

FAMILY FINANCIAL STATEMENT

DS 1235A (Rev. 07/2016)

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)		Unique Client Identifier Number (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?		
			Yes	No	
Parent 2	First Name	Last Name	Lives with Child?		
			Yes	No	

B FAMILY SIZE (Tell us about the people in the Family Home)

Family Size includes a group of two or more persons related by birth, marriage, or adoption, who live together.

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)	
Home Address		Apt#	City	State	Zip Code
Home Phone Number			Mobile Phone Number		
Email Address			Social Security Number		
Are you Currently Employed:		Yes (If yes, answer the questions below)		Are you Self Employed?	
		No (If no, skip to Section D)		Yes	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

If married, complete spouse related questions below

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:				Yes (If yes, answer the questions below)	
				No (If no, skip to Section E)	
Name of Employer				Position/Job Title	
Work Phone Number				If Employment is Seasonal, How Many Months Worked Per Year	

E GROSS INCOME(s)

List all income you and/or your spouse receive and report the gross amount for each income source.

You must provide proof of all income sources received.

SOURCE	SELF				SPOUSE			
	Gross Amount per Check	How Often (mark one)			Gross Amount per Check	How Often (mark one)		
Wages	\$	Weekly	Bi-Weekly	2x/Month	\$	Weekly	Bi-Weekly	2x/Month
			Monthly	Annually			Monthly	Annually
Unemployment Benefits	\$	Weekly	Bi-Weekly	2x/Month	\$	Weekly	Bi-Weekly	2x/Month
			Monthly	Annually			Monthly	Annually
Social Security Income	\$	Weekly	Bi-Weekly	2x/Month	\$	Weekly	Bi-Weekly	2x/Month
			Monthly	Annually			Monthly	Annually
Retirement Income	\$	Weekly	Bi-Weekly	2x/Month	\$	Weekly	Bi-Weekly	2x/Month
			Monthly	Annually			Monthly	Annually
Rental Property	\$	Weekly	Bi-Weekly	2x/Month	\$	Weekly	Bi-Weekly	2x/Month
			Monthly	Annually			Monthly	Annually
Public Assistance	\$	Weekly	Bi-Weekly	2x/Month	\$	Weekly	Bi-Weekly	2x/Month
			Monthly	Annually			Monthly	Annually
Dividends and Interest	\$	Weekly	Bi-Weekly	2x/Month	\$	Weekly	Bi-Weekly	2x/Month
			Monthly	Annually			Monthly	Annually
Child Support	\$	Weekly	Bi-Weekly	2x/Month	\$	Weekly	Bi-Weekly	2x/Month
			Monthly	Annually			Monthly	Annually
Alimony	\$	Weekly	Bi-Weekly	2x/Month	\$	Weekly	Bi-Weekly	2x/Month
			Monthly	Annually			Monthly	Annually
Adoption Assistance	\$	Weekly	Bi-Weekly	2x/Month	\$	Weekly	Bi-Weekly	2x/Month
			Monthly	Annually			Monthly	Annually
Other Income	\$	Weekly	Bi-Weekly	2x/Month	\$	Weekly	Bi-Weekly	2x/Month
Describe:			Monthly	Annually			Monthly	Annually

F DEDUCTIONS: ALIMONY/CHILD SUPPORT PAID

Report the amount paid for each source. Only Child Support and/or Alimony paid to the Child in Box A's parent is excluded.

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.

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)

By signing this form, I declare under penalty of perjury that the information provided is true and correct.

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