

Centralized Eligibility List

The Centralized Eligibility List (CEL) is a list of families needing child care assistance in Calaveras County. Any child care program in Calaveras County funded by the California Department of Education or any Head Start program in Calaveras County may call families from this list to offer no cost or low cost child care.

By placing your name on the eligibility list you may be considered for enrollment by programs serving the entire County, programs serving specific age groups, or by programs serving your child(ren)'s elementary school(s). Any program funded by the California Department of Education that operates within Calaveras County will be able to view information about you and your family.

If you have children under age 13, you are working, enrolled in school or in a training program, and your family's gross monthly income is less than 75% of the State Median Income, you may be eligible to receive child care assistance.

Mail your completed form to: The Resource Connection (Calaveras)
P.O. Box 919
San Andreas, CA 95249

APPLICANT INFORMATION

Applicant's Name _____
Last First Middle

Gender Male Female

Birth Date _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Phone _____ Best time to call _____

Cell/Message Phone _____ Email Address _____

Are you the parent, grandparent or guardian to one or more of the children? Yes No

Are you married and currently living with your spouse? Yes No

Is the second parent to at least one of the children living in the home? Yes No

SECOND PARENT INFORMATION

COMPLETE THIS SECTION ONLY IF THE SECOND PARENT IS CURRENTLY LIVING IN THE HOME.

Second Parent's Name _____
Last First Middle

Gender Male Female

Birth Date _____

Cell/Message Phone _____ Email Address _____

NEED FOR CARE

Is the family homeless? Yes No

Were you referred by Child Protective Services? Yes No

(A CPS Social Worker may refer children who are receiving CPS services and require child care as part of a CPS case plan.)

Are you interested in your 3-5 year old child attending a part-day educational preschool? Yes No

Why do you need services? (check all that apply)

Applicant: Working School/Training Seeking Employment Medical Incapacitation Seeking Permanent Housing CPS

Second Parent: Working School/Training Seeking Employment Medical Incapacitation Seeking Permanent Housing CPS

Applicant's Employment Information (if currently working)

	Employer #1	Employer #2
Employer Name:	_____	_____
Zip Code of Employer:	_____	_____
Phone/Ext.:	_____	_____
Number of hours worked per week:	_____ Per Week	_____ Per Week
Hourly Pay Rate:	\$ _____	\$ _____
OR		
Gross Monthly Income (including tips & commissions):	\$ _____	\$ _____

Applicant's School/Training Information (if currently attending school/training)

	School #1	School #2
School Name:	_____	_____
Zip Code of School:	_____	_____
Educational Goal:	_____	_____
Total Units this Semester/Quarter:	_____	_____
Anticipated Completion Date (Season/Year):	_____	_____
Minimum Hours of Activity Per Week:	_____	_____
Maximum Hours of Activity Per Week:	_____	_____

Second Parent's Employment Information (if currently working)

	Employer #1	Employer #2
Employer Name:	_____	_____
Zip Code of Employer:	_____	_____
Phone/Ext.:	_____	_____
Number of Hours Worked per Week:	_____ Per Week	_____ Per Week
Hourly Pay Rate:	\$ _____	\$ _____
<i>OR</i>		
Gross Monthly Income (including tips & commissions):	\$ _____	\$ _____

Second Parent's School/Training Information (if currently attending school/training)

	School #1	School #2
School Name:	_____	_____
Zip Code of School:	_____	_____
Educational Goal:	_____	_____
Total Units this Semester/Quarter:	_____	_____
Anticipated Completion Date (Season/Year):	_____	_____
Minimum Hours of Activity Per Week:	_____	_____
Maximum Hours of Activity Per Week:	_____	_____

INCOME INFORMATION

Are you currently on Cash Aid? Yes No
 (If yes, please enter the amount received last month in the **Other Family Income** section below)

Have you ever been on Cash Aid in California? Yes No

If yes, most recent County of Cash Aid _____ Date Cash Aid ended _____

Enter your monthly income from all sources other than wages from employment. Please note that all income will require verification prior to enrollment.

Regular Income	Applicant	Second Parent
Self-employment	\$ _____	\$ _____
SSA (parent)	\$ _____	\$ _____
SSI/SSP (parent)	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Other	\$ _____	\$ _____

Other Family Income	
Cash Aid (children only)	\$ _____
Cash Aid (family)	\$ _____
Child Support Rec'd	\$ _____
Foster Care	\$ _____
SSA (child)	\$ _____
SSI/SSP (child)	\$ _____
Other	\$ _____

Income Adjustments	
Child Support Paid	\$ _____

CHILD(REN) INFORMATION

Enter information for each child in the household under the age of 21.

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)

Full-time Part-time Preschool Before/After School Evenings Weekends

No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of Calaveras County, please indicate which county:

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)

Full-time Part-time Preschool Before/After School Evenings Weekends

No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of Calaveras County, please indicate which county:

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)

Full-time Part-time Preschool Before/After School Evenings Weekends

No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of Calaveras County, please indicate which county:

CHILD(REN) INFORMATION (continued)

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)

Full-time Part-time Preschool Before/After School Evenings Weekends

No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of Calaveras County, please indicate which county:

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)

Full-time Part-time Preschool Before/After School Evenings Weekends

No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of Calaveras County, please indicate which county:

Please remember that this is only an application for the Centralized Eligibility List for subsidized child care. This application does not guarantee that you will receive services.

CERTIFICATION

The information provided on this application will be shared with all subsidized child care programs in Calaveras County. I understand the information provided is needed to determine my eligibility for a subsidized child care program and will be verified prior to my enrollment.
I affirm that this information is correct.

Applicant Signature: _____ Date: _____