

**\*\*\*Office Use Only\*\*\***

Today's Date: \_\_\_\_\_

Entered by: \_\_\_\_\_

Rank Number: \_\_\_\_\_

## Del Norte Child Care Council Eligibility List Application

This is an application for subsidized childcare. **This application does not guarantee you will receive services.** For more information, call 707-464-8311.

Parent/Guardian #1:					
First Name	Last Name	Email address:	Work #	Cell/Message #	
Marital Status:		Relationship to Child:		Preferred Spoken Language:	
Parent/Guardian #2:					
First Name	Last Name	Email address:	Work #	Cell/Message #	
Marital Status:		Relationship to Child:		Preferred Spoken Language:	
Household Information:					
Street Address:		City:	State: CA	Zip:	County: Del Norte
Mailing Information (if different)					
Address:		City:	State: CA	Zip:	County: Del Norte
			Adult #1	Adult #2	
Child Protective Services (CPS) or At-Risk A referral must be sent					
Incapacity of Parent/Caretaker: Must have professional complete form prior to receiving services for this need					
<b>Employment</b> : Please list name and address of employer for each adult. As well as the days and hours of employment for each adult					
<b>Vocational or college training/education</b> : Please list the name and address of the School/Training program attending for each adult					
Both employment and training/education					
Seeking Employment (Job Search) We cannot offer subsidy for school age children as parents can job seek while children are in school.					
Homeless or seeking housing					
Currently on Cash aid or has been in the last 24 months in California or has received a lump sum diversion payment in the last 24 months. If yes, what county? _____ When? _____					
<b>Parent may be eligible for childcare via a referral if you answered yes.</b>					

<b>Monthly Gross Income and Sources</b> (Before taxes and any other deductions):	Adult #1	Adult #2
Employment Salary or wages/self-employment income (before taxes)	\$	\$
Child and/or Spousal Support received	\$	\$
Cash Aid/TANF	\$	\$
Unemployment Benefits	\$	\$
Social Security Survivor Benefits/Disability/ Workman's Comp	\$	\$
Other Income (please describe):	\$	\$
Total Gross Income:	\$	\$

**Eligibility List Application for Del Norte County**

The following information **must** be completed regarding children under 18 living in the home for which you have legal responsibility regardless of whether you need care for them or not.  
Use additional paper if necessary.

	Child #1	Child #2	Child #3	Child #4
First Name				
Last Name				
Date of Birth				
Gender (M/F)				
Does the child have special needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, does child have IEP, IFSP, or 504? (check)	IEP <input type="checkbox"/> 504 <input type="checkbox"/> IFSP <input type="checkbox"/>			
Is this a Foster Child or CPS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What type of care will this child need? (please check all that apply)	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Evenings <input type="checkbox"/> Weekend <input type="checkbox"/>  No services for this child <input type="checkbox"/>	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Evenings <input type="checkbox"/> Weekend <input type="checkbox"/>  No services for this child <input type="checkbox"/>	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Evenings <input type="checkbox"/> Weekend <input type="checkbox"/>  No services for this child <input type="checkbox"/>	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Evenings <input type="checkbox"/> Weekend <input type="checkbox"/>  No services for this child <input type="checkbox"/>

**Additional space if needed:**

**I understand the following:** A ranking letter will be mailed once we have reviewed a completed waitlist application. When funds become available and your name is selected for an interview, you have 30 days to contact us for an appointment. After 30 days we will assume you no longer need care if we have not heard from you. It is very important to keep your information updated as it can affect your ranking on the waitlist. If we cannot reach you, we will be unable to invite you in for an interview...

**The information being provided is needed to determine my eligibility for a subsidized child care program 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 gross income from all sources. When 2 or more families rank equally, the family that applied first is given priority. CPS cases are given first priority.
- I must update and keep current my contact information and advise of any changes in my family circumstances.

Providing false information/withholding relevant information is considered fraud and may result in denial of services.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Del Norte Child Care Council  
212 K Street  
Crescent City, CA 95531  
707-464-8311

