



Del Norte  
Child Care  
Council

# Waiting List

Ranking Number

--

WE NEED ALL NAMES OF EVERYONE IN THE HOME EVEN IF THEY DO NOT NEED CARE!

PARENT/GUARDIAN **A:** (IS THIS PERSON A FOSTER PARENT? Yes/No)

FIRST NAME:	LAST NAME:	CELL/MESSAGE #	WORK #
MARITAL STATUS:	RELATIONSHIP TO CHILD:	EMAIL:	PREFERRED LANGUAGE:

PARENT/GUARDIAN **B:** (IS THIS PERSON A FOSTER PARENT? Yes/No)

FIRST NAME:	LAST NAME:	CELL/MESSAGE #	WORK #
MARITAL STATUS:	RELATIONSHIP TO CHILD:	EMAIL:	PREFERRED LANGUAGE:

ADDRESS:

STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
-----------------	-------	--------	-----------

FULL NAME OF ALL CHILDREN IN HOME:    MALE    FEMALE    BIRTH DATE:    IS CARE NEEDED?


REASON FOR NEEDING SERVICES

(Check all that apply)

**PARENT A:**

- WORKING
- EDUCATION
- HOMELESSNESS
- SEEKING WORK
- PARENTAL INCAPACITY

**PARENT B:**

- WORKING
- EDUCATION
- HOMELESSNESS
- SEEKING WORK
- PARENTAL INCAPACITY

**PARENT A EMPLOYMENT/SCHOOL INFORMATION:**

EMPLOYER/SCHOOL:	EMPLOYER/SCHOOL ADDRESS:
WORK/SCHOOL DAYS & HOURS: MONDAY: TUESDAY:	WEDNESDAY: THURSDAY: FRIDAY:

**PARENT B EMPLOYMENT/SCHOOL INFORMATION:**

EMPLOYER/SCHOOL:	EMPLOYER/SCHOOL ADDRESS:
WORK/SCHOOL DAYS & HOURS: MONDAY: TUESDAY:	WEDNESDAY: THURSDAY: FRIDAY:

FAMILY SIZE:	FAMILY MONTHLY GROSS INCOME FROM ALL SOURCES:
--------------	---

**I understand the following:**

The information above is used to determine my eligibility for subsidized child care and will be Verified prior to my enrollment.

- This is not a first come first serve program. Eligible families are ranked based on family size and adjusted income. When 2 or more families rank equally, the family that applied first is given priority.
- I must call within 3 business days with any updates or changes to my information.

By signing this form, I am stating that this information is true and correct to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_