

Form COVID-19 2020
Confidential Application for Early Learning and Care
Services and Certification of Eligibility for Essential Workers

Agency Name: _____
Family Identification/Case No.: _____
Initial Subsidized Service Date: _____

Note: State regulations require a formal application and certification for early learning and care services. This form must be completed by an agency representative in consultation with the family. The agency must certify family eligibility prior to beginning services. **Refer to the attached instructions for the completion of this form.**

Section I. Family Identification. See Instructions, Section I.				
If you are eligible for Emergency Childcare due to COVID-19, check this box:				
If you are a single parent/caretaker, check this box:				
A.	Name of parent/caretaker (full name, including middle initial)	Phone no. (cell or home)	Phone no. (work/school)	
B.	Name of parent/caretaker (full name, including middle initial)	Phone no. (cell or home)	Phone no. (work/school)	
Street address		City	State	Zip
				FIPS code

Section II. Family Income and Eligibility								
1. Income and Eligibility Information (Complete all boxes):								
Total Family Income	\$	I certify that the total family income stated is true and correct. Parent Initials _____			COVID-19 Emergency Childcare Self-Certification (Attach Documentation)			
2. Employer Information Must be completed for each adult listed in Section I above if the basis of need is essential worker (Attach documentation.)								
Parent/Caretaker	Employer			Street Address			City	Zip
A.								
A.								
Days and working/training hours:	From:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	To:							
Parent/Caretaker	Employer			Street Address			City	Zip
B.								
B.								
Days and working/training hours:	From:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	To:							

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

Form COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

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																													
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									Provider/site name:	V																													
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									Provider/site name:	V																													

Section V. Certification and Signature of Parent/Caretaker.	
<p>I understand that I am self-certifying single parent status under penalty of perjury Parent Initials: _____</p> <p>I understand that as a condition of receiving Emergency Childcare services, I am not eligible for 12-month eligibility. Parent Initials: _____</p> <p>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. Parent Initials: _____</p>	<p>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. Parent Initials: _____</p> <p>I certify that my family assets do not exceed \$1,000,000; Child Care and Development Block Grant Act Section 658 p (4)(B). Parent Initials: _____</p>

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____	Date _____	Relationship to Child: Parent Grandparent Guardian Foster Parent Other: Please describe _____
Signature _____	Date _____	Relationship to Child: Parent Grandparent Guardian Foster Parent Other: Please describe _____

Section VI. For Office Use Only. (Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative.)				
Eligibility Status: Denied Approved	Date Notice of Action Sent (Attach copy)	Date Notice of Action Given (Attach copy)	First date of subsidized service	Last date of enrollment
Site Name:				
Signature of Authorized Agency Representative	Title		Telephone number	Date
Signature of Supervisor (Optional)	Title		Telephone number	Date

Form COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

Instructions for Completing Form COVID-19 2020: COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

Agency Name: Insert the name of the agency providing child care services in this space.

Family Identification Number or Family Case Number: A Family Identification Number (FIN) or Family Case Number (FCN) must be assigned to each family. Enter the unique FIN in top box on page one of the Form COVID-19 2020.

Initial Subsidized Service Date: This is the earliest month and year that the child(ren), as listed on this COVID-19 2020, first started receiving subsidized child care services from your agency. **Every Form COVID-19 2020 must have a month and year entered in this field.** This information is for data reporting purposes.

Section I. Family Identification

Note: If family size includes more than two adults, complete Sections I, II, and III of a second Form COVID-19 2020 and attach it to the completed Form COVID-19 2020. You may also use a second Form COVID-19 2020 to record additional employers for the parents listed under A and B in Section I.

COVID-19 2020 Essential Worker: If the parent/caretaker who is legally/financially responsible for the child is self-certifying as a COVID-19 2020 essential worker, check the box on the line next to **Section I. Family Identification**

Single parent/caretaker: If the child lives with only one parent/caretaker who is legally/financially responsible for the child, check the box on the line next to **Section I. Family Identification**

Information on parent/caretaker A. For the first adult living in the same household as the child(ren), complete all items in Section I, including address information. For the purposes of these instructions and the certification of eligibility, a parent/caretaker shall be a person who has responsibility for the child. Thus, "parent/caretaker" could refer, for example, to a biological parent, a stepparent, a grandparent, a foster or adoptive parent, or a legal guardian.

FIPS Code. See the "FIPS Codes" section on page three of these instructions to determine the FIPS Code that identifies the state and county where the parent/caretaker lives.

