



APPLICATION DATE: _____ TIME: _____

CHILD, YOUTH AND SCHOOL SERVICES WAITING LIST FORM

AUTHORITY: PL 101-89 Sec 1507; EO 9397

PRINCIPAL PURPOSE: To collect applicant information for Child, Youth and School Services (CYSS) and place applicants on waiting lists for program services. Information compiled from application is also used to assist management determination of effectiveness of present and projection of future program requirements.

ROUTINE USE: None

DISCLOSURE: Voluntary; however, failure to furnish requested information will result in incomplete request for care record and possible loss of placement on the CYSS Program waiting list.

RESPONSIBILITY: It is the responsibility of the parent/guardian to notify CYSS every 3 months of their intent to remain on any CYSS waiting list.

SPONSOR INFORMATION

SPOUSE INFORMATION

NAME _____ SSN _____

NAME _____

HOME ADDRESS _____

HOME ADDRESS _____

(street, city, state, zip)

(street, city, state, zip)

HOME PHONE NUMBER _____

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____

WORK PHONE NUMBER _____

EMPLOYER _____

EMPLOYER _____

IF ACTIVE MILITARY: Branch _____ Rank _____

IF ACTIVE MILITARY: Branch _____ Rank _____

IF CIVILIAN: DOD _____ Contractor _____

IF CIVILIAN: DOD _____ Contractor _____ Other _____

CHILD'S NAME: _____

E-Mail _____

DATE OF BIRTH: _____ MALE _____ FEMALE _____

DATE CARE IS REQUIRED: _____

Unborn: _____ Expected due date: _____

ETHNICITY: _____

COMMENTS:

****If information has not been completed sufficiently to determine priority category, the applicant will be placed in the lowest category.

SPONSOR SIGNATURE: _____