



WAITLIST APPLICATION INSTRUCTIONS AND POLICIES

Complete the Waitlist application completely to inform us about your family, your situation, your income, your family size, and your eligible child care needs. Once completed, submit the application to our Alternate Payment Program and your application will be ranked based on gross monthly income and family size. You will be mailed a ranking letter to advise you where you are on the waitlist. Incomplete applications will delay your placement on the waitlist.

Completed applications place you on the waitlist. Once funds are available, applications will be pulled by the ranking number and date submitted. We will then contact you to set up an appointment to come in for an interview to see if you qualify.

You must bring with you to that appointment; a valid picture ID, proof of residency, such as a rental agreement or utility bill in your name at your address. Birth records for all children under 18 in your family size, (if birth records are unavailable, a Passport to Services from DHHS or Official court documents establishing the relationship of the child to the applicant will be accepted) We will also need all proof of income (wages, TANF, child support, etc. for any person that you included in your family size.)

If you are a parent who pays child support for another child not in your home, bring proof of those payments and we can deduct that off of your gross income. Please list all adults and all children who are supported by your income, whether or not they need childcare. Families must be income and need eligible. Need eligibility includes; going to school, employed or self-employed, medically incapacitated, homeless, referred CPS or AT Risk families, Official training, seeking work. If you are a foster parent or a guardian who needs help with childcare, you must have a valid eligibility for needing care, working etc. we do not count your income in those cases, but we do need to document the need for care. Foster parents need to bring with them the placement papers and a document stating their monthly foster payment for the child. We also need immunization records for children not yet enrolled in school and a birth record if one is provided to you. Foster families must notify us if the placement changes or if the foster child is no longer in their care once enrolled.

It is critical that families who have submitted an application advise us of changes to your income, family size, address or phone number as this will affect your ranking or ability to contact you once we have funding. If we cant contact you after several attempts your application will be removed from the waitlist. Also please advise us if you no longer are needing child care services so we can remove your application from our waitlist

Thank you for your interest in assistance with your child care, we look forward to meeting you.

Contact Del Nprte Child Care Council for more information at 707-464-8311

You can also stop by our office located at 212 K street, Crescent City



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!!!

Family Identification . If you are a single parent/caretaker check this box

Full name of parent/caretaker _____ Phone _____

Additional Parent/Caretaker _____ Phone _____

Address _____

Reason for needing Services :

Parent A:

- _____ Working
- _____ Education
- _____ Homelessness
- _____ Seeking Work *
- _____ Parental Incapacity

Parent B:

- _____ Working
- _____ Education
- _____ Homelessness
- _____ Seeking Work *
- _____ Parental Incapacity

***If you are a foster parent and have a verifiable need for care , check here _____

Family size must equal persons listed

FAMILY MONTHLY GROSS INCOME FROM ALL SOURCES :\$ _____ FAMILY SIZE: _____

Employment/Training Information. Must be completed by each adult listed above to document need on this basis of employment or training

Parent/Caretaker	Employer/School	Street Address	City	Zip
A: _____				

Hours & Days **Sunday:** _____ **Monday:** _____ **Tuesday:** _____ **Wednesday:** _____ **Thursday:** _____ **Friday:** _____ **Saturday** _____ :

B: _____

Hours & Days **Sunday:** _____ **Monday:** _____ **Tuesday:** _____ **Wednesday:** _____ **Thursday:** _____ **Friday:** _____ **Saturday** _____ :

Full Name of ALL children in the home	M	F	Birth Date	Days /Hours care is needed

Certification and signature of parent/Caretaker.

I declare under penalty of perjury that the above information is true and correct to my knowledge.

Signature: _____ Date: _____