



APPLICATION FORM

PLAN YEAR 2019-2020

1

Last Name _____ First Name _____ Social Security Number _____
 Mailing Address _____ **Address Change?** yes no
 City _____ Zip Code _____ Email _____
 Home Phone _____ Cell Phone _____ Cell Phone Company (Ex: AT&T, Cricket, T-Mobile) _____
 Spouse also Local 2 Member? If yes, Name: _____ Social Security Number _____

2

Primary Language: English Spanish Cantonese Vietnamese Tagalog Mandarin Other: _____
 Employer: _____ Job Classification: _____

3

1ST CHOICE

Name _____
 Birth Date ____/____/____
month day year
 Social Security Number _____
 Relationship To You: _____
 Informal Child Care
 Pre-School
 School-Age Child Care
 Youth Program
 Elder/Disabled Care
 BCS _____

2ND CHOICE

Name _____
 Birth Date ____/____/____
month day year
 Social Security Number _____
 Relationship To You: _____
 Informal Child Care
 Pre-School
 School-Age Child Care
 Youth Program
 Elder/Disabled Care
 BCS _____

NEWBORN

Name _____
 Birth Date ____/____/____
month day year
 Social Security Number _____
 Relationship To You: _____
 BCS _____

SAT/ACT COLLEGE PREP COURSE

Name: _____
 Birth Date: ____/____/____
month day year
 Social Security Number _____
 Grade in Fall 2019: _____
 BCS _____

4

I, the undersigned, acknowledge:
 I am responsible for screening, interviewing, and selecting all care providers. • I accept the Local 2/Hospitality Industry Child & Elder Care Plan, my employer, and the Trustees of the SF Culinary, Bartenders and Service Employees Welfare Fund bear no liability for the care arrangement I make. • I understand the financial reimbursement I am awarded may be considered taxable income and if so, I will receive a tax Form W-2 at the end of the tax year. • I understand falsifying the information provided here, on my financial reimbursement affidavit, or any other Plan forms or documents constitutes fraud and is grounds for termination of benefits and reimbursement of money improperly paid to me. • I agree to all conditions and limitations in the Local 2/Hospitality Industry Child & Elder Care Plan.

Printed Name: _____ Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

Eligibility: _____ Application # _____

First Time: _____ H.S. Graduation Year: 2020
 2021

Initials: _____ Date: _____ 2022
 2023

MISSING:

- BC MD
- POA IHSS
- SSN MARRIAGE
- CC LIC/QF