



Community Action Partnership

2018 2019 Referral Form

Please fill in the form completely, clearly, and accurately. All information will be kept confidential.

Child's Name: _____ Date of Birth: _____ Language: _____

Mother/Guardian's Name: _____ Language: _____

Relationship to the child (Mother, Foster Mother, Grandmother, etc): _____

Father/Guardian's Name: _____ Language: _____

Relationship to the child: (Father, Foster Father, Grandfather, etc): _____

Address: _____

Telephone (home, cell, work): _____

Email Address: _____

Ways to return this form:

- Bring to the CAP office at 601 S. Queen Street, Lancaster.
- Leave with personnel at the office you are currently visiting or in the designated area.
- Call Bobbie Frick at 299-7301 x 3012
- Email this information to bfrick@caplanc.org
- Fax to 717-431-0406 Attn: Bobbie Frick

Once received, a Family Advocate will be in contact to schedule your application appointment. At that time you will need to present your child's birth certificate, immunizations, and your families' proof of income for 12 months.

<p>Foster children, homeless children, families that receive SSI or TANF and families that have an annual gross income at or below 100% of the guidelines are eligible for our program.</p> <p>If your gross annual income falls between 100% - 150%, your child is over-income eligible. We can complete an application however your child will be lower on our waiting list.</p> <p>If your income is above 150% - your child does not qualify for our program and we cannot complete an application.</p>	Family Size	100%	150%
	1	\$12,140	\$18,210
	2	16,460	24,690
	3	20,780	31,170
	4	25,100	37,650
	5	29,420	44,130
	6	33,740	50,610
	7	38,060	57,090
	8	42,380	63,570