

City of San José, Parks, Recreation, and Neighborhood Services Department
 2021-2022 R.O.C.K. Afterschool and San Jose Recreation Preschool

Parent/Caregiver Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Email: _____

Phone: _____ o Cell o Home

Date of Birth: Month _____ Day _____ Year _____ Gender Identity: _____

Total Number of children participating in the program _____

Relationship to Child: _____

Parent/Caregiver - Race/Ethnicity: (Please check all boxes that apply)		
Hispanic <input type="checkbox"/> No <input type="checkbox"/> Yes (must check another box of race)		
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or another Pacific Islander <input type="checkbox"/> American Indian or Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> American Indian or Alaska Native AND Black or African American <input type="checkbox"/> Other: _____		
Parent/Caregiver - Primary Language:		
<input type="checkbox"/> English <input type="checkbox"/> Tagalog <input type="checkbox"/> Other East Asian language (e.g., Japanese, Korean)	<input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> South Asian language (e.g., Hindi, Punjabi, Telugu)	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Cantonese <input type="checkbox"/> Other: _____

General Family Information

The following questions will assist staff in identifying resources and activities for families and their children.

- 1) What is the total number of adults living with you, including yourself? _____
 1a. What is the total number of children living with you? _____
- 2) Which is closest to your family’s total annual income last year? (*Circle one only*)
 (income= wages, government cash aid, Social Security, SSI, TANF/AFDC, pensions, VA, disability, unemployment, etc.)

Total Annual Income%	1 Per	2 Per	3 Per	4 Per	5 Per	6 Per	7 Per	8 Per
Extremely Low-Income Limits (\$)	34,800	39,800	44,750	49,700	53,700	57,700	61,650	65,650
Very Low (50%) Income Limits (\$)	58,000	66,300	74,600	82,850	89,500	96,150	102,750	109,400
Low (80%) Income Limits (\$)	82,450	94,200	106,000	117,750	127,200	136,600	146,050	155,450

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3) In order to provide you with services you are required to certify you have been impacted by COVID-19.

Please indicate your employment status before and after the pandemic.

a) What was your employment status before COVID-19? *(Check box one only)*

Enter total monthly gross income before COVID-19 \$_____

- Full-time Unemployed, seeking employment Other; seasonal/retired
- Part-time Unemployed, not seeking employment Decline to state

b) What is your current employment status? *(Check box one only)*

Enter current monthly income during COVID-19 \$_____

- Full-time Unemployed, seeking employment Other; seasonal/retired
- Part-time Unemployed, not seeking employment Decline to state

Staff Notes

Acknowledgement

I certify my income has been reduced due to the COVID-19 pandemic, and as a result I cannot afford to pay the remaining balance of the program. I acknowledge by my signature below, that all the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I acknowledge that willfully and knowingly falsifying information may lead to criminal prosecution.

Print Full Name

Signature

Date Signed

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