Family Application
### Applicant & Family Member Information

**Applicant**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
<th>SSN</th>
<th>Alt ID</th>
</tr>
</thead>
</table>

**Race**
- □ Asian
- □ American Indian/Alaska Native
- □ Black
- □ Hawaiian/Pacific Islander
- □ White
- □ Multi-Racial
- □ Other:

**Hispanic**
- □ Yes
- □ No

**English Proficiency**
- □ None
- □ Little
- □ Moderate
- □ Proficient

**Other Language**
- □ Poor
- □ Moderate
- □ Proficient

**Other Language Proficiency**
- □ Poor
- □ Moderate
- □ Proficient

**Primary Health Coverage**
- □ Medicaid Eligible
- □ Medicaid Eligibility
- □ Medicaid #
- □ Doctor/Medical Home

**Dental Coverage**
- □ Dental Coverage #
- □ Dentist/Dental Home

---

**Primary Adult**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
<th>SSN</th>
<th>Alt ID</th>
</tr>
</thead>
</table>

**Race**
- □ Asian
- □ American Indian/Alaska Native
- □ Black
- □ Hawaiian/Pacific Islander
- □ White
- □ Multi-Racial
- □ Other:

**Hispanic**
- □ Yes
- □ No

**English Proficiency**
- □ None
- □ Little
- □ Moderate
- □ Proficient

**Other Language**
- □ Poor
- □ Moderate
- □ Proficient

**Other Language Proficiency**
- □ Poor
- □ Moderate
- □ Proficient

**Highest Grade Completed**
- □ Associate’s
- □ Bachelor’s
- □ Col Degree/Train
- □ Col or Adv Train
- □ GED
- □ HS Graduate
- □ Master’s

**Employment Status**
- □ Full Time
- □ Part Time
- □ Seasonal
- □ Unemployed

**Child’s Relationship**
- □ Natural/Adopted/Step
- □ Grandchild
- □ Niece/Nephew
- □ Foster
- □ Other

**Custody**
- □ Yes
- □ No

**Check all that apply:**
- □ Lives with Family
- □ Provides Financial Support
- □ Teen Parent

If teen parent, subsidized?
- □ Yes
- □ No

**Secondary or Other Adult**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
<th>SSN</th>
<th>Alt ID</th>
</tr>
</thead>
</table>

**Race**
- □ Asian
- □ American Indian/Alaska Native
- □ Black
- □ Hawaiian/Pacific Islander
- □ White
- □ Multi-Racial
- □ Other:

**Highest Grade Completed**
- □ Associate’s
- □ Bachelor’s
- □ Col Degree/Train
- □ Col or Adv Train
- □ GED
- □ HS Graduate
- □ Master’s

**Employment Status**
- □ Full Time
- □ Part Time
- □ Seasonal
- □ Unemployed

**Child’s Relationship**
- □ Natural/Adopted/Step
- □ Grandchild
- □ Niece/Nephew
- □ Foster
- □ Other

**Custody**
- □ Yes
- □ No

**Check all that apply:**
- □ Lives with Family
- □ Provides Financial Support
- □ Teen Parent

If teen parent, subsidized?
- □ Yes
- □ No

**Email Address:**

---

**Additional Child (Non-Applicant) ***

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
<th>SSN</th>
</tr>
</thead>
</table>

**Race**
- □ Asian
- □ American Indian/Alaska Native
- □ Black
- □ Hawaiian/Pacific Islander
- □ White
- □ Multi-Racial
- □ Other:

**Hispanic**
- □ Yes
- □ No

**English Proficiency**
- □ None
- □ Little
- □ Moderate
- □ Proficient

**Other Language**
- □ Poor
- □ Moderate
- □ Proficient

**Other Language Proficiency**
- □ Poor
- □ Moderate
- □ Proficient

**Additional Child (Non-Applicant) ***

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
<th>SSN</th>
</tr>
</thead>
</table>

**Race**
- □ Asian
- □ American Indian/Alaska Native
- □ Black
- □ Hawaiian/Pacific Islander
- □ White
- □ Multi-Racial
- □ Other:

