\_\_

Do you receive food stamps? \_\_\_\_\_

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(Work) \_\_\_\_\_  
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*Education:* Last level of school you completed: \_\_\_\_\_ Highest Degree or Certificate: \_\_\_\_\_  
*US Citizen? CIRCLE:* Yes No If no, lived in US \_\_\_\_\_ Years  
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