

ELIGIBILITY LIST APPLICATION FOR CHILD CARE

PARENT/GUARDIAN # 1				
Last Name	First Name	Middle Initial	Date of Birth	
PARENT/GUARDIAN # 2 (ONLY COMPLETE PARENT#2 IF THIS PARENT LIVES IN THE SAME HOUSEHOLD)				
Last Name	First Name	Date of Birth		
Relationship to Child	Marital Status	Preferred Language		
Home Phone	Cell Phone	Alternate Phone	Work Phone	
E-mail Address				
HOUSEHOLD INFORMATION				
Street Address				Apartment
City		State	Zip Code	County
		CA		ALAMEDA
Family Size: <i>Number of adults & children related by blood, marriage or adoption living in the household</i>				
REASON FOR NEEDING CARE (CHECK ALL THAT APPLY)				
CