

FAMILY FINANCIAL STATEMENT

STAFF USE ONLY – CHECK ASSESSMENT TYPE

Initial
 Redetermination
 Change of Circumstance

| A TELL US ABOUT YOUR CHILD | | | | |
|--------------------------------|-------------|---|----------------------------|--------------------------------|
| Child's First Name | Middle Name | Last Name | Suffix | Date of Birth (MM/DD/YYYY) |
| Date of Placement (MM/DD/YYYY) | | Account Number or Child's Unique Client Identifier (UCI) | | Child's Social Security Number |
| Regional Center Name | | | | |
| Care Facility Name | | | Care Facility Phone Number | |
| Care Facility Address | | City | State | Zip Code |
| Parent 1 First Name | Last Name | Lives with Child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Parent 2 First Name | Last Name | Lives with Child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| B FAMILY SIZE (Tell us about the people in the Family Home) | | | | |
|--|------------|-----------|-----|------------------------------|
| <i>Family Size includes a group of two or more persons related by birth, marriage, or adoption, who live together.</i> | | | | |
| | First Name | Last Name | Age | Relationship to You |
| 1 | | | | Self |
| 2 | | | | Your Child (listed in Box A) |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| Note: If there are more dependents, attached another sheet of paper | | | | |

| C TELL US ABOUT YOU (Parent completing this form) | | | | | |
|--|-------------|---|--|----------------------------|------------------------------------|
| First Name | Middle Name | Last Name | Suffix | Date of Birth (MM/DD/YYYY) | Relationship to the Child in Box A |
| Home Address | | Apt# | City | State | Zip Code |
| Home Phone Number | | | Mobile Phone Number | | |
| Email Address | | | Social Security Number | | |
| Are You Currently Employed? <input type="checkbox"/> Yes (Answer the questions below) <input type="checkbox"/> No (Skip to Section D) | | | Are You Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of Employer | | Position / Job Title | | | |
| Work Phone Number | | If Employment is Seasonal, How Many Months Worked Per Year? | | | |

| D TELL US ABOUT YOUR SPOUSE LIVING IN THE HOME <i>If married, complete spouse related questions below</i> | | | | | |
|---|-------------|---------------------|---|----------------------------|------------------------------------|
| Spouse's First Name | Middle Name | Last Name | Suffix | Date of Birth (MM/DD/YYYY) | Relationship to the Child in Box A |
| Email Address | | Mobile Phone Number | | Social Security Number | |
| Is Your Spouse Currently Employed? <input type="checkbox"/> Yes (Answer the questions below) <input type="checkbox"/> No (Skip to Section E) | | | Is Your Spouse Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of Employer | | | Position / Job Title | | |
| Work Phone Number | | | If Employment is Seasonal, How Many Months Worked Per Year? | | |

| E GROSS INCOME(s) <i>List all income you and/or your spouse receive and report the gross amount for each income source.</i> You must provide proof of all income sources received. |
|--|
|--|

| SOURCE | SELF | | | | | | SPOUSE | | | | | |
|--------------------------|------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | Gross Amount Per Check | Weekly | Bi-Weekly | 2x per Month | Monthly | Annually | Gross Amount Per Check | Weekly | Bi-Weekly | 2x per Month | Monthly | Annually |
| Wages | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Self-Employment Income | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Unemployment Benefits | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Social Security Income | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Retirement Income | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Rental Income | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Public Assistance | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dividends and Interest | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Child Support | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Alimony | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Income (Describe): | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| F DEDUCTIONS: ALIMONY/CHILD SUPPORT PAID <i>Report the amount paid for each source. Only Child Support and/or Alimony paid to the Child in Box A's parent is excluded.</i> You must provide proof of payment to receive a deduction. This does not include the Child's SSI and SSA benefits paid to the Care Facility. |
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|--|

| Source | Monthly Paid Amount |
|---|---------------------|
| Alimony Paid to the Child's Parent | |
| Child Support Paid to the Child's Parent | |
| Child Support Paid to the Regional Center | |

| G SIGNATURE(s) <i>By signing this form, I declare under penalty of perjury that the information provided is true and correct.</i> |
|---|
|---|

| | |
|----------------------------------|-------------------|
| Signature | Date (MM/DD/YYYY) |
| Spouse Signature (if applicable) | Date (MM/DD/YYYY) |