



**BABY PROMISE APPLICATION**  
**Child Care Resource & Referral**  
**PO Box 301426**  
**Portland, OR 97294**  
**Phone: (503) 491-6205**



**BABY PROMISE Applicant and Family Member Information**

Applicant							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	(for office use only: ChildPlus ID)
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	

Applicant							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	(for office use only: ChildPlus ID)
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	

\* If a family has more than two children applying for services, please complete a separate copy of this form for additional applicants.

Primary Adult								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	ODHS ERDC Case ID#	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient		
Employment Status					Child's Relationship			
<input type="checkbox"/> Full Time		<input type="checkbox"/> Full Time & Training		<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Foster		
<input type="checkbox"/> Part Time		<input type="checkbox"/> Part Time & Training		<input type="checkbox"/> Grandchild		<input type="checkbox"/> Other		
<input type="checkbox"/> Seasonal		<input type="checkbox"/> Training or School		<input type="checkbox"/> Other Relative				
<input type="checkbox"/> Unemployed		<input type="checkbox"/> Retired or Disabled						
Contact Information								
Phone number: <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Msg								
( )			<input type="checkbox"/> Yes <input type="checkbox"/> No May we text this number? *standard text message rates may apply*					
Email Address:								

Secondary or Other Adult										
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID		
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little				
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate				
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None				
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient				
Employment Status					Child's Relationship					
<input type="checkbox"/> Full Time		<input type="checkbox"/> Full Time & Training		<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Foster				
<input type="checkbox"/> Part Time		<input type="checkbox"/> Part Time & Training		<input type="checkbox"/> Other		<input type="checkbox"/> Other Relative				
<input type="checkbox"/> Seasonal		<input type="checkbox"/> Training or School		<input type="checkbox"/> Grandchild						
<input type="checkbox"/> Unemployed		<input type="checkbox"/> Retired or Disabled								
Contact Information										
Phone number: <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Msg										
( )			<input type="checkbox"/> Yes <input type="checkbox"/> No May we text this number? *standard text message rates may apply*							
Email Address:										



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Address			
Family Living Address	City	State	Zip
<input type="checkbox"/> Mailing Address (if different)	City	State	Zip

Additional Contacts: In case we cannot get ahold of you			
Name	Phone number	Type	Relationship to adult
	( )		
	( )		

General Information						
Parental Status (check one)	Primary Language at Home	Receiving TANF	Active Military Family	Receiving Ongoing Housing Assistance	Receiving SSI	Receiving SNAP
<input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Parents		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**How did you hear about us?**

Certification: *I certify this information is true. If any part is false, my participation in this agency's programs may be terminated; and, I may be subject to legal action. I also understand the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_