



Parent Interest Form

Parent/Caregiver name: _____

Mailing address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Services requesting: **EHS:** Center Based **HS:** Three Four

Name of child: _____

Child's date of birth: _____

Expected due date (prenatal): _____

Upon receipt of this form, you will be contacted by the Family Service Worker to begin the application process. During the application process, the following will be required:

- **Proof of Income** (Examples include – Income tax form 1040, W-2, Unemployment, Written statements from employers, TANF documentation, 12 months of pay stubs, Foster care reimbursement, SSI documentation, Documentation of no employment)
- **Birth record**
- **Proof of Residency**

Please return the interest form to:

Family Service Worker

Phone:

Fax:

Date Received: _____