

Change of Status Form

Child/Pregnant Woman's Name:	Year:	Date:
Staff:	Parent/Guardian:	
<input type="checkbox"/> This was a pregnant woman's application. She delivered and the application has been transferred to the baby: _____	Add or Remove Child or Pregnant Woman to the following Wait Lists: _____	

Changes to Family-CHILD Additions Changes/Corrections Remove Family Member

First & Last Name:	Date of Birth:	Language:
Complete this section if changing a pregnant woman's application to her newborn baby: I have seen proof of the birth date for the newborn and certify that the date on this form is correct.		
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Medical Card <input type="checkbox"/> Immunization Record <input type="checkbox"/> Other: _____		
Signature of Staff: _____		Date: _____
Sex: M F	Race: <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi Racial/Bi Racial <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Unspecified <input type="checkbox"/> Other _____	Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location preferences: 1 st : <input type="checkbox"/> HB <input type="checkbox"/> CB _____ 2 nd : <input type="checkbox"/> HB <input type="checkbox"/> CB _____	Child Is Related to: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both	How is the Child Related? <input type="checkbox"/> Child (Bio/Adopted/Step) <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other
		Is this child part of a dual custody family? Y N

Changes to Family—ADULT Additions Changes/Corrections Remove Family Member

First & Last Name:	Date of Birth:	Language:
Sex: M F	Race: <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi Racial/Bi Racial <input type="checkbox"/> White <input type="checkbox"/> Unspecified <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other _____	Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Training <input type="checkbox"/> Unemployed	Highest Grade Completed: <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> Some College <input type="checkbox"/> Vocational Training <input type="checkbox"/> HS/GED <input type="checkbox"/> G12 but no diploma <input type="checkbox"/> G11 <input type="checkbox"/> G10 <input type="checkbox"/> G9 or under	<input type="checkbox"/> This is a change of Custody from _____ to: ____ Foster Parent ____ Natural Parent ____ Other _____
Parent's Email Address: _____		

Change of Employment/Education for Parent(s): _____

<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Parent is now employed <input type="checkbox"/> Both parents are employed. <input type="checkbox"/> Parent is now in school/training (Complete Employment Status and Occupation above)	<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Completed degree/training _____ (Complete Highest Grade Completed Status above)
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Change of Custody for Child: _____

<input type="checkbox"/> I no longer want the Non-Custodial Parent involved with the education of my child.
