

Date: _____

Child's Name: _____

DOB: _____

SSN: _____

Custodians Name: _____

DOB: _____ SSN: _____

Custodians Name: _____

DOB: _____ SSN: _____

Custodian's Phone: _____

Email _____

Custodians Relationship to child: (Check one)

- Relative
- Non-Relative/Kin
- Other (please explain relationship): _____

How Verified: _____

Mother's right's terminated/relinquished?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Father's right's terminated/relinquished?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

A. Social Security Benefits:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, amount	_____
B. Supplemental Security Income:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, amount	_____
C. Child Support:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, amount	_____
D. Income from trust or annuity:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, amount	_____
E. Other Benefits:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, amount	_____

Anticipated date of child's high school graduation: _____

PPS Administration Use Only for Final Approval:

- Approved
- Denied

PPS Program Manager Signature: _____
 Date: _____

