

Confidential Application for Child Development Services and Certification of Eligibility

Form EESD 9600, Page 1, (REV. 9/17)

Agency Name: _____
Family Identification/Case No.: _____
Initial Subsidized Service Date: _____
Type of Application: (Check one) Initial <input type="checkbox"/> Recertification <input type="checkbox"/>

Note: State regulations require a formal application and certification for child development services. You will receive written notice of your eligibility no later than 30 days from the date of your signature on this form. This form must be completed by an agency representative in consultation with the family. The agency must verify and certify family eligibility prior to beginning services. *Refer to the attached instructions for the completion of this form.*

Section I. Family Identification. If you are a single parent/caretaker, check this box: <input type="checkbox"/> See Instructions, Section I.				
Name of parent/caretaker (full name, including middle initial) A.		Phone no. (cell or home)	Phone no. (work/school)	
Name of parent/caretaker (full name, including middle initial) B.		Phone no. (cell or home)	Phone no. (work/school)	
Street address	City	State	Zip	FIPS code

Section II. Family Eligibility and Reason for Needing Service

A. Family Eligibility Status (Check as many as apply.)

<input type="checkbox"/> Protective Services	<input type="checkbox"/> Current Aid Recipient	<input type="checkbox"/> Income Eligible	<input type="checkbox"/> Homeless	<input type="checkbox"/> Programs for the severely handicapped
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B. Reason for Needing Service. Indicate all the reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/caretaker listed above. Attach documentation. (This section does not apply to part-day state preschool programs or programs for severely handicapped.)

Parent/ Caretaker	Reason for Needing Service	Parent/ Caretaker	Reason for Needing Service	Parent/ Caretaker	Stages 1, 2, and 3 CalWORKs recipients only	
	Homeless		Education or training		CalWORKs activities	Date parent became ineligible for aid: Date: _____
	Working		Actively seeking employment		Diversion	_____
	Child referred for protective services because of neglect, abuse, exploitation, or At-Risk thereof		Seeking permanent housing		Record date of entry into each stage: Stage 1: _____ Stage 2: _____ Stage 3: _____	
	Parent/caretaker incapacitated because of medical or psychiatric special needs					

C. Employment/Training Information. Must be completed for each adult listed in Section I above to document need on the basis of employment or training. (Attach documentation.)

Parent/ Caretaker	Employer/School	Street Address					City	Zip
A								
A								
Days and working/ training hours:	From: To:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Parent/ Caretaker	Employer/School	Street Address					City	Zip
B								
B								
Days and working/ training hours:	From: To:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Section III. Family Adjusted Gross Monthly Income and Size

A. Family monthly income. The family's adjusted monthly income from all sources (Attach verification and documentation.): \$ _____

B. Family income sources (Check all that apply. Do not count the gray shaded areas in Section III. A above.) **Black shaded boxes for CalWORKs recipients only.**

NOTE: Section III B is for federal data collection purposes only.

<input type="checkbox"/> Employment, including self-employment	<input type="checkbox"/> Other federal cash income programs (such as SSI)
<input type="checkbox"/> Child support	<input type="checkbox"/> Housing voucher or cash assistance
<input type="checkbox"/> Cash or other assistance under Title IV of the Social Security Act (TANF)	<input type="checkbox"/> Assistance under the Food Stamps Act of 1977
<input type="checkbox"/> State-only alien and two-parent programs for CalWORKs recipients	<input type="checkbox"/> Other

C. Family size (See "Funding Terms and Conditions" for instructions on calculating family size.): _____

D. Parent(s) currently on active duty (i.e. serving full-time) in the U.S. Military? YES _____ NO _____

Parent(s) a current member of a National Guard or Military Reserve Unit? YES _____ NO _____

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Section IV. Data on Children. List ALL children residing in the home and counted in the family size.

Complete for all children residing in the home			Complete only for children served by your agency				For children enrolled in more than one program or site, use additional lines as needed												
(1) Full Name of Child Including Middle Initial	(2) Gender		(3) Birth Date	(4) Adjustment Factor Code	(5) Ethnicity	(6) Race	(7) Native Language		(8) Program Code	(9) Type of Care Code	(10) Hours of Care per Day								
	M	F	MM/DD/YYYY				Language Code	Child is English Learner? (School age ONLY)			M	T	W	T	F	S	S		
											S								
									Provider/site name:		V								
											S								
									Provider/site name:		V								
											S								
									Provider/site name:		V								
											S								
									Provider/site name:		V								
											S								
									Provider/site name:		V								

Section V. Certification and Signature of Parent/Caretaker.

