

BABY PROMISE APPLICATION

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



BABY PROMISE Applicant and Family Member Information

Applica	nt						
First	Middle	Last	Suffix	Nickname	Birthday	Gender	(for office use only: ChildPlus ID)
Race			Hispanic	English Proficiency	other	Language	Other Language Proficiency
□ Asian	American Indian/Ala	aska Native	□ Yes	□ Little			□ Little
Black	Hawaiian/Pacific Isl	ander	□ No	Moderate			Moderate
□ White	Multi-Racial			□ None			□ None
□ Other: _				□ Proficient			□ Proficient

Applica	Int						
First	Middle	Last	Suffix	Nickname	Birthday	Gender	(for office use only: ChildPlus ID)
Race			Hispanic	English Proficiency	dther	Language	Other Language Proficiency
□ Asian	American Indian/Al	aska Native	□ Yes	□ Little			□ Little
Black	Hawaiian/Pacific Is	lander	🗆 No	Moderate			Moderate
□ White	te D Multi-Racial			□ None			□ None
□ Other: _				□ Proficient			□ 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 Asian Black White Other:	□ American Indian/Alas □ Hawaiian/Pacific Isla □ Multi-Racial		Hispanic □ Yes □ No	English Proficiency Little Moderate None Proficient	Othe	er Language	Other Language Proficiency Little Moderate None Proficient
Employme					Child	d's Relationship	
□ Full Tim □ Part Tim □ Seasona □Unemplo	e ne al	□ Full Time & T □ Part Time & T □ Training or So □ Retired or Dis	raining chool		□ Bio □ Gr	ological/Adopted/Step randchild ther Relative	□ Foster □ Other
Contact Inf	formation						
Phone num	nber: 🗆 Cell 🗆 Text 🗆 H	lome □ Work □	Msg				
()		🗆 Yes 🗆 N	lo May we text t	his number? *stand	ard text me	essage rates may apply	*
Email Addr	ess:						
Second	arv or Other Adult						
Seconda First	ary or Other Adult Middle	Last	Suffix	Nickname	Birthday	Gender SSN	N Alt ID
		Last	Suffix	Nickname	Birthday	Gender SSN	N Alt ID
	Middle	ska Native	Suffix Hispanic Yes No	Nickname English Proficiency Little Moderate None Proficient		Gender SSN er Language	Alt ID Other Language Proficiency Little Moderate None Proficient
First Race □ Asian □ Black □ White	Middle American Indian/Ala: Hawaiian/Pacific Isla Multi-Racial	ska Native	Hispanic □ Yes	English Proficiency Little Moderate None	Othe		Other Language Proficiency Little Moderate None
First Race Asian Black White Other:	Middle American Indian/Ala: Hawaiian/Pacific Isla Multi-Racial nt Status e al	ska Native	Hispanic Yes No raining raining chool	English Proficiency Little Moderate None	Othe Chilc	er Language d's Relationship ological/Adopted/Step	Other Language Proficiency Little Moderate None
First Race Asian Black White Other: Employme Full Tim Part Tim Seasona	Middle American Indian/Ala: Hawaiian/Pacific Isla Multi-Racial nt Status e he al oyed	ska Native nder □ Full Time & T □ Part Time & T □ Training or Sc	Hispanic Yes No raining raining chool	English Proficiency Little Moderate None	Othe Chilc	er Language d's Relationship ological/Adopted/Step ther	Other Language Proficiency Little Moderate None Proficient Foster
First Race Asian Black White Other: Employme Full Tim Part Tim Seasona Unemplo Contact Inf	Middle American Indian/Ala: Hawaiian/Pacific Isla Multi-Racial nt Status e he al oyed	ska Native nder Dert Time & T Training or So Retired or Dis	Hispanic Yes No raining rraining chool sabled	English Proficiency Little Moderate None	Othe Chilc	er Language d's Relationship ological/Adopted/Step ther	Other Language Proficiency Little Moderate None Proficient Foster
First Race Asian Black White Other: Employme Full Tim Part Tim Seasona Unemploc	Middle American Indian/Alas Hawaiian/Pacific Isla Multi-Racial nt Status e he al byed formation	ska Native nder 	Hispanic Yes No raining raining chool sabled Msg	English Proficiency Little Moderate None Proficient	Othe Chilc Difference Chilc Chilc Chilc Gr	er Language d's Relationship ological/Adopted/Step ther	Other Language Proficiency Little Moderate None Proficient Foster Other Relative



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Address			
Family Living Address	City	State	Zip
Mailing Address (if different)	City	State	Zip

Additional Contacts: In case we cannot get ahold of you							
Name	Phone number	Туре	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	
□1 Parent □ 2 Parents		🗆 Yes 🗆 No	🗆 Yes 🗆 No	□ Yes □ No	🗆 Yes 🗆 No	🗆 Yes 🗆 No	

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 _____