

**ANNUAL FAMILY PROGRAM FEE
REGISTRATION FORM
DS 6009 (04/2016)**

Welfare and Institutions Code Section 4785 requires parents of qualifying children under 18 years of age to pay an annual family program fee based on adjusted gross family income.

Assessed Amount \$	Assessment Date:
	Fiscal Year of Assessment:

Please complete the following information

CONSUMER NAME(s)	RC #	UCI #	DATE OF BIRTH
<u>PARENT – 1</u>		<u>PARENT – 2</u>	
Social Security Number:		Social Security Number:	
NAME		NAME	
First _____ MI _____	First _____ MI _____		
Last _____	Last _____		
Date of Birth _____	Date of Birth _____		
ADDRESS		ADDRESS	
Street _____	Street _____		
City _____ State _____	City _____ State _____		
Zip _____	Zip _____		
PHONE NUMBERS (include area code)		PHONE NUMBERS (include area code)	
Home:	Home:		
Work:	Work:		
Mobile:	Mobile:		
Email:	Email:		

Parent 1 – Signature

Date

Parent 2 – Signature

Date