Information on parent/caretaker B. If a second parent/caretaker lives in the same household as the child and is included in the calculation of family size, complete all items in Section I B.

Section II. Family Income and Eligibility

- 1. Family Income and Eligibility:** Parent to complete the income amount in box 1. Box 2 must be initialed by the parent to certify the income reported in Box 1 is true and correct. Box 3 must be checked when the parent completes the COVID-19 Self-Certification and returns it to the contractor.
- 2. Employment information:** For each parent/caretaker, enter the name and address of the employer if the reason for needing services is due to being an Essential Worker.

Days and working hours. Note the beginning and ending hours for each day that the parent is employed.

Section III. Family Size: Enter the number of persons included in the family size

Section IV. Data on Children

Note: Complete columns 1 and 3 of this section for all children eighteen and under residing in the household. If needed, use a second COVID-19 2020 to record more children.

- (1) Name of child.** List all children included in the household size eighteen and under, for whom the parent(s) is responsible.

NOTE: When a child and his or her siblings are living in a household that does not include their biological, or adoptive parent(s), "family" shall be considered the child and related siblings. List only the children of this "family" who are eighteen and under.

- (2) Gender.** Check the appropriate box in column 2 for each child receiving care through this certification.

- (3) Birth date.** In column 3 enter the birth dates of all children listed in column 1 following this format: month/day/year.

- (4) Adjustment factor code.** See the "Adjustment Factor Codes" section in these instructions to determine the adjustment factor code that should be entered in column 4. If no adjustment factor is used, leave this box blank.

- (5) Ethnicity.** Enter a "Y" if the child is Hispanic or Latino. Otherwise, enter an "N".

- (6) Race:** See the "Race Codes" section in these instructions to determine the race code(s) that should be entered in column 6. At least one code must be entered, but you may enter all codes that apply for each child.

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- (7) **Native language:** See the “Native Language Codes” section in these instructions to determine the native language code that should be entered in column 7. **Language Code.** Use only those native language codes provided.
Child is English Learner? For kindergarten through grade twelve children ONLY. For students reported with a primary language other than English, report the primary language of students on the state-approved Home Language Survey.
- (8) **Program code.** See the “Program Codes” section in these instructions to determine the program code(s) that should be entered in column 8. Enter one code per line for each child receiving child care services through this certification. If the child(ren) is enrolled in more than one program or with more than one provider, use additional lines to record this information in columns 8 and 9 for each child.
- (9) **Type of care and relationship to child.** See the “Type of Care Codes” section in these instructions to determine the type of care code(s) that should be entered in column 9. Enter the provider or site name in the space provided.
- (10) **Hours of care per day.** Enter the amount of early learning and care services needed each day in column 9. Use the lower line (marked “V”) to indicate the amount of time needed during the COVID-19 State of Emergency. For preschool-age children, use only the upper line to record the amount of care needed.

Section V. Certification and Signature of Parent/Caretaker

Read and explain the conditions of eligibility and need to the parent/caretaker and make sure he or she understands them *before* signing the application.

Parents must initial item 1 of Section V, stating that the parent(s) has checked the single parent/caretaker box in section 1.

Parent must initial item 2 of Section V, acknowledging that as a condition of receiving Emergency Childcare services, he or she understands that 12-month eligibility does not apply.

Parent must initial item 3 of Section V, stating that they 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.

Parent must initial item 4 of Section V, stating that they 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.

Parent must initial item 5 of Section V, stating that they certify that family assets do not exceed \$1,000,000; Child Care and Development Block Grant Act Section 658 p (4)(B).

Before the agency representative signs the form, the parent/caretaker completing the application must sign and date the form and indicate his or her relationship to the child. At least one parent signature is required on the application.

Section VI. For Office Use Only

The agency representative must complete the items in this section. The certification is not complete until it is signed and dated by the agency representative.

The “Signature of Supervisor” is an optional field and is not required.

Completing the Form

Follow these procedures once you have completed the family’s certification:

- A. File the completed form in the family file.

Form COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

Instructions for Completing Form COVID-19 2020:

COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

Section I. Family Identification

Federal Information Processing Standards (FIPS) Codes

The FIPS code consists of a state code, which is a two-digit number, and a county code, which is a three-digit number. The codes are California - 06, Arizona - 04, Nevada - 32 and Oregon - 41.

