CAP CayugaSeneca
89 York St., Suite1
Auburn, NY13021

Eligibility Application

Primary Caregiver General Information

First Name:		**Middle Initial:**		**Last Name:**	
Gender:		**Application date:**		**Birth Date:**	
Language:		**Other language:**		**Receiving WIC:**	☐ Yes ☐ No
Ethnicity:	☐ Latino	**HEAP**	☐ Yes ☐ No	**Food Stamps/ SNAP**	☐ Yes ☐ No

Race:
- ☐ Asian
- ☐ Bi-racial/ Multi-racial
- ☐ Black
- ☐ Caucasian
- ☐ Native American
- ☐ Other
- ☐ Pacific Islander
- ☐ Unspecified

Education Level:
- ☐ Bachelor or Advanced Degree
- ☐ College Degree or Training School Certificate
- ☐ ESL
- ☐ GED
- ☐ High School Graduate
- ☐ No High School
- ☐ Some College/ Vocational/ Associates Degree
- ☐ HighestGradeCompleted_____
- ☐ Unknown

Employment Status:
- ☐ Farmer
- ☐ Full-time training
- ☐ Employed Full-time
- ☐ Homemaker
- ☐ Job Training/ School PT
- ☐ Migrant Farm Worker
- ☐ Part-Time Training
- ☐ Employed Part-time
- ☐ Retired or Disabled
- ☐ Job Training or in School
- ☐ Employed Seasonal
- ☐ Seasonal Farm Worker
- ☐ Self employed
- ☐ Unemployed
- ☐ Unknown

Employer Name/ School Name:	
Veteran of the United States military:	☐ Yes ☐ No
Member of US military on active duty:	☐ Yes ☐ No

Phone (Home):	
Phone (Mobile):	
Phone (Work):	
Email Address:	
Home Address:	
City:	
State:	
ZIP Code	

Family Structure:	**Number in Family:**	**Number in Household:**	**Marital Status:**
☐ Single Parent ☐ Two Parent			☐ Married ☐ Widowed ☐ Divorced ☐ Single ☐ Separated ☐ Other

***Parent(s) / Guardian(s) Best Descriptor**
- ☐ Mother
- ☐ Father
- ☐ Grandparent
- ☐ Relative other than grandparent
- ☐ Foster parent not including relative
- ☐ Other

Family Type:
- ☐ Single Parent male
- ☐ Single Parent Female
- ☐ Two Parent Household
- ☐ Two Parent Unmarried
- ☐ Other

Disabled: ☐ Yes ☐ No
Medical Insurance: ☐ Yes ☐ No
Specify Medical Insurance:
- ☐ BCBS
- ☐ Medicaid/ CHIP
- ☐ State Funded
- ☐ Private
- ☐ Other

Current Housing:
- ☐ Own
- ☐ Rent
- ☐ Homeless
- ☐ Other

Comments:

☐ **No Secondary Caregiver (skip application for secondary caregiver)**

Secondary Caregiver General Information

First Name:		**Middle Initial:**		**Last Name:**	
Gender:		**Application date:**		**Birth Date:**	
Language:		**Other language:**			
Ethnicity:	☐ Latino				

Race:
- ☐ Asian
- ☐ Bi-racial/ Multi-racial
- ☐ Black
- ☐ Caucasian
- ☐ Native American
- ☐ Other
- ☐ Pacific Islander
- ☐ Unspecified

Education Level:
- ☐ Bachelor or Advanced Degree
- ☐ College Degree or Training School Certificate
- ☐ ESL
- ☐ GED
- ☐ High School Graduate
- ☐ No High School
- ☐ Some College/ Vocational/ Associates Degree
- ☐ HighestGradeCompleted_____
- ☐ Unknown

Employment Status:
- ○ Farmer
- ○ Full-timetraining
- ○ EmployedFull-time
- Homemaker
- ○ Job Training/ SchoolPT
- ○ Migrant FarmWorker
- ○ Part-TimeTraining
- ○ EmployedPart-time
- ○ Retired or Disabled
- ○ Job Training or inSchool
- ○ EmployedSeasonal
- ○ Seasonal FarmWorker
- ○ Selfemployed
- Unemployed
- ○ Unknown

Disabled:	☐ Yes ☐ No
Medical Insurance:	☐ Yes ☐ No

Employer Name/ School Name:	
Veteran of the United States military:	☐ Yes ☐ No
Member of US military on activeduty	☐ Yes ☐ No
Phone (Home):	
Phone (Mobile):	
Phone (Work):	
Email Address:	
Home Address:	
City:	
State:	
ZIP Code	
Specify Medical Insurance: ☐ BCBS ☐ Medicaid/ CHIP ☐ State Funded ☐ Private ☐ Other	Current Housing: ☐ Own ☐ Rent ☐ Other ☐ Homeless

I declare under penalty of perjury and the laws of the State of New York that the above information is true and correct to the best of my knowledge.

ParentSignature:_____ Date:_____

CAPStaffSignature:_____ Date_____

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Child Application

Child's Name:		**Birth Date:**	
Application Date:		**School District:**	
Gender:		**Ethnicity:**	☐ Latino
Primary Caregiver:		**Other Language:**	
Primary Language:		**Translator Needed:**	

Race:
- ☐ Asian
- ☐ Bi-racial/ Multi-racial
- ☐ Black
- ☐ Caucasian
- ☐ Native American
- ☐ Other
- ☐ Pacific Islander
- ☐ Unspecified

Medical Home:	
Date of Last Physical:	
Dental Home:	
Date of last Dental:	
Medical Insurance:	☐ Medicaid/ CHIP ☐ State Funded ☐ Private ☐ Other

Relation to Primary Caregiver:	
Relation to Secondary Caregiver:	

Eligibility Information:

Chronic health Concern/ At risk pregnancy:		**Caregiver further Education:**	
Lacks Childcare:		**Disability Status (IEP IFSP):**	
Mental health:		**Non-English Speaking(LEP):**	
Child Protective Services:		**Basic Needs are Not Met:**	
No Linkage to Health Services:		**Parent in Prison:**	
Homeless:		**Substance Abuse:**	
Domestic Violence:		**Foster Care/ Kinship Care:**	
Current Teen Parent:			

Emergency Contacts:
(Not Primary or Secondary Caregiver)

Name:	Relationship:	Phone Number:

Additional Family Members:

Name:	D.O.B.	Name:	D.O.B.