

THE HUGHEN CENTER, INC.
2849 Ninth Avenue • Port Arthur, Texas 77642
Phone: (409)983-6659 Fax: (409)983-6408

Instructions: This is an interactive form. Please complete all form fields, save the document and email this document to info@hughencenter.org or fax to 409-983-6408.

FINANCIAL INFORMATION

Child's Name _____ Sex _____ Birthdate _____ SS# _____

FATHER

Name _____ Birthdate _____ SS# _____ Marital Status _____

Address _____ Phone _____

Branch of Service _____ Serial# _____ Disabled _____ Date of Death _____

Occupation _____ Employer _____ Income _____

Employer Address _____ Phone _____

Other Income _____ Amount _____

MOTHER

Name _____ Birthdate _____ SS# _____ Marital Status _____

Address _____ Phone _____

Branch of Service _____ Serial# _____ Disabled _____ Date of Death _____

Occupation _____ Employer _____ Income _____

Employer Address _____ Phone _____

Other Income _____ Amount _____

STEP PARENT/GUARDIAN

Name _____ Birthdate _____ SS# _____ Marital Status _____

Address _____ Phone _____

Branch of Service _____ Serial# _____ Disabled _____ Date of Death _____

Occupation _____ Employer _____ Income _____

Employer Address _____ Phone _____

Other Income _____ Amount _____

Who has legal custody of child

Family unit (other than enrolling child) Father _____ Mother _____ Other Adults _____ Children under 18 _____ Total _____

I understand that this information is provided for the use of The Hughen Center, Inc. to assist with possible funding sources for my child while in the Hughen program. I agree to advise The Hughen Center, Inc. Should my financial status have and drastic changes (unemployment, unexpected increases in income, separation, divorce, etc.) which may affect my child's income category during the Hughen school year.

Signature _____ Relationship _____ Date _____

**Signature required at time of placement.*