

# 4C Council Centralized Eligibility List for Subsidized Child Care

For Office Use Only

Intake  Update

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Rank \_\_\_\_\_

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FCSAD  CCSAD

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800#  R&R

Are You: Parent  Grandparent  Foster Parent  Legal Guardian  Child Protective Service Referral   
Teen Parent  Dept of Children and Family Services Referral  Migrant Worker

## Primary Parent Information

Date: \_\_\_\_\_ Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ School District: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work/Other: (\_\_\_\_) \_\_\_\_\_ Zip Code of Employment: \_\_\_\_\_ Zip Code of Parent's School: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Non-Applicable (N/A) ENTER INFORMATION FOR SECONDARY PARENT ONLY IF LIVING IN THE HOME

Parent Name: \_\_\_\_\_ Work/Other Phone: (\_\_\_\_) \_\_\_\_\_ Zip Code of Employment: \_\_\_\_\_

Zip Code of Parent's School: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**Please indicate Family Size (parents and all children under 18): # \_\_\_\_\_**

1. Primary Parent: Are you: Single/ Married/ Separated/ Divorced?

5. Are you homeless? YES NO

2. Second Parent: Are you: Single/ Married/ Separated/ Divorced?

6. Are you living in a shelter? YES NO

3. Have you received Diversion? YES NO

7. What date did you first apply for subsidized child care?

(Diversion: Payment issued to CalWORKs applicants to help survive a short term crisis)

Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

4. Are you a student at CA Community College/ CA State University? YES NO

8. Name of the College/Univ: \_\_\_\_\_

<b>Check all that apply:</b>	<b>Mother</b> <input type="checkbox"/>	<b>Father</b> <input type="checkbox"/>	<b>Grandparent</b> <input type="checkbox"/>		<b>Legal Guardian</b> <input type="checkbox"/>		<b>Foster Parent</b> <input type="checkbox"/>	
			<b>Parent A</b>	<b>Parent B</b>	<b>Parent A</b>	<b>Parent B</b>	<b>Parent A</b>	<b>Parent B</b>
<b>Currently employed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Seeking employment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Training or Education</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Incapacitated</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>No Need</b> (Eligible for State PS / HeadStart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Children Living at Home**

**\*Code Key: Schedule of Care Needed (FT) Full time (PT) Part time (EVE) Evening (WKND) Weekend (OV) Overnight**

<b>First Name</b>	<b>Last Name</b>	<b>Birthdate</b>	<b>Special Needs</b>	<b>Needs Care</b>	<b>Schedule of Care Needed (Circle One)</b>	<b>Name of School Attending</b>	<b>Currently receiving Subsidy Care</b>
1. _____	_____	_____	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>	<u>FT/PT/EVE/WKND/OV</u>	_____	<u>Yes</u> <u>No</u>
2. _____	_____	_____	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>	<u>FT/PT/EVE/WKND/OV</u>	_____	<u>Yes</u> <u>No</u>
3. _____	_____	_____	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>	<u>FT/PT/EVE/WKND/OV</u>	_____	<u>Yes</u> <u>No</u>
4. _____	_____	_____	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>	<u>FT/PT/EVE/WKND/OV</u>	_____	<u>Yes</u> <u>No</u>
5. _____	_____	_____	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>	<u>FT/PT/EVE/WKND/OV</u>	_____	<u>Yes</u> <u>No</u>
6. _____	_____	_____	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>	<u>FT/PT/EVE/WKND/OV</u>	_____	<u>Yes</u> <u>No</u>

1. Have you received Cash-Aid (WELFARE/TANF/AFDC) within the last 24 months? Yes No

Do you receive Cash Aid for child (ren) only Yes No

2. Are you currently receiving financial assistance for childcare? Yes No

If yes please provide name of agency: \_\_\_\_\_

3. Are you currently enrolled in CalWORKs? Yes No

4. Are you discontinued from Cash Aid: Yes No Date of discontinuance: \_\_\_\_\_ If yes, Please fax/mail

Notice of Discontinuance Fax to: (408) 487-0762 Attn: CEL Project

Do you have a child care provider? Yes No

If yes please provide name of provider: \_\_\_\_\_ PREFERRED PROVIDER \_\_\_\_\_

Check provider type:  Licensed Family Child Care  Child Care Center  Exempt child care

PREFERRED PROGRAM \_\_\_\_\_ Do you wish a ½ day Preschool Program for your child? Yes No

**MONTHLY FAMILY INCOME**

\* To calculate your gross monthly income:

If Paid by the hour: # hours per week x \$ paid per hour x 52 weeks divide by 12 months.	If Paid Weekly: Gross amount paid weekly x 52 weeks divide by 12 months
If Paid Monthly: Use the monthly gross income	If work a flex schedule: Maximum number of hours worked in any one week during the past two weeks x \$ paid per hour x 52 weeks divide by 12 months
If Paid bi-weekly (every two weeks): Gross amount paid bi-weekly x 26 weeks divide by 12 months	
If Paid Annual salary: Annual Wages divide by 12 months	

Mother/Step-mother:

<u>Gross Wages *</u>	<u>Child Support</u>	<u>Spousal Support</u>	<u>Cash Aid OR Foster Pymt</u>	<u>SDI</u> State Disability Insurance	<u>SSI</u> Supplemental Security Income	<u>Workers Compensation</u>	<u>Unemployment</u>
(per month)	(per month)	(per month)	(per month)	(per month)	(per month)	(per month)	(per month)
# hours/week worked \$/ hr	\$	\$	\$	\$	\$	\$	\$

Father/Step-father:

<u>Gross Wages *</u>	<u>Child Support</u>	<u>Spousal Support</u>	<u>Cash Aid OR Foster Pymt</u>	<u>SDI</u> State Disability Insurance	<u>SSI</u> Supplemental Security Income	<u>Workers Compensation</u>	<u>Unemployment</u>
(per month)	(per month)	(per month)	(per month)	(per month)	(per month)	(per month)	(per month)
# hours/week worked \$/ hr	\$	\$	\$	\$	\$	\$	\$

\*\*\*Foster Parents and Legal Guardians (who are not the parent/parents): please provide the total Cash Aid amount the child(ren) receive each month only;

do not include your personal income.

## Consent to Share Information

The Centralized Eligibility List (CEL) is designed as a "one stop" for all families to be placed on the eligibility list for subsidized child care. Subsidized child care is assistance to families with lower incomes to cover part or all of their child care costs, depending on their financial need. Agencies that operate subsidized early care and education programs or provide scholarships for child care may access the list.

We recognize the importance of protecting one's privacy. Therefore, we have taken security measures to ensure that information provided by users of the CEL is reviewed only by authorized agency personnel.

By signing the application, you acknowledge and grant permission for your application to be shared among participating agencies.



**I declare that the above information is complete and true to the best of my knowledge.**



**I understand my eligibility will be based upon information given here and that documentation will be required prior to enrollment.**



**In order to remain active on the eligibility list, I must take an immediate action to update this application to include any changes in employment, training, income, address, telephone, and family size. Please call 4C Council at (408) 487-0749 to update.**



**This application remains valid for 3 months. If, after 3 months, I do not update this application, my name will be removed from the eligibility list.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_ Best time to Contact: \_\_\_\_\_

For Office Use Only <b>Data Entry Completed:</b>  <b>Initials</b> _____ <b>Date:</b> _____
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**PLEASE MAIL COMPLETED FORM TO:**  
 4C Council-Attention: R&R CEL Project  
 111 E. Gish Road  
 San Jose, CA 95112

For Office Use Only <b>Staff Name:</b>
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