

NCCDI Application for Services Early Learning and Care Programs



Parent/Guardian Information

Parent A: First Name _____ Check One: _____ In the home? _____
Last Name _____ Male Female Yes No
 Other
Cell Phone #: _____ Permission to Text? _____ Date of Birth: _____
Email: _____ Yes No

Parent B: First Name _____ Check One: _____ In the home? _____
Last Name _____ Male Female Yes No
 Other
Cell Phone #: _____ Permission to Text? _____ Date of Birth: _____
Email: _____ Yes No

Living Address: _____ City, State, Zip Code: _____

Mailing Address: _____ City, State, Zip Code: _____

Language Spoken in the Home: English Spanish Other: _____

Is anyone pregnant? Yes, due date: _____ No

Is the pregnant parent requesting Early Head Start services? Yes No

Applied Child(ren) Information (please include all the children who are applying for services):

Child's Name: _____ Date of Birth: _____ Check One: _____
Does your child have a diagnosed disability: Yes No Male Female
 Other

Child's Name: _____ Date of Birth: _____ Check One: _____
Does your child have a diagnosed disability: Yes No Male Female
 Other

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Other Family Members or Persons in the Home (please include siblings, grandparents, etc.)

Adult/Child	Male/Female/Other	Name	Date of Birth

Other Services

Are you currently receiving any of the following services (check all that apply):

- WIC
 Child Protective Services
 CalWorks
 Stepping Stones FVC
 Help Me Grow
 Healthy Families Tehama
 State PreK

Income

What types of income are you receiving (check all that apply)?

- Cash Aid (including Tribal TANF)
 CalFresh
 Supplemental Security Income (SSI)
 Pay Stubs From Work
 Self-Employment
 Foster Care
 None
 Other: _____

Referral

Who referred you to NCCDI for services?

- NCCDI Staff Member _____
 Public School _____
 Other Agency: _____
 Previous Parent/Other Guardian in the Program
 Other: _____

Availability

When is the best time to reach you for a Follow Up appointment?

- Mornings
 Afternoons
 Evenings
 Any time

Do you prefer a call, text, or email?

- Call
 Text
 Email

Message Contact

If we are unable to contact yourself (or the child's other parent), who would you like us to leave a message with?

Name: _____

Relationship to you: _____

Phone Number: _____