



Random acts of kindness for single parent families

Applicant's Name: _____ D.O.B.: _____

Address: _____

Length of time at current address: _____

Primary Phone: _____ Email address: _____

Other Phone: _____ Work Phone: _____

Male [] Female [] Marital Status: Married [] Divorced [] Single [] Other [] _____

Primary Language: _____ Citizenship Status: US Citizen [] Yes [] No

Do you have a spouse or partner: Yes [] No [] # of Children: _____

Name _____ DoB _____ M [] F [] School District _____ Health Ins Provider _____ None []

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Name _____ DoB _____ M [] F [] School District _____ Health Ins Provider _____ None []

Name _____ DoB _____ M [] F [] School District _____ Health Ins Provider _____ None []

Current Employer: _____ Address: _____

Phone Number: _____ Supervisor: _____ PT [] FT []

Length of Employment: _____ Monthly Earnings: _____

Other Income: [] Calworks \$ _____ [] Cash aid \$ _____ [] Cal Fresh \$ _____

[] Child/Spousal Support \$ _____ [] Disability/SSI \$ _____

[] Unemployment \$ _____ [] Other _____ \$ _____

of Family Members: ____ # of Children in Household: ____ # of Adults in Household: ____

References:

Name	Address	Phone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach an Essay telling about yourself and how this program would make a difference in your life.

Sign: _____ Date: _____

If additional space is required, add

