



<u>For Contracts Use Only:</u>		
Center No: _____	Rank: _____	Received: _____

CDI/CDC ELIGIBILITY APPLICATION FOR CHILD CARE ASSISTANCE

The CDI/CDC Child Care Assistance List is a list of families that need and apply for child care assistance through California Department of Education funding. You may be eligible to receive child care assistance for enrollment if you have children under the age of 13, you are working, enrolled in school or in a training program, and your family's gross monthly income is less than 70% of the State median Income. All applicants will be reviewed and ranked by greatest need according to the regulations established by California Department of Education. In order to be considered for child care assistance this application must be completely filled out.

SECTION I APPLICANT INFORMATION:

Parent/Guardian (A) Name: _____ Gender: M F

Relationship to child (ren): Parent , Grandparent , Foster parent , Legal Guardian , other

Home Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____

Home#: _____ Cell#: _____ Work#: _____

Preferred Language: Spoken: _____ Written: _____

SECOND PARENT/GUARDIAN INFORMATION (if living in the home):

Parent/Guardian (B) Name: _____ Gender: M F

Relationship to child (ren): Parent , Grandparent , Foster parent , Legal Guardian , other

Home Address: _____ City: _____ Zip: _____

Home#: _____ Cell#: _____ Work#: _____

SECTION II

CHILD (REN) INFORMATION: (include all children under the age of 18)

Child Name: _____ Date of Birth: _____ Gender: M F

Care needed? Yes No Is this child currently enrolled in a CDI/CDC Center? Yes No

Child Name: _____ Date of Birth: _____ Gender: M F
Care needed? Yes No Is this child currently enrolled in a CDI/CDC Center?

Yes " No Child Name: _____ Date of Birth: _____

_____ Gender: " M " F

Care needed? " Yes " No Is this child currently enrolled in a CDI/CDC Center? "

Yes " No

Child Name: _____ Date of Birth: _____ Gender: " M

" F Care needed? " Yes " No Is this child currently enrolled in a CDI/CDC Center? "

Yes " No

SECTION III

SERVICES NEEDED

- Full-Time Part-Time Evenings Weekends
- Before School After School Before & After School
- State Preschool (3 hrs.)

SECTION IV

NEED FOR CARE: Please check Yes or No for each category

Parent/Guardian (A)

Parent/Guardian (B)

Referred by Child Protective Services? " Yes " No	Referred by Child Protective Services? " Yes " No
Working? " Yes " No	Working? " Yes " No
Migrant Work? " Yes " No	Migrant Work? " Yes " No
Education/Training? " Yes " No	Education/Training? " Yes " No
Incapacitated? " Yes " No	Incapacitated? " Yes " No
Seeking Employment? " Yes " No	Seeking Employment? " Yes " No
Seeking Permanent Housing? " Yes " No	Seeking Permanent Housing? " Yes " No

SECTION V

EMPLOYMENT/TRAINING INFORMATION: (complete for each adult listed in Section I)

Parent/Guardian (A):

Employer/School: _____

Address: _____ City: _____ Zip: _____

Working/Training Days and Hours:

Mon _____ to _____ Tues _____ to _____

Wed _____ to _____ Thur _____ to _____ Fri _____ to _____

Sat _____ to _____ Sun _____ to _____

Parent/Guardian (B):

Employer/School: _____

Address: _____ City: _____ Zip: _____

Working/Training Days and Hours:

Mon _____ to _____ Tues _____ to _____

Wed _____ to _____ Thur _____ to _____ Fri _____ to _____

Sat _____ to _____ Sun _____ to _____

SECTION VI

INCOME INFORMATION

Are you currently on Cash Aid? Yes No Monthly Amount: \$ _____

Are you receiving Child/Spousal Support? Yes No Monthly Amount: \$ _____

Family Total Monthly Gross Income: \$ _____

Family Size (Including parents and all children under the age of 18): _____

SECTION VII

CHILDCARE LOCATION PREFERENCES:

Preferred CDI/CDC Center:

School Name & Location: _____

School District: _____ Preferred Zip Code:

Signature:

Date: _____

E-Mail Address: (optional) _____