

**First Parent**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone (     ) \_\_\_\_\_

Work phone (     ) \_\_\_\_\_

Cell phone (     ) \_\_\_\_\_

Message number \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Best number to use:

Home phone  Work phone

Message number  Cell Phone

Best time to call: \_\_\_\_\_

OK to call at work?  No  Yes

Parent's Date of Birth: \_\_\_\_\_

Gender:  Male  Female

Is the 2<sup>nd</sup> parent of at least one child living at home?

No  Yes

Marital Status:  Single  Married

Are you a single parent or care taker?

No  Yes

Do you speak English?  No  Yes

What is your primary language? \_\_\_\_\_

Are you a teen parent?  No  Yes

Are you a migrant?  No  Yes

Are you a student at any of the following?

California Community College,  
California State University,  
or a University of California

No  Yes

**Second Parent** "of at least one child living at home"

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Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home phone (     ) \_\_\_\_\_

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## **FAMILY INFORMATION: Child Care Need Status**

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### **First Parent**

Are you currently participating in CalWORKs Welfare-To-Work Plan?  No  Yes

Have you ever participated in CalWORKs Welfare-To-Work Plan?  No  Yes

If **yes**, when was the last date you received aid and/or a check? \_\_\_\_\_

Are you employed?  No  Yes

Average number of hours per week: \_\_\_\_\_

Currently Seeking Employment?  No  Yes

In training or school?  No  Yes

If **yes**, average number of hours per week: \_\_\_\_\_

**Enter Employment/Training zip code** \_\_\_\_\_

Incapacitated?  No  Yes

Are you referred by a Child Protection Agency or is your child at risk of abuse or neglect?  No  Yes

Are you referred by a homeless seeking shelter agency?

No  Yes

Currently seeking permanent housing?  No  Yes

### **Second Parent** "of at least one child living at home"

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**Enter Employment/Training zip code** \_\_\_\_\_

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Are you referred by a Child Protection Agency or is your child at risk of abuse or neglect?  No  Yes

Are you referred by a homeless seeking shelter agency?

No  Yes

Currently seeking permanent housing?  No  Yes

### **Additional Information**

Do you need information for Health Insurance for you children?  No  Yes

Would you like to receive information on Pre-natal services?  No  Yes

How did you hear about childcaresandiego?

Friend / Relative  AP Agency  Child Care Center  Flyer  Other

If other, please state how you heard about childcaresandiego \_\_\_\_\_

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**ELIGIBILITY APPLICATION  
INCOME INFORMATION**

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**First Parent**

Are you currently receiving TANF or CalWORKs cash aid?  No  Yes

Have you ever received TANF or CalWORKs cash aid?  No  Yes

(This includes a one-time payment. Only include cash grant if you, the parent, are included)

If yes, what was the date the aid ended or the one-time payment received? \_\_\_\_\_

Gross Monthly Wage: \_\_\_\_\_ Received each month

CalWORKs Cash Aid: \_\_\_\_\_ Received each month

Child/Spousal Support Total Amount Received: \_\_\_\_\_ Received each month

Unemployment: \_\_\_\_\_ Received each month

Social Security (not SSI/SSP) \_\_\_\_\_ Received each month

Other Monthly Income: \_\_\_\_\_

Do you pay child support?  No  Yes  
\_\_\_\_\_ Paid each month

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Do you pay child support?  No  Yes  
\_\_\_\_\_ Paid each month

**CONFIRMATION INFORMATION**

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In what area(s) of the county would you like to find child care?

Community: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Community: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Community: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Community: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Comments: \_\_\_\_\_

- I declare under penalty of perjury 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 for enrollment.
- In order to remain active on the eligibility list I must update this application with any changes in employment, training, income, address, telephone, and family size.
- This application remains valid for 6 months. If, after 6 months, I do not update this application, it will be removed from the waiting list.

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

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

Please return this application by mail or in person to:  
**San Diego County Child Care Centralized Eligibility List**, 3333 Camino del Rio South, Suite 400, SD.CA. 92108

**ELIGIBILITY INFORMATION**  
**CHILDREN'S INFORMATION**

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Child Number: \_\_\_\_\_

Child's Relationship to First Parent:

None  Natural/Adopted/Step-child  Foster  Guardianship

Child's Relationship to Second Parent:

None  Natural/Adopted/Step-child  Foster  Guardianship

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Ethnicity:

White (Not Hispanic)  Black (Not Hispanic)  
 Hispanic  Asian or Pacific Islander  
 American Indian or Alaska Native  Other (including children of more than one race)

Date of Birth: \_\_\_\_\_

Gender:

Male  Female

Is this child currently in a childcare setting?

No  Yes

If **yes**, what is the name of the provider?

\_\_\_\_\_

Is this child currently receiving subsidized childcare?

No  Yes

If **yes**, what is the name of the agency?

\_\_\_\_\_

Is the child enrolled in one of the following subsidized programs?

Head Start?  No  Yes  
CalWORKS?  No  Yes  
State Preschool?  No  Yes  
Other CDD subsidized program?  No  Yes

Does this child need childcare?

No  Yes

Is this child attending school?

No  Yes

School District: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

This child has special needs because she or he is: (check as many as apply)

No Special Needs  Exceptional Needs  
 Infant  Severely Handicapped  
 Child Protective Services  IEP  
 Toddler  Certified Diagnosed Disability (Head Start)

Schedule of care requested?

Full-time  Part-time  
 Evening  Weekend

Part - Day Educational Pre-School  No  Yes