**Hispanic**
- □ Yes
- □ No

**English Proficiency**
- □ None
- □ Little
- □ Moderate
- □ Proficient

**Other Language**
- □ Poor
- □ Moderate
- □ Proficient

**Other Language Proficiency**
- □ Poor
- □ Moderate
- □ Proficient

---

*If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.*
**Family Information, Income & Contacts**

### Family Information

**Family Living Address**
- Started Living At Date: [Blank]
- Living Address: [Blank]
- Address Line 2: [Blank]
- ZIP: [Blank]
- City: [Blank]
- State: [Blank]
- County: [Blank]

**Family Mailing Address**
- Same as living? ☐ Yes ☐ No
- Started Using Date: [Blank]
- Mailing Address: [Blank]
- Address Line 2: [Blank]
- ZIP: [Blank]
- City: [Blank]
- State: [Blank]

**Phone Number(s)**
- Type (check one)
  - ☐ Cell ☐ Home ☐ Work ☐ Other
- Note (extension or best time to call): [Blank]
- Opt In for Text Messages: ☐ Yes ☐ No

**Parental Status (check one)**
- ☐ One ☐ Two

**Primary Language at Home**
- Yes ☐ No

**Homeless Family**
- Yes ☐ No

**Active Duty Military**
- Yes ☐ No

**Referred by Child Welfare Agency**
- Yes ☐ No

**Receiving SNAP**
- Yes ☐ No

**WIC**
- Yes ☐ No

**WIC ID (if applicable)**
- Yes ☐ No

### Family Income

**Income Verified by**
- [Blank]

**Verification Date**
- [Blank]

**TANF Status**
- ☐ Yes ☐ No

**SSI**
- ☐ Yes ☐ No

- ☐ Formerly on TANF/Not now ☐ No

**Family Member**
- [Blank]

**Amount**
- $ [Blank]

**Per (for example: week, month, year)**
- $ [Blank]

**Annual Amount**
- $ [Blank]

**Description (for example: SSI, Job, Child Support)**
- [Blank]

**Verification (for example: W2, check stub)**
- [Blank]

**Note**
- [Blank]

**Income Notes**
- [Blank]

### Emergency Contacts

**Name**
- [Blank]

**Relationship**
- [Blank]

**Emergency Contact**
- ☐ Yes ☐ No

**Release To**
- ☐ Yes ☐ No

**Address**
- [Blank]

**ZIP**
- [Blank]

**City**
- [Blank]

**State**
- [Blank]

**Phone Number 1**
- ☐ Cell ☐ Home ☐ Work

**Phone Number 2**
- ☐ Cell ☐ Home ☐ Work

**Phone Number 3**
- ☐ Cell ☐ Home ☐ Work

**Name**
- [Blank]

**Relationship**
- [Blank]

**Emergency Contact**
- ☐ Yes ☐ No

**Release To**
- ☐ Yes ☐ No

**Address**
- [Blank]

**ZIP**
- [Blank]

**City**
- [Blank]

**State**
- [Blank]

**Phone Number 1**
- ☐ Cell ☐ Home ☐ Work

**Phone Number 2**
- ☐ Cell ☐ Home ☐ Work

**Phone Number 3**
- ☐ Cell ☐ Home ☐ Work

**Name**
- [Blank]

**Relationship**
- [Blank]

**Emergency Contact**
- ☐ Yes ☐ No

**Release To**
- ☐ Yes ☐ No

**Address**
- [Blank]

**ZIP**
- [Blank]

**City**
- [Blank]

**State**
- [Blank]

**Phone Number 1**
- ☐ Cell ☐ Home ☐ Work

**Phone Number 2**
- ☐ Cell ☐ Home ☐ Work

**Phone Number 3**
- ☐ Cell ☐ Home ☐ Work

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature: [Blank]

