

**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	
				Yes No	

**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 Describe:	\$	Weekly	Bi-Weekly	2x/Month	\$	Weekly	Bi-Weekly	2x/Month
			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)