<p>1. I understand that I am self-certifying single parent status under penalty of perjury in Section 1 of this document when the single parent/caretaker box has been checked. Parent Initials: _____</p> <p>2. I understand that the information about my eligibility may be reviewed by representatives of the State of California, the federal government, independent auditors, or others as necessary for the administration of the program.</p> <p>3. I understand that if the agency denies this application for services, I have the right to appeal.</p> <p>4. I understand that I will receive a notice of approval or disapproval of my application within 30 days from the date I sign this form.</p>	<p>5. I understand that this certification is not complete until all documentation is submitted and this form has been signed and dated by me and reviewed, signed, and dated by an agency representative.</p> <p>6. I certify that my family assets do not exceed \$1,000,000; Child Care and Development Block Grant Act Section 658 p (4)(B).</p> <p>7. I understand that I must renew my eligibility at least once a year. I further understand that if I do not renew my eligibility, I will no longer be eligible for subsidized child care services for my child.</p>
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I DECLARE UNER PENALTY OF PERJURY THAT THE ABOVE INFORMAITON IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____	Date _____	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: Please describe _____
Signature _____	Date _____	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: Please describe _____

Section VI. Family Fee (Refer to the current CDE Family Fee Schedule).

Type of Fee	Flat Monthly Fee Rate (See the instructions for Section VI.)	
<input type="checkbox"/> Full-time 130 hours or more per month	Flat Monthly Rate: \$ _____	Specifics:
<input type="checkbox"/> Part-time Under 130 hours per month	Flat Monthly Rate: \$ _____	Specifics:

Section VII. For Office Use Only. (Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative.)

Eligibility Status: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Notice of Action Sent (Attach copy)	Date Notice of Action Given (Attach copy)	First date of subsidized service	Last date of enrollment
Signature of Authorized Agency Representative		Title	Telephone number	Date
Signature of Supervisor (Optional)		Title	Telephone number	Date

**Admin: Please print, sign, and staple CenterTrack Income Worksheet HERE:
Parent signature not required**

PART A (PARENT PLEASE COMPLETE):

Child Name 1) _____ Birth Date _____ Gender ____ Home Language _____ Ethnicity _____ Enrolling: Y/N

Child Name 2) _____ Birth Date _____ Gender ____ Home Language _____ Ethnicity _____ Enrolling: Y/N

Child Name 3) _____ Birth Date _____ Gender ____ Home Language _____ Ethnicity _____ Enrolling: Y/N

Child Name 4) _____ Birth Date _____ Gender ____ Home Language _____ Ethnicity _____ Enrolling: Y/N

Child Name 5) _____ Birth Date _____ Gender ____ Home Language _____ Ethnicity _____ Enrolling: Y/N

Child Name 6) _____ Birth Date _____ Gender ____ Home Language _____ Ethnicity _____ Enrolling: Y/N

Parent/Foster/Guardian A Name: _____ Birth date: ____ / ____ / ____

Relationship to Child: _____ Cell Phone: _____ Hm Phone: _____

Home Address: _____
Street Address City State Zip Code

Mailing Address (if different): _____
Street Address City State Zip Code

Email Address: _____ Home Language: _____

Parent/Foster/Guardian B Name: _____ Birth date: ____ / ____ / ____

Relationship to Child: _____ Cell Phone: _____ Hm Phone: _____

Home Address: _____
Street Address City State Zip Code

Mailing Address (if different): _____
Street Address City State Zip Code

Email Address: _____ Home Language: _____

What days of week do you need care (please circle)? **M T W Th F**

MON TUE WED THU FRI

What time do you arrive to work/training? _____

What time do you leave work/training? _____

Do any of these apply to you or any members of your family?

_____ Foster or if CPS requires family to be in preschool

_____ Homeless/ Seeking Housing

_____ Getting accredited school/GED/high school diploma

_____ Medical Incapacitation

_____ Currently Working

_____ Currently Seeking a Job

Does your family receive any of the following types of services or financial assistance? *Mark all that apply*

_____ Medi-Cal

_____ TANF/CaWORKS

_____ Food Stamps

_____ Supplemental Security

_____ Unemployment Insurance

_____ Public Housing

_____ Energy Program

_____ General Assistance Income (SSI)

_____ Alta Regional

_____ Child Support/Alimony

_____ WIC

_____ Other Assistance (Please specify) _____

PART B (PARENT PLEASE COMPLETE): Income Information-Recovery of Fraud Claims (#722)

The California Department of Education requires us to inform all families receiving subsidized funds from the State, that if your childcare funds are obtained by providing fraudulent information or incomplete information, Our Center shall actively pursue recovering the funds paid out for the childcare services. Any fraudulent, false, or misleading information provided to Happy our Center regarding your employment, income, status as a student, being enrolled in a training program, or your eligibility relating to medical incapacitation will be grounds for termination and will be cause for our Center to recover funds.

FAILURE TO: Report information regarding wages (including commissions, overtime, and bonuses), and other income received such as child support, which is needed to document eligibility and parent fees at initial enrollment and recertification...

Report change of income that exceeds 85% of the State Medium Income during your annual enrollment period (see chart below)

This chart is only for currently enrolled families.

Family Size	Monthly GROSS income
1-2	\$4,894
3	\$5,270
4	\$5,922
5	\$6,870
6	\$7,817
7	\$7,995

Failure to report will result in termination from the program and will be cause for recovery of funds...