Date: [Blank]
### Applicant Eligibility & Enrollment Information

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Program Term</th>
<th>Agency</th>
<th>Initial Status</th>
<th>Status Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Releases Signed</td>
<td>Date Signed</td>
<td>Child will transition to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location Preference Priority</td>
<td>Site</td>
<td>Classroom</td>
<td>Funding</td>
<td></td>
</tr>
<tr>
<td>1st</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enroll Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application Date</th>
<th>Application Status</th>
<th>Application Number</th>
<th>Participation Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Complete &amp; Verified</td>
<td>□ Incomplete, info not returned</td>
<td>□ Other - specify in notes</td>
</tr>
<tr>
<td>Eligibility Date</td>
<td>Number in Family</td>
<td>Eligibility Income</td>
<td></td>
</tr>
<tr>
<td>CACFP Date</td>
<td>CACFP Income</td>
<td>Per (for example, year, month, other)</td>
<td>CACFP Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Free (full reimbursement)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Paid (minimum reimbursement)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Reduced price (reduced reimbursement)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child eligible to participate in program</th>
<th>Type of eligibility interview</th>
<th>Income Status</th>
<th>Documentation used to determine eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ In-person</td>
<td>□ Over Income</td>
<td>□ Income Tax Form 1040</td>
</tr>
<tr>
<td>□ No</td>
<td>□ Telephone</td>
<td>□ Public Assistance</td>
<td>□ Unemployment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Eligible (Below 100%)</td>
<td>□ Written statements from employers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Foster child</td>
<td>□ Foster care reimbursement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Homeless</td>
<td>□ SSI Documentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Other</td>
</tr>
</tbody>
</table>

**Eligibility Criteria**

To set up your program’s eligibility criteria on this form: Type or print each of the program’s eligibility questions in the spaces provided below. Then, for each question, list each of the possible answers (along with their corresponding point values).

To complete this form: Circle the applicable answer and print the number of eligibility points it represents in the Points column. We’ve included the following example to help you get started.

Disability? Diagnosed (50 pts), Suspected (25 pts), None (0 pts) 25

<table>
<thead>
<tr>
<th>Eligibility Question</th>
<th>Possible Answers</th>
<th>Points</th>
</tr>
</thead>
</table>

© 2016 Management Information Technology USA, Inc. 10/26/2016
**what?**

Through the **Add Family** function:

- create a new family application that includes all family members
- record emergency contacts and specify release authorization
- add enrollment information and ChildPlus will automatically create a participation record
- enter immunizations without having to go to the **Immunizations** module

* The **Program Terms, Site Information** and **Class Information** must be entered before enrolling a participant.

---

**setup**

The fields in the **Add New Family Application** can be customized and security can be separately configured for **Adult Applicant, Adult Non-Applicant, Child Applicant** and **Child Non-Applicant**. This means your agency can collect the exact information needed for the four types of family members.

In **Setup >> System Setup >> System Preferences** screen:

- specify whether users enter the **Primary Adult** or **Child** first
- determine if adults can be added as applicants in your system (for example, your agency has an Early Head Start program which serves pregnant mothers)

In **Security**, create user access based on the sections of the **Application**.
First select the type of family member (Adult or Child) >> Applicant or Non-Applicant. The Add New Family screen layout will change based on your selection.

**Family Member - Child**

**Family Member - Adult**
Family Information
Complete all fields as required by your agency.

Add New Family

If the individual chooses to **Opt in Text Messages (Yes)**, your agency can send text messages through the ChildPlus LiveMessage feature.
Family Income
Income can be entered in multiple formats including intervals, individuals per family and family gross income.

