



**Butte County Department of Employment & Social Services
Children's Services Division
Parent/Guardian Income Information**

Child's Name	Date of Birth	Child's Name	Date of Birth
1.		4.	
2.		5.	
3.		6.	
Parent/Guardian # 1:		Parent/Guardian # 2:	
Address:		Address:	
Phone:		Phone:	
What is your monthly gross income before taxes?		What is your monthly gross income before taxes?	
Do you receive income from:	Monthly amount	Do you receive income from:	Monthly amount
<input type="checkbox"/> Salary/Wages		<input type="checkbox"/> Salary/Wages	
<input type="checkbox"/> Child Support		<input type="checkbox"/> Child Support	
<input type="checkbox"/> Disability- Worker's comp, etc.		<input type="checkbox"/> Disability- Worker's comp, etc.	
<input type="checkbox"/> Unemployment		<input type="checkbox"/> Unemployment	
<input type="checkbox"/> Pensions		<input type="checkbox"/> Pensions	
<input type="checkbox"/> SSI/SSP		<input type="checkbox"/> SSI/SSP	
<input type="checkbox"/> Veteran's Benefits		<input type="checkbox"/> Veteran's Benefits	
<input type="checkbox"/> Other- Social Security, etc.		<input type="checkbox"/> Other- Social Security, etc.	
Employer:		Employer:	
Employer Address:		Employer Address:	
Do you:		Do you:	
Own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, vehicle year/model:		Own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, vehicle year/model:	
Own real or personal property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, property address:		Own real or personal property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, property address:	
Have a checking/savings bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name & address of bank: Amount in savings: Amount in checking:		Have a checking/savings bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name & address of bank: Amount in savings: Amount in checking:	
Own other assets? <input type="checkbox"/> Yes <input type="checkbox"/> No Type and value:		Own other assets? <input type="checkbox"/> Yes <input type="checkbox"/> No Type and value:	
Pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how much:		Pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how much:	
Do your children:			
Have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, company name and policy #:		Have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, company name and policy #:	
Own real or personal property? <input type="checkbox"/> Yes <input type="checkbox"/> No Type and value: (land, cash, car, trust fund, bond, etc)		Own real or personal property? <input type="checkbox"/> Yes <input type="checkbox"/> No Type and value: (land, cash, car, trust fund, bond, etc)	
Do your children receive:	Monthly amount	Do your children receive:	Monthly amount
<input type="checkbox"/> Social Security		<input type="checkbox"/> Social Security	
<input type="checkbox"/> Child Support		<input type="checkbox"/> Child Support	
<input type="checkbox"/> Railroad Retirement		<input type="checkbox"/> Railroad Retirement	
<input type="checkbox"/> SSI/SSP		<input type="checkbox"/> SSI/SSP	
<input type="checkbox"/> Veteran's Benefits		<input type="checkbox"/> Veteran's Benefits	
<input type="checkbox"/> Salary/Wages		<input type="checkbox"/> Salary/Wages	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

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Parent/Guardian's Signature	Date
Parent/Guardian's Signature	Date
Social Worker's Signature	Date

For office use only:

Attempts made to locate/talk with mother <input type="checkbox"/> Not applicable. Mother signed form or provided information.	1. 2. 3.
Attempts made to locate/talk with father <input type="checkbox"/> Not applicable. Father signed form or provided information.	1. 2. 3.
CW-51 Referral for mother	<input type="checkbox"/> Yes - It is not contrary to the child's best interest to refer the case to child support. <input type="checkbox"/> No- It is not in the child's best interest to refer the case to child support as it would pose a barrier to the parents'/guardians' ability to meet at least one of the following: <input type="checkbox"/> Reunification/case plan requirements <input type="checkbox"/> Current/future financial needs of family <input type="checkbox"/> Needs of other children in household at risk of removal <input type="checkbox"/> Permanency plan with related legal guardianship under the KinGAP program
CW-51 Referral for father	<input type="checkbox"/> Yes - It is not contrary to the child's best interest to refer the case to child support. <input type="checkbox"/> No- It is not in the child's best interest to refer the case to child support as it would pose a barrier to the parents'/guardians' ability to meet at least one of the following: <input type="checkbox"/> Reunification/case plan requirements <input type="checkbox"/> Current/future financial needs of family <input type="checkbox"/> Needs of other children in household at risk of removal <input type="checkbox"/> Permanency plan with related legal guardianship under the KinGAP program