Our Center will attempt to recover funds by developing a repayment plan with the parent. If the parent does not respond to the repayment plan or continually misses payments as outlined in the plan, a claim may be filed with Small Claims Court or the account may be turned over to a collection service for processing. The claim may also be referred to the District Attorney's office. Any family terminated for any of the above reasons is entitled to a fair hearing. If they lose their appeal, they will also be required to pay for childcare services provided during the time the appeal was being heard. Any family terminated for any of the above reasons is entitled to a fair hearing. If they lose their appeal, they will also be required to pay for childcare services provided during the time the appeal was being heard.

The undersigned has read the above information and understand that failure to provide information regarding either eligibility and/or providing false, fraudulent or misleading information will not only result in my termination from the Preschool subsidized program, but will also result in my having to pay back money for child care to the Preschool. Under penalty of perjury, I declare the above statement to be true and factual.

Parent/Guardian A Signature

Date

Parent/Guardian B Signature

Date

PART C (PARENT PLEASE COMPLETE): Release of Information and WIC Eligibility Guidelines (#910A)

1. Photograph/Videotape: This childcare facility has my permission to take photograph or videotape my child(ren) while attending their center. This childcare center may use the photographs and video for public relations and advertising purposes without compensation. If you do not want your child (ren) to have photographs or videotapes taken of them please mark the appropriate space below.

_____ Yes, you have my permission to photograph and videotape my child(ren) and use their likeness in photo-advertising.

_____ No, you do not have my permission to photograph or videotape my child(ren) for public relations or advertising purposes.

Child's Name:

1. _____ 2. _____ 3. _____

***Photography for Developmental Tracking:** Please be advised that photographs will be taken in the classroom by teachers and will be used for developmental tracking. These photos are to be used for developmental tracking and educational purposes only.

2. I understand that I am responsible for reading the Parent Handbook and complying with its policies and procedures.

3. I understand that an assessment and parent conferences for my child will be conducted.

Parent/Guardian Signature: _____ **Date:** _____

How to apply for WIC services Call Sacramento County WIC Program (916) 427-5500 or online at www.wicworks.ca.gov. an appointment will be made and WIC staff will determine eligibility. **Unborn children should be counted in family total. Example: Pregnant woman with a single unborn child should be counted as two (2) in family unit. Pregnant woman with two unborn children (twins) should be counted as three (3). Gross Income (July 1, 2016-June 30, 2017):

Number of persons in Family Unit**	Annual	Monthly	Twice Monthly	Bi-Weekly	Weekly
1	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,931	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,590	\$6,304	\$3,152	\$2,910	\$1,455
Each Add'l Member Add	\$7,696/added family member	\$624/added family member	\$321/added family member	\$296/added family member	\$148/added family member

PART D (PARENT PLEASE COMPLETE):

Child Development and Early Childhood Programs Family Partnership Worksheet *Confidential* (#724 1/17)

Child #1 Name: _____ Child #2 Name: _____

Child #3 Name: _____ Child #4 Name: _____

What are your interest and strengths:

____ Cooking ____ Storytelling ____ Carpentry ____ Typing ____ Handy-work ____ Gardening
____ Painting ____ Sewing ____ Crafts ____ Computers ____ Writing ____ First Aid
____ Musical Instrument ____ Other

If you need Emergency Support or information for any of the below listed areas, please mark with the following:

E = Emergency Support or I= Information

Family Issues

____ Child Discipline
____ Child Abuse Prevention
____ Domestic Violence

Health/Special Needs

____ Medical- Explain
____ Dental- Explain
____ Stress Management
____ Language Development
____ Concerns About Learning Ability

Adult Education/Employment Training

____ GED/High School Diploma
____ College
____ Vocational Training
____ Improved Reading/Writing/Math

Does your family want any information on the following types of services or financial assistance? **Mark all that apply**

____ Medi-Cal ____ TANF/CalWORKS ____ Food Stamps ____ Unemployment Insurance
____ Public Housing ____ Energy Program ____ Alta Regional ____ Supplemental Security
____ WIC ____ Child Support/Alimony ____ General Assistance Income
____ Other: Specify Assistance

Language:

Primary Home Language: _____ Is child fluent in English? ____yes ____no

OFFICE USE ONLY: (Please use this section if additional support is needed and refer to management)

Date of action taken: _____

What action was taken: _____

No Action was Taken due to Parent not requesting information or support

Staff Signature: _____ Date: _____

Emergency and Identification Information

I. Family Information

Child's name (Last, First, Middle): _____ Birth Date: _____

Mother's name: _____

Father's name: _____

Child's Address: _____ Phone: _____

Mother's business address: _____ Phone: _____

Father's business address: _____ Phone: _____

II. Names of Persons Authorized to Take Child from the Facility (This child will not be allowed to leave with any other person without written authorization from parent or guardian.)

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____

III. Additional Persons Who May Be Called in an Emergency to Take Child from the Facility

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

IV. Physician to Be Called in an Emergency

Name _____ Telephone _____

Address _____

V. Medi-Cal Number _____ Medical Insurance _____

Insurance Number _____

VI. Allergies or Other Medical Limitations _____

VII. **Permission for Medical Treatment** Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, I authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Signature: _____ Date: _____

Parent or Guardian