



CHILDREN'S
HOME
SOCIETY OF
CALIFORNIA
www.chs-ca.org

Statement of Homelessness

Name of Child(ren) Please include additional children on the back.	Birthdate(s)	Is Care Needed? Circle Yes or No	
		1. Yes	1. No
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		
6.	6.		

Please indicate the child care schedule that you are requesting.							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:	am	am	am	am	am	am	am
	pm	pm	pm	pm	pm	pm	pm
End Time:	am	am	am	am	am	am	am
	pm	pm	pm	pm	pm	pm	pm
Variable Schedule Only - Total number of hours requested per week:							

Requested Child Care Start Date: Please note the start date cannot be back-dated.	
Requested Child Care Provider: Please include name, phone number, and/or provider ID (if known)	

Additional Information:

I declare this information is true and correct. I understand that a willful statement of false information for the purpose of receiving state subsidized child care services is considered fraud and is an offense punishable by law. I certify, under penalty of perjury, that the above information is accurate.

Parent Name: _____

Parent Signature: _____

Date: _____