

ANNUAL FAMILY PROGRAM FEE – REGISTRATION FORM

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:	Family Size:	Fiscal Year of Assessment:
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Please complete the following information:

CONSUMER NAME(s)	RC #	UCI #	Date of Birth

PARENT – 1	PARENT – 2
Social Security Number	Social Security Number
First Name	First Name
Middle Initial	Middle Initial
Last Name	Last Name
Date of Birth	Date of Birth
Street Address	Street Address
City	City
State	State
Zip Code	Zip Code
Home Phone Number	Home Phone Number
Work Phone Number	Work Phone Number
Mobile Phone Number	Mobile Phone Number
Email	Email

Parent 1 – Signature

Date

Parent 2 – Signature

Date