

FAMILY DATA WORKSHEET

CENTER BASED PROGRAMS

FY 2011-12

Agency	Child Information
Site/Provider	
Contract(s)	
Review Dates	
Reviewer(s)	
Name _____ DOB _____	
Sample Month: _____	
On 801A but not served Y N	
California Resident Y N	

FAMILY SIZE		
Parent A	Evidence of single parent status	Y N NA
Parent B	Self-cert. of other parent's recent departure	Y N NA
Number of Parents	Absent parent doc. submitted within 6 mo	Y N NA
Number of Children	Birth record or other doc. for each child	Y N
Total Family Size	Family size determined correctly	Y N

ELIGIBILITY	
CHILD (see Need Section)	FAMILY
<input type="checkbox"/> At Risk, 3 mo.	<input type="checkbox"/> Income Eligible
<input type="checkbox"/> Child Protective Services	<input type="checkbox"/> CalWORKS
<input type="checkbox"/> Exceptional Needs (CHAN Only)	<input type="checkbox"/> Homeless

INCOME CALCULATION		
Income calculation: \$ _____ correct Y N	Most recent month (12 month average for migrant, agriculture or seasonal; 3-12 month average for unpredictable) Y N	
If not, correct amount \$ _____		
Income Calculation Worksheet used Y N	Documentation for parent with zero income Y N NA	
Income verified Y N	Self-Cert. verified at least every 4 months Y N NA	
Parental release present Y N	Sufficient income documentation Y N	

FAMILY FEE		
Fee assessed FT \$ _____ PT \$ _____	Fee correct	Y N NA
If not correct FT \$ _____ PT \$ _____	Collected timely	Y N NA

CERTIFICATION OR RECERTIFICATION		
Parent Signature Date _____	Previous Certification	Y N NA
Agency Signature Date _____	Date _____ Timely	Y N NA
9600 A complete Y N	9600 updated as needed	Y N NA

NOTICE OF ACTION		
Date NOA mailed/given _____	Appropriate Appeal Process	Y N
Services to Begin/Effective Date _____	NOA Accurate	Y N
Within Required Timeline Y N NA	NOA complete	Y N

ATTENDANCE		
Sign-in/out sheets complete Y N	Absences accurately documented	Y N NA
Hours of service align w/documentated need Y N		

NEED for Services

CHILD

- At Risk with written referral
 - Referral from legally qualified professional
 - Referral dated within 6 months
 - Recertified within 3 months with other need and eligibility
- Protective Services with written referral
 - Referral from legal, medical, social service agency or emergency shelter
 - Referral dated within 6 months
 - Recertified by 12 months with other need and eligibility

Employed	<input type="checkbox"/> Parent A	<input type="checkbox"/> Parent B
Sufficient documentation	Y N	Y N
<ul style="list-style-type: none"> • Employer verification • Employment release • Request for additional hours for travel/sleep • Documentation of variable schedule/actual hours • Variable schedule updated at least every 4 months • Certified hours do not align with employment documentation 		
Self-Employed	<input type="checkbox"/> Parent A	<input type="checkbox"/> Parent B
Sufficient documentation	Y N	Y N
<ul style="list-style-type: none"> • Documentation of parent's declaration of need • Documentation indicating days/hours worked • Contractor assessed the reasonableness of time requested • Self employment documentation updated at least every 4 months 		
Seeking Employment	<input type="checkbox"/> Parent A	<input type="checkbox"/> Parent B
Sufficient documentation	Y N	Y N
<ul style="list-style-type: none"> • Parent seeking permanent employment written declaration/plan • Approval for 20 additional days documented • No more than 60 days-5 days wkly, less than 30 hours wkly 		
Vocational or Training Program	<input type="checkbox"/> Parent A	<input type="checkbox"/> Parent B
Sufficient documentation	Y N	Y N
<ul style="list-style-type: none"> • Complete training verification form/info on file • Current grade record submitted within 10 days of release • At least 2.0 GPA or 50% passing non-grade program • Probationary progress report 		
Parent Incapacitation	<input type="checkbox"/> Parent A	<input type="checkbox"/> Parent B
Sufficient documentation	Y N	Y N
<ul style="list-style-type: none"> • Certified hours no more 50 hrs wkly • Certified hours align with incapacitation statement • Health professional info documented 		
Seeking Permanent Housing	<input type="checkbox"/> Parent A	<input type="checkbox"/> Parent B
Sufficient documentation	Y N	Y N
<ul style="list-style-type: none"> • No more than 60 days-5 days wkly, less than 30 hours wkly • Parent seeking permanent housing written declaration & plan 		