California County Codes are as follows:

001 Alameda	041 Marin	081 San Mateo
003 Alpine	043 Mariposa	083 Santa Barbara
005 Amador	045 Mendocino	085 Santa Clara
007 Butte	047 Merced	087 Santa Cruz
009 Calaveras	049 Modoc	089 Shasta
011 Colusa	051 Mono	091 Sierra
013 Contra Costa	053 Monterey	093 Siskiyou
015 Del Norte	055 Napa	095 Solano
017 El Dorado	057 Nevada	097 Sonoma
019 Fresno	059 Orange	099 Stanislaus
021 Glenn	061 Placer	101 Sutter
023 Humboldt	063 Plumas	103 Tehama
025 Imperial	065 Riverside	105 Trinity
027 Inyo	067 Sacramento	107 Tulare
029 Kern	069 San Benito	109 Tuolumne
031 Kings	071 San Bernardino	111 Ventura
033 Lake	073 San Diego	113 Yolo
035 Lassen	075 San Francisco	115 Yuba
037 Los Angeles	077 San Joaquin	
039 Madera	079 San Luis Obispo	

If the family resides outside California, list the state code only.

Section IV. Data on Children

Column 4: Adjustment Factor Codes

21 Infant	24 Severely disabled
22 Exceptional needs	25 Limited English proficient (LEP)
23 Child protective services	27 Toddler

Column 6: Race Codes

1 American Indian or Alaskan Native	2 Asian
3 Black or African American	4 Native Hawaiian or other Pacific Islander
5 Caucasian	

Column 7: Native Language Codes

11 Arabic	24 Hungarian	06 Portuguese
12 Armenian	25 Ilocano	28 Punjabi
42 Assyrian	26 Indonesian	29 Russian
13 Burmese	27 Italian	45 Rumanian
03 Cantonese	08 Japanese	30 Samoan
36 Cebuano (Visayan)	09 Khmer (Cambodian)	31 Serbian
		52 Serbo-Croatian
54 Chaldean	50 Khmu	01 Spanish
20 Chamorro (Guamanian)	04 Korean	46 Taiwanese
	51 Kurdish	32 Thai

Column 7 Native Language Codes (Continued)

39 Chaozhou	47 Lahu	53 Toishanese
14 Croatian	07 Mandarin (Putonghua)	33 Turkish
15 Dutch	48 Marshallese	38 Ukrainian
00 English	44 Mien	35 Urdu
16 Farsi (Persian)	49 Mixteco	02 Vietnamese
17 French	88 Native American Languages of China	55 Other Languages of the Philippines
18 German	40 Pashto	66 Other Languages of the Philippines
19 Greek	05 Pilipino (Tagalog)	99 Other non-English
43 Gujarati	41 Polish	
21 Hebrew		
22 Hindi		
23 Hmong		

Column 8: Program Codes (Contract Prefix)

For current contract program codes and contract prefixes, access the Child Care and Development Contract Program Types Web page at <http://www.cde.ca.gov/sp/cd/ci/ccdprogramtypes.asp>.

Column 9: Type of Care Codes

02 Licensed family child care home
03 Licensed large family child care home
04 Licensed center-based care
05 License-exempt in-home (child's) care provided by a relative
06 License-exempt in-home (child's) care provided by a nonrelative
07 License-exempt care provided outside child's home by a relative
08 License-exempt care provided outside child's home by a nonrelative
11 License-exempt center-based care

SELF-CERTIFICATION OF ELIGIBILITY FOR COVID-19 EMERGENCY CHILD CARE

I, _____ (parent or guardian) certify that I am eligible for COVID-19 Emergency Care as:

1. At-Risk Population
 - i. Child receiving services from CPS or is at risk of abuse or neglect;
 - ii. Child eligible through the Emergency Child Care Bridge Program for Foster Children; or
 - iii. Experiencing homelessness as defined in the McKinney-Vento Homeless Assistance Act
 - iv. A Child of domestic violence survivors; or
2. An Essential Worker under the California definition of essential worker pursuant to the Governor's Executive Order N-33-20, and I am unable to work remotely to complete my job duties and require child care in order to perform the essential work.
3. A parent of a child with disabilities or special health care needs whose individualized education program or individualized family support plans include early childhood education service;

I understand that this self-certification is a requirement for my child/children

_____ (Child/children's names)

to be enrolled in an emergency child care program.

