# UCLA Early Care and Education
## Tuition Assistance Request Form

Information requested is used to determine eligibility and establish need for subsidized child care services.

### COMPLETE BOTH SIDES

#### Affiliated Parent Information

<table>
<thead>
<tr>
<th>Last name:</th>
<th>First name:</th>
<th>Application Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street address:</th>
<th>City:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home phone:</th>
<th>Work/Other phone:</th>
<th>Primary language:</th>
</tr>
</thead>
</table>

Indicate if your household is a:

- [ ] Single parent family
- [ ] Two parent family

Anticipated year of completion:

#### Parent/Guardian #2 Information (Complete only if there is another parent/guardian residing in the same home).

<table>
<thead>
<tr>
<th>Last name:</th>
<th>First name:</th>
<th>Contact phone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of employer/school:</th>
<th>Primary language:</th>
</tr>
</thead>
</table>

#### Reason for Needing Child Care (check all that apply.)

<table>
<thead>
<tr>
<th>Affiliated Parent</th>
<th>Parent/Guardian #2</th>
</tr>
</thead>
</table>

- Working
- Attending School of Job Training
- Medically Incapacitated/Disabled
- Looking for Work

**CalWORKs Participation (cash aid)**

- Are you currently receiving cash aid? Yes [ ] No [ ]
- Have you received cash aid within the last two years? Yes [ ] No [ ]

If YES, last date of cash aid payment: __________ / _______ / _______

#### Monthly Income Source

(Enter total dollars, before taxes and deductions, for each source of income for parents/guardians in the household.)

<table>
<thead>
<tr>
<th>Affiliated Parent</th>
<th>Parent/Guardian #2</th>
</tr>
</thead>
</table>

- Work/Employment $ |
- Child Support $ |
- Spousal Support $ |
- Gifts from Parents/Relatives $ |
- State Disability $ |
- Cash Aid (CALWORKs) $ |
- SSI/SSP $ |
- Financial Aid Disbursement for the quarter $ |
- Other: (explain) $ |

| Total Monthly Gross Income: $ |
### UCLA Early Care and Education
#### Tuition Assistance Request Form

**Children Living at Home needing subsidized child care services (Attach an additional page, if needed.)**

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Gender (circle one)</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>M</td>
</tr>
</tbody>
</table>

**Special Needs (check all that apply)**

<table>
<thead>
<tr>
<th>Child #1</th>
<th>Child #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protective Services</td>
<td>☐</td>
</tr>
<tr>
<td>Child has IFS (Individual family Services Plan) or IEP (Individual Education Plan)</td>
<td>☐</td>
</tr>
<tr>
<td>Child receives services through Regional Center or local School District</td>
<td>☐</td>
</tr>
<tr>
<td>Social emotional/behavior</td>
<td>☐</td>
</tr>
<tr>
<td>Ongoing health problems</td>
<td>☐</td>
</tr>
<tr>
<td>Speech/communication</td>
<td>☐</td>
</tr>
<tr>
<td>Vision or Hearing</td>
<td>☐</td>
</tr>
<tr>
<td>Other (explain):</td>
<td>☐</td>
</tr>
<tr>
<td>Child currently enrolled at a program? if yes, where?</td>
<td>☐</td>
</tr>
</tbody>
</table>

*I declare under penalty of perjury that the above information is true and correct to the best of my knowledge*

**Signature of Affiliated Parent:**

**Print Name:**

**Date:**