



# Contra Costa County EHSD Community Services Bureau

Mail To: 1470 Civic Court, Suite 200, Concord, CA 94520 Attn. Christina  
Or Fax To: (925) 313-8303, Attn. Christina  
Or if completed on site: Turn in to one of our staff upon completion



## Pre-Application Screening Form

### Parent/Primary Caregiver Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip

**Employment Status:**

- Employed/In Training      Name of Employer/School: \_\_\_\_\_  
 Seeking Employment  
 Incapacitated

Gross Monthly Income: \$ \_\_\_\_\_ Source of Income: \_\_\_\_\_

### Parent/Secondary Caregiver Information: *(if applicable)*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Employment Status:**

- Employed/In Training      Name of Employer/School: \_\_\_\_\_  
 Seeking Employment  
 Incapacitated

Gross Monthly Income: \$ \_\_\_\_\_ Source of Income: \_\_\_\_\_

### Family/Household Information:

Number in Household: \_\_\_\_\_ Number of Family Living at Home: \_\_\_\_\_

### Tell us about your child(ren) needing child care/pre-school services:

Child's Name	Date of Birth	Days/Hours of Care Needed
1)		
2)		
3)		
4)		

### How did you hear about us:

- Flyer       Friend       Website       Agency *(please name)*: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Thank you for your interest in our program. We will contact you within three days of receipt by our office.**

For Office Use Only:		
Site Preferences: 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____	TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Handled By: _____ Comments: _____	CPS Case: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Special Need: _____ Date: _____