

City of San José, Parks, Recreation, and Neighborhood Services Department
 2021-2022 CDBG School Year Program (break camps)

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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