

Eligibility List Application
Directions: Fill out and return this application

FAMILY INFORMATION: Parent/Caretaker

Today's date: _____

FIRST PARENT/CARETAKER

Name: _____
 Street Address: _____
 Apartment Number: _____
 City: _____ Zip Code: _____
County: _____
 Home phone () _____
 Work phone () _____
 OK to call at work? No Yes
 Message/Pager/cell _____
 E-mail (optional) _____
 Best number to use:
 Home phone Work phone Message/Pager
 Best time to call: _____
 Parent's Date of Birth: _____
 Gender: Male Female
 Marital Status: Single Married
 Do you speak English? No Yes
 What is your primary language? _____
Total number of family member's _____
How did you hear about our program?

SECOND PARENT /CARETAKER

Is the 2nd parent of at least one child living at home?
 No Yes
 Name: _____
 Street Address: _____
 Apartment Number: _____
 City: _____ Zip Code: _____
County: _____
 Home phone () _____
 Work phone () _____
 OK to call at work? No Yes
 Message/Pager/cell _____
 E-mail (optional) _____
 Best number to use:
 Home phone Work phone Message/Pager
 Best time to call: _____
 Parent's Date of Birth: _____
 Gender: Male Female
 Do you speak English? No Yes
 What is your primary language? _____

FAMILY INFORMATION: Child Care Need Status

FIRST PARENT/CARETAKER

Are you employed? No Yes
 Average number of hours per week: _____

Employer	Address				
City: _____	Zip Code: _____				
	M	T	W	TH	F
From	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____

In training or school? No Yes

School	Address				
City: _____	Zip Code: _____				
	M	T	W	TH	F
From	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____

Seeking work? No Yes
 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 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? _____

SECOND PARENT/CARETAKER

Are you employed? No Yes
 Average number of hours per week: _____

Employer	Address				
City: _____	Zip Code: _____				
	M	T	W	TH	F
From	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____

In training or school? No Yes

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City: _____	Zip Code: _____				
	M	T	W	TH	F
From	_____	_____	_____	_____	_____
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**ELIGIBILITY APPLICATION
INCOME INFORMATION**

FIRST PARENT/CARETAKER (Foster Parent, skip to Foster stipend)

Gross Monthly Wage: _____

_____ Received each month
or

Gross Income from Latest 1040: _____ Received

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

Are you currently receiving cash aid? No Yes

Have you ever received AFDC, 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? _____

Foster Stipend: _____

Did your family move in the last 24 months to look for or get an agricultural job? No Yes

If yes, what was the date you last moved? _____

Is more than 50% of your family's income from seasonal agricultural work? No Yes

SECOND PARENT/CARETAKER (Foster Parent, skip to Foster stipend)

Gross Monthly Wage: _____

_____ Received each month
or

Gross Income from Latest 1040: _____ Received

CalWORKs Cash Aid: _____ Received each month

Child/Spousal Support Total Amount Received: _____ Received each month

Unemployment: _____ Received each month

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

Foster Stipend: _____

PREFERENCES: Please check all the programs that you are interested in

California Young World
<input type="checkbox"/> Ellis
<input type="checkbox"/> Fairwood
<input type="checkbox"/> San Miguel

ADDITIONAL PARENT COMMENTS

Additional information or comments:

DECLARATION

- 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 waiting 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.
- I understand that my information may be shared with other agencies that offer preschool/childcare subsidies.

Signature: _____

Date: _____

***Any fraudulent, false, or misleading information provided for the purpose of receiving state subsidized childcare regarding employment, income, status as a student, enrollment in a training program, family size, or eligibility to medical incapacitation may be grounds for denial of services and ineligibility of services for up to 6 months.**

**ELIGIBILITY INFORMATION
CHILDREN'S INFORMATION (List all children under 18)**

Child:

Full Name: _____

Date of Birth: _____

This Child Needs Childcare Services? Yes

No Gender: Male Female

Primary Language: _____

School: _____

Grade: _____

Protective Services: Yes No

Exceptional Needs: Yes No

Sibling Enrolled: Yes No

If Yes, where?

Requested Childcare Schedule:

Full Time Part Time Evening Weekend

Child:

Full Name: _____

Date of Birth: _____

This Child Needs Childcare Services? Yes

No Gender: Male Female

Primary Language: _____

School: _____

Grade: _____

Protective Services: Yes No

Exceptional Needs: Yes No

Sibling Enrolled: Yes No

If Yes, where?

Requested Childcare Schedule:

Full Time Part Time Evening Weekend

Child:

Full Name: _____

Date of Birth: _____

This Child Needs Childcare Services? Yes

No Gender: Male Female

Primary Language: _____

School: _____

Grade: _____

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Exceptional Needs: Yes No

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If Yes, where?

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Full Name: _____

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No Gender: Male Female

Primary Language: _____

School: _____

Grade: _____

Protective Services: Yes No

Exceptional Needs: Yes No

Sibling Enrolled: Yes No

If Yes, where?

Requested Childcare Schedule:

Full Time Part Time Evening Weekend

Please return this application by mail or in person to:

California Young World
1110 Fairwood Ave.
Sunnyvale, CA 94089

OFFICE USE ONLY

Input Date: _____

By: _____

Comments:

