

Fairplex Child Development Center

ELIGIBILITY DETERMINATION APPLICATION
SUBSIDIZED CHILD CARE SERVICES

The Fairplex Child Development Center Eligibility List connects low-income families with subsidized child care services as spaces and funding becomes available for eligible families. By completing this form, you are applying for contracted services with the Calif. Dept. of Education/State Funded Program at Fairplex CDC. The information provided on this form determines the eligibility and **Family Ranking** for subsidized child care. Families will be contacted in order according to the **Family Ranking**, which is based on Family Size, Family Need and Family Income. When a family has been contacted for enrollment, prior to receiving enrollment verification, families will have to submit documents to verify eligibility and the accuracy of all information provided on this form. **All information is confidential.**

PLEASE PRINT LEGIBILITY / ALL INFORMATION IS REQUIRED TO BE ELIGIBLE		
Indicate if your household is a <input type="checkbox"/> Single parent family <input type="checkbox"/> Two parent family <input type="checkbox"/> Foster parent		
Parent/Guardian # 1 Information		
Last name:	First name:	
Street address:	City:	Zip Code:
Home phone:	Work/other phone:	Primary language:
Name of employer/school:		Work/school zip code:
Parent/Guardian # 2 Information (Complete only if there is another parent/guardian residing in the same home.)		
Last name:	First name:	
Name of employer/school:	Work/school zip code:	Work/other phone:
Reason for Needing Child Care (Check all that apply.)		
	Parent/Guardian #1	Parent/Guardian #2
Working		
Attending School or Job Training		
Medically Incapacitated/Disabled		
Looking for Work		
Homeless/Seeking housing		
Migrant Worker		
CalWORKs Participation (Cash aid)		
Are you currently receiving cash aid? Yes ___ No ___	If NO, have you received cash aid within the last two years? Yes ___ No ___	If YES, last date of cash aid payment: ____/____/____
Monthly Income and Source (Enter total dollars, before taxes and deductions, for each source of income for parent/guardian in the household)		
	Parent/Guardian #1	Parent/Guardian #2
Working/Employment	\$	\$
Child Support	\$	\$
Spousal Support	\$	\$
Unemployment Benefits	\$	\$
State Disability	\$	\$
Cash Aid (CalWORKs)	\$	\$
Workman's Compensation	\$	\$
Social Security	\$	\$
SSI/SSP	\$	\$
Other	\$	\$

Children Living at Home (All children <u>under</u> 18 who are members of the family. Attach an additional page, if needed)						
List all family members under the age of 18 years that	Gender		Date of Birth	Check only if child care is needed		
				Full-time	Part-time	Evenings / Weekends
Child # 1.	F	M				
Child # 2.	F	M				
Child # 3.	F	M				
Foster Care Payments						
Are you currently receiving foster care payments for any of the children listed above? Check which child and write the monthly amount.						
<input type="checkbox"/> Child # 1 \$ _____ <input type="checkbox"/> Child # 2 \$ _____ <input type="checkbox"/> Child # 3 \$ _____						
Special Needs (Check all that apply)						
			Child # 1	Child # 2	Child # 3	
Child Protective Services			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child has IFSP (Individual Family Service Plan or IEP (Individual Education Plan)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child receives services through Regional Center or local School Dist.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social/emotional behavior			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ongoing health problems			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental delays			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speech /communication			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision or hearing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please explain):			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS:						
<p>By submitting this form, you are applying for the Calif. Dept of Education/State Funded Child Care Program at Fairplex CDC. Your eligibility and ranking are determined by the information you have provided on this form. Fairplex CDC will contact you if and when a subsidized child care space becomes available. At that time, the center staff will verify the information you provided on this form to make sure you are eligible prior to an invitation for enrollment. All information is handled confidentially.</p> <p>I understand it is my responsibility to inform the Child Development Center of any changes in my contact information, reason(s) for needing care, family size or income status.</p> <p>Parent/Guardian Name: _____ (please print)</p> <p>Parent/Guardian Signature: _____ Date: _____</p>						

DATE: _____ STAFF: _____ COMMENTS: _____

FAMILY INCOME: _____ FAMILY SIZE: _____ FAMILY NEED: _____ FAMILY RANKING: _____

UPDATE: _____ STAFF: _____ COMMENTS: _____

FAMILY INCOME: _____ FAMILY SIZE: _____ FAMILY NEED: _____ FAMILY RANKING: _____