



SAN BENITO COUNTY

TRACEY BELTON
DIRECTOR

Health & Human Services Agency

COMMUNITY SERVICES & WORKFORCE DEVELOPMENT

1111 SAN FELIPE ROAD, Suite 107 • HOLLISTER, CA 95023

(831) 637-9293 • FAX (831) 634-0785 • www.sbccab.com

Client Name/


Nombre del Solicitante: _____

Date/Fecha: _____

Last 4 digits of SSN

Intake Worker: _____

ultimos 4 Número De Seguro Social _____

		REALIZA TUS SUEÑOS
<input type="checkbox"/>	Income Verification for the past 30 days from all members of your household.	<i>Verificación de ingresos de los últimos 30-días de todos los miembros de su casa.</i>
<input type="checkbox"/>	Photo I.D. for all the adults (18+) in the household.	<i>Identificación con foto de todos los adultos (18+) en su hogar.</i>
<input type="checkbox"/>	Social Security cards for all children and adults.	<i>Tarjetas de Seguro Social de todos los adultos y niños</i>
<input type="checkbox"/>	Birth Certificates for all children	<i>Certificado de nacimiento de todo los niños y adultos en la casa</i>
<input type="checkbox"/>	Provide proof that you are a San Benito County resident	<i>Prueba de ser residente del Condado de San Benito.</i>
<input type="checkbox"/>	Youth Questionnaire	<i>Cuestionario juventud</i>
<input type="checkbox"/>	Activity flyer or brochure from business, organization, club	<i>Folleto de actividad de parte de la empresa, organización, club</i>

Client Signature/*Firma de solicitante* _____

Date/*Fecha* _____

Approved

Not Approved

Reviewed by: Ruby Soto

CSBG 2024 Income Guidelines		
Persons in Family/ Household	Monthly 200%	Annual Income 200%
1	\$2,510.00	\$30,120.00
2	\$3,406.67	\$40,880.00
3	\$4,303.33	\$51,640.00
4	\$5,200.00	\$62,400.00
5	\$6,096.67	\$73,160.00
6	\$6,993.33	\$83,920.00
7	\$7,890.00	\$94,680.00
8*	\$8,786.67	\$105,440.00



Updated 07.2024

COMMUNITY ACTION BOARD & WORKFORCE Development BOARD

SERVING SAN BENITO COUNTY SINCE 1978

The County CSWD is an equal opportunity employer/program



The County of San Benito complies with the Americans with Disabilities Act (ADA) by assuring that auxiliary aids for services are available upon request to persons with disabilities. Persons with hearing disabilities can call the TDD/TTY phone (831) 637-3265. Persons requiring any special needs for access to should call the CSWD office at 831-637-9293 at least five business days before the needed date to arrange for the special accommodations.

REASON (S) FOR ASSISTANCE	<i>RAZON(ES) PARA LA ASISTENCIA</i>
Please state the reason(s) why you are requesting assistance from the Dream Catcher Program. If you need more space, please use the back of sheet	<i>Por favor indique la razón(es) del porque usted necesita asistencia del Programa de Asistencia- REALIZA TUS SUEÑOS</i> <i>Si necesita mas espacio, favor de usar el reverso de esta pagina.</i>

To be completed by the client/Completado por el solicitante

I hereby certify, under penalty of perjury that the above information is correct to the best of my knowledge	<i>Yo, certifico dentro pena de perjurio que la información escrita arriba es la verdad en lo mejor de mi conocimiento</i>
--	--

Client Signature/*Firma del Solicitante*

Date/*Fecha*

SENIOR HIGH EXPENSES: From the options below, please number your top 3 choices with #1 being your first choice.		
___ Senior portraits	___ SAT/ACT registration	___ Formal dances and events (homecoming, prom, etc.)
___ Class Ring	___ College application fees	___ Scholarship for senior class t rip
___ Yearbook	___ College enrollment deposit.	___ Graduation regalia (cap and gown)

DREAM CATCHER PROGRAM	PROGRAMA DE REALIZA TUS SUEÑOS
TO BE COMPLETED BY PARTICIPANT/CHILD	DEBE SER COMPLETADO POR EL PARTICIPANTE/NIÑO(A)
Please answer the questions below and add anything we should know about you?	<i>Por favor, conteste las siguientes preguntas y añadir algo que debamos saber sobre usted?</i>

<p>What do you do when you come home after school each day? <i>¿Qué se hace cuando llega a casa después de la escuela todos los días?</i></p>
<p>What is your favorite outdoor activity? <i>¿Cuál es su actividad favorita en tu tiempo libre?</i></p>
<p>If you could participate in an after school program (sports, arts, music, etc., what would it be? <i>¿Si pudieras participar en un programa después de la escuela (como deportes, arte, música, etc.), ¿qué sería?</i></p>
<p>How will this program benefit you? <i>¿Cómo será este programa un beneficio para ti?</i></p>

Child Signature/ <i>Firma del Nino(a)</i>	Date/ <i>Fecha</i>
---	--------------------

Client/Signature/ <i>Firma del Solicitante</i>	Date/ <i>Fecha</i>
--	--------------------