



CalWORKs Child Care Request Form Attachment

Student Name	
Last 4 digits of SSN	
County Case Number	
Phone Number	
Address	

The above named student is requesting child care to be covered for the period documented on this form. The student's detailed class and/or work schedule is attached.

CalWORKs Activity Start Date: _____ **CalWORKs Activity End Date:** _____

Child Care Hours Requested

Day	From	To
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Child(ren) Information

Child's Name	Date of Birth	Child in (K-8) School?		Need before/after care when child out of (K-8) school?	
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO

Shawna Lujan CalWORKs Program Coordinator

Student Signature

Date: _____

Date: _____