

**Berkeley Unified School District
INITIAL REQUEST FOR SERVICES**

RANK your choice of school (1 as your 1st choice and 3 as your last choice)

Provide the Following Documents

Hopkins Preschool: 1810 Hopkins St., Berkeley email: delialopezcaloca@berkeley.net * Proof of Address
 King CDC: 1939 Ward St., Berkeley email: joshreed@berkeley.net * Immunizations Rec.
 Franklin Preschool: 1460 8th St., Berkeley email: maurablanco@berkeley.net * Family Gross Monthly Income
Today's Date: * Birth Certificates of all your children

<p>Primary Parent</p> <p>_____ First Name Initial Last Name</p> <p>_____ Home Phone Work Phone</p> <p>_____ Message, Cell or Pager DOB</p> <p>_____ Email address</p> <p>Married Y / N Gender M / F Primary Language Single Parent? Y / N CPS Y / N Family Size _____ Ethnicity _____</p>	<p>Reason for Care</p> <p><input type="checkbox"/> Incapacitated <input type="checkbox"/> Looking for Work <input type="checkbox"/> Working Zip: _____ <input type="checkbox"/> Education/Training Zip: _____ Name of College or Community College: _____</p> <p><i>Data entry: If UC Berkeley must enter UC Berkeley on Preference screens.</i></p> <p>Monthly Gross Income: \$ _____ Income Source: _____ Ever a CalWORKs recipient? Y / N If yes, date of last check: _____ CalWORKs Deferment? Y / N Date: _____</p>	<p>Household</p> <p>_____ Address</p> <p>_____ City</p> <p>_____ State</p> <p>_____ Zip</p> <p>_____ County</p> <p>Seeking Permanent Housing? Y / N</p> <p>Preferred written language: English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Farsi <input type="checkbox"/> Vietnamese <input type="checkbox"/></p> <p>Characteristics Homeless Y / N Migrant Y / N Student Y / N Teen Parent Y / N</p>
<p>Secondary Parent</p> <p>_____ First Name Initial Last Name</p> <p>_____ Home Phone Work Phone</p> <p>_____ Message, Cell or Pager DOB</p> <p>_____ Email address</p> <p>Married Y / N Gender M / F Primary Language Single Parent? Y / N CPS Y / N Family Size _____ Ethnicity _____</p>	<p>Reason for Care</p> <p><input type="checkbox"/> Incapacitated <input type="checkbox"/> Looking for Work <input type="checkbox"/> Working Zip: _____ <input type="checkbox"/> Education/Training Zip: _____ Name of College or Community College: _____</p> <p><i>Data entry: If UC Berkeley must enter UC Berkeley on Preference screens.</i></p> <p>Monthly Gross Income: \$ _____ Income Source: _____ Ever a CalWORKs recipient? Y / N If yes, date of last check: _____ CalWORKs Deferment? Y / N Date: _____</p>	
<p>Child 1 Family Type: Standard / Foster / Guardian</p> <p>_____ First Name Initial Last Name</p> <p>Gender: M / F DOB: _____</p> <p>Schedule: Full / Part Day Exceptional Need? IEP / IFSP Currently receiving subsidized care? Y / N Agency _____ Ethnicity _____</p>	<p>Child 2 Family Type: Standard / Foster / Guardian</p> <p>_____ First Name Initial Last Name</p> <p>Gender: M / F DOB: _____</p> <p>Schedule: Full / Part Day Exceptional Need? IEP / IFSP Currently receiving subsidized care? Y / N Agency _____ Ethnicity _____</p>	
<p>Child 3 Family Type: Standard / Foster / Guardian</p> <p>_____ First Name Initial Last Name</p> <p>Gender: M / F DOB: _____</p> <p>Schedule: Full / Part Day Exceptional Need? IEP / IFSP Currently receiving subsidized care? Y / N Agency _____ CalWORKs Stage One? Y / N</p>	<p>Child 4 Family Type: Standard / Foster / Guardian</p> <p>_____ First Name Initial Last Name</p> <p>Gender: M / F DOB: _____</p> <p>Schedule: Full / Part Exceptional Need? IEP / IFSP Currently receiving subsidized care? Y / N Agency _____ CalWORKs Stage One? Y / N</p>	