Please check the eligibility category and/or sector of employment in which you are engaged:

<input type="checkbox"/>	Parent of a child who is receiving CPS or at risk
<input type="checkbox"/>	Parent of any child eligible through the Emergency Child Care Bridge Program for Foster Children
<input type="checkbox"/>	Parent of a child with disabilities or special health care needs whose individualized education program or individualized family support plans include early childhood education service
<input type="checkbox"/>	Family experiencing housing insecurity or homelessness as defined in the McKinney-Vento Homeless Assistance Act.
<input type="checkbox"/>	Domestic violence survivor
<input type="checkbox"/>	Health Care Services sector
<input type="checkbox"/>	Emergency Services sector

<input type="checkbox"/>	Food and Agriculture sector
<input type="checkbox"/>	Staff and providers of child care and education services
<input type="checkbox"/>	Workers supporting critical infrastructure
<input type="checkbox"/>	State and local government worker
<input type="checkbox"/>	Energy sector
<input type="checkbox"/>	Transportation and Logistics
<input type="checkbox"/>	Communications and IT sector
<input type="checkbox"/>	Critical Manufacturing, Hazardous Materials, Financial Services, and Chemical sectors
<input type="checkbox"/>	Any other fields listed in EO N-33-20

Total hours of child care per week requested: _____

If for any reason this attestation of being an Essential Worker or an At-Risk Population is found to be false or untrue, I understand that I will not have met an eligibility requirement for the receipt of emergency child care and my child may be subject to immediate disenrollment from any program he or she is attending.

By my signature below, I attest that the information provided above is true and correct.

Parent or Guardian Name (printed): _____

Parent or Guardian Signature: _____

Date: _____



**Family Resource and Referral Center
Child Care Eligibility List (CEL)
APPLICATION**

IMPORTANT: If you have received county cash assistance (TANF) in the past 24 months, please contact 461-2944. You may be eligible to start services without delay and not have to complete this application/wait on the eligibility list.

You can complete this application by hand or on-line. If completing by hand, be sure all your information is accurate and submit to FRRRC at the address listed at the top of the application.

You can complete this application on-line on the CEL at:

The FRRRC website: **www.frrcsj.org**

Click the link to apply for the eligibility list (subsidized child care services)

Or go to:

sanjoaquin.thecel.net

You do not need to enter "www",

Enter the above web link in the address bar at the top of your internet browser

In order for your eligibility list application to remain continually active, **you must update your application every 3 months on the CEL.**

Even if your information is unchanged, you must update your application every 3 months on the CEL. Therefore, to update your application, you can either call the FRRRC office or go on-line. When choosing on-line, you can review your information and save your application again. Updating your application is easy on-line and only takes a few minutes.

Why is updating your application on-line better?

- ✓ You can view and update your application any time at your convenience
- ✓ It is quick and easy to use

**This application is for the child care eligibility list,
for child care assistance at no cost or low cost.
This application can also apply for preschool
at Joan Richards Learning Village in Stockton**

FRRRC CEL Application Assistance/Updates:
209-461-2944

Family Resource and Referral Center (FRRRC):
209-948-1553
1-800-526-1555



Parent Voices is a parent-led grassroots organization fighting to make child care affordable and accessible to all families.
You can make difference!

For more information about the
San Joaquin County Chapter
CALL
(209) 461-2619 or 948-1553

Childcare Eligibility List

The Childcare Eligibility List (CEL) is a list of families needing child care assistance in San Joaquin County. Any participating child care program in San Joaquin County may call families from this list to offer no cost or low cost child care.

By placing your name on the eligibility list you may be considered for enrollment by programs serving the entire County, programs serving specific age groups, or by programs serving your child(ren)'s elementary school(s).

If you are working, enrolled in school or in a training program, and your family's gross monthly income meets eligibility requirements, you may be eligible to receive child care assistance.

Mail your completed form to: Family Resource & Referral Center
509 W. Weber Ave., Suite 101
Stockton, CA 95203

PRIMARY PARENT INFORMATION (OR GUARDIAN)

Primary Parent/Guardian Name _____
Last First Middle

Gender Male Female Birth Date _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Phone _____ Best time to call _____

Cell/Message Phone _____ Email Address _____

Are you the parent, grandparent or guardian to one or more of the children? Yes No

Are you married and currently living with your spouse? Yes No

Is the second parent to at least one of the children living in the home? Yes No

SECOND PARENT INFORMATION (OR GUARDIAN)

COMPLETE THIS SECTION ONLY IF THE SECOND PARENT/GUARDIAN IS CURRENTLY LIVING IN THE HOME.