**Family Income**

- **Income Verified By:**
- **Verification Date:** 2/24/16
- **TANF Status:** Yes
- **SSI:** No

**Income Sources**

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Amount</th>
<th>Per</th>
<th>Annual Amt.</th>
<th>Description</th>
<th>Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>King, Quandy</td>
<td>$215.00</td>
<td>Monthly</td>
<td>$2,580.00</td>
<td>TANF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Total Eligibility Income:** $2,580.00

**Income Notes**

---

**Family Emergency Contacts**

- **Name:** Nettie Fulton
- **Relationship:** Aunt
- **Emergency Contact:** Yes
- **Release To:** Yes
- **Address:** 4515 Browns Mill Road, Conyers, GA
- **Zip:** 30094
- **City:** Conyers
- **State:** GA
- **Phone 1:** (404) 656-1234
- **Type:** Cell Phone
- **Note:**

Add Emergency Contact: Start typing here and the fields above will display.
1. **Initial Status** is the first status your agency requires for your enrollment record.
2. **Location Preferences** - Multiple Location Preferences can be entered for each enrollment record and ranked in order of Priority. Specific Site and Classroom can be assigned. Click Show Map and ChildPlus opens a Map Application in your web browser.
3. **Number in Family** defaults to the number of family members added during this application process based on your system preferences. If this number is not correct, it can be edited.

4. **Eligibility Income** defaults from the family income entered during this application process.

**Add New Family** automatically creates a participation record for anyone designated as an Applicant.
Immunizations

Quick Entry Feature

- Type or use the calendar drop-down to enter the date in the Quick Entry field
- Click on the individual Immunization name to populate the date field with the date entered in the Quick Entry field

This is a one-time opportunity; Save and Close is clicked, you will NOT be able to return to the Add a New Family Application screen for this applicant.
Electronic signature available for:

- Parent/Guardian
- Staff

1. Select Parent or Staff Signature. In this example, we selected the Parent/Guardian Signature.
2. Using a touch screen device, have the individual sign the application.
3. Click Accept.
From Add Family Application to ChildPlus - where does the information go...

<table>
<thead>
<tr>
<th>Application</th>
<th>Enrollment</th>
<th>ChildPlus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Status</td>
<td>Enrollment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Eligibility</td>
<td></td>
</tr>
<tr>
<td>Eligibility Income</td>
<td>Enrollment</td>
<td>Application</td>
</tr>
<tr>
<td></td>
<td>&gt;Eligibility</td>
<td>&gt;Family Information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;&gt;Family Income</td>
</tr>
<tr>
<td>Emergency Contacts</td>
<td>Family Application</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Family Information</td>
<td>&gt;Family Information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;&gt;Emergency Contacts</td>
</tr>
<tr>
<td>Homeless Family</td>
<td>Family Services</td>
<td>PIR</td>
</tr>
<tr>
<td>Active Military</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military Veteran</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referred by Child Welfare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Medicaid #</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Health Information tab</td>
<td></td>
</tr>
<tr>
<td>Parental Status</td>
<td>Family Application</td>
<td>Enrollment</td>
</tr>
<tr>
<td></td>
<td>&gt;Family Information</td>
<td>&gt;Eligibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;&gt;General Information</td>
</tr>
<tr>
<td>Primary Health Coverage</td>
<td>Health</td>
<td>PIR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Health Information tab</td>
<td></td>
</tr>
<tr>
<td>Primary Language at Home</td>
<td>Family Application</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Family Information</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;&gt;General Information</td>
</tr>
<tr>
<td>TANF</td>
<td>Family Application</td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Family Information</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;&gt;Family Income</td>
</tr>
</tbody>
</table>

*This is not a complete list*
Once you save and close the Add New Family Application, ChildPlus opens in the Application module with the participant or applicant highlighted.

If needed, you can continue to add Family Members by clicking the appropriate Add an Adult or Add a Child buttons.

1. Enter the Last Name and First Name.
2. Click OK.

The fields and screen layout will be based on the Adult or Child selection. Complete all fields as required by your agency.
For Adults, the Education and Employment and Training sections are located in the Application module.
Additional Options

Adult Participant - More

1. Select participant.
2. Click More.
3. Select an option.

Adult Participant - In-Kind

1. Select participant.
2. Click In-Kind.
3. ChildPlus creates an In-Kind record for the Adult or opens in an existing In-Kind record.
Child Participant - More

1. Select participant.
2. Click 'More'.
3. Select an option.

...more details

Delete Family Member

⚠️ If an individual has a participation record in the Enrollment module the individual can not be deleted until the participation record is first deleted.