Second Parent/Guardian Name _____
Last First Middle

Gender Male Female Birth Date _____

Cell/Message Phone _____ Email Address _____

NEED FOR CARE

Is the family homeless? Yes No

Were you referred by Child Protective Services?
(A CPS Social Worker may refer children who are receiving CPS services and require child care as part of a CPS case plan.) Yes No

Are you interested in your 3-5 year old attending Joan Richards Learning Village (JRLV) Educational Preschool?
JRLV offers part day and full day preschool in Stockton. JRLV is located in the 95210 area code. Yes No

Have you lost employment due to COVID-19? Yes No

Has your need for child care assistance changed due to COVID-19? Yes No

If you are employed, is your job currently classified as essential due to COVID-19? Yes No

Why do you need services? (check all that apply)

Primary Parent/Guardian: Working School/Training Seeking Employment Medical Incapacitation
 Seeking Permanent Housing CPS Preschool Only

Second Parent/Guardian: Working School/Training Seeking Employment Medical Incapacitation
 Seeking Permanent Housing CPS Preschool Only

Primary Parent/Guardian Employment Information (if currently working)

	Employer #1	Employer #2
Employer Name:	_____	_____
Zip Code of Employer:	_____	_____
Phone/Ext.:	_____	_____
Number of hours worked per week:	_____ Per Week	_____ Per Week
Hourly Pay Rate:	\$ _____	\$ _____
<i>OR</i>		
Gross Monthly Income (including tips & commissions):	\$ _____	\$ _____

Primary Parent/Guardian School/Training Information (if currently attending school/training)

	School #1	School #2
School Name:	_____	_____
Zip Code of School:	_____	_____
Educational Goal:	_____	_____
Total Units this Semester/Quarter:	_____	_____
Anticipated Completion Date (Season/Year):	_____	_____
Minimum Hours of Activity Per Week:	_____	_____
Maximum Hours of Activity Per Week:	_____	_____

Second Parent/Guardian Employment Information (if currently working)

	Employer #1	Employer #2
Employer Name:	_____	_____
Zip Code of Employer:	_____	_____
Phone/Ext.:	_____	_____
Number of Hours Worked per Week:	_____ Per Week	_____ Per Week
Hourly Pay Rate:	\$ _____	\$ _____
<i>OR</i>		
Gross Monthly Income (including tips & commissions):	\$ _____	\$ _____

Second Parent/Guardian School/Training Information (if currently attending school/training)

	School #1	School #2
School Name:	_____	_____
Zip Code of School:	_____	_____
Educational Goal:	_____	_____
Total Units this Semester/Quarter:	_____	_____
Anticipated Completion Date (Season/Year):	_____	_____
Minimum Hours of Activity Per Week:	_____	_____
Maximum Hours of Activity Per Week:	_____	_____

INCOME INFORMATION

Are you currently on Cash Aid? Yes No
 (If yes, please enter the amount received last month in the **Other Family Income** section below)

Have you ever been on Cash Aid in California? Yes No
 If yes, most recent County of Cash Aid _____ Date Cash Aid ended _____

Enter your monthly income from all sources other than wages from employment. Please note that all income will require verification prior to enrollment.

Regular Income	Applicant	Second Parent
Self-employment	\$ _____	\$ _____
SSA (parent)	\$ _____	\$ _____
SSI/SSP (parent)	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Other	\$ _____	\$ _____

Other Family Income	
Cash Aid (children only)	\$ _____
Cash Aid (family)	\$ _____
Child Support Rec'd	\$ _____
Foster Care	\$ _____
SSA (child)	\$ _____
SSI/SSP (child)	\$ _____
Other	\$ _____

Income Adjustments	
Child Support Paid	\$ _____

CHILD(REN) INFORMATION

Enter information for each child in the household under the age of 21.

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 Preschool (in Stockton, 95210) No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of San Joaquin County, please indicate which county:

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 Preschool (in Stockton, 95210) No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of San Joaquin County, please indicate which county:

CHILD(REN) INFORMATION (continued)

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 Preschool (in Stockton, 95210) No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of San Joaquin County, please indicate which county:

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 Preschool (in Stockton, 95210) No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of San Joaquin County, please indicate which county:

Please remember that this is only an application for the Child Care Eligibility List for subsidized child care and/or Joan Richards Learning Village Educational Preschool. This application does not guarantee that you will receive services.

CERTIFICATION

The information provided on this application will be shared with all participating child care programs in San Joaquin County. I understand the information provided is needed to determine my eligibility for a subsidized child care program and will be verified prior to my enrollment.

I affirm that this information is correct.

Parent/Guardian Signature: _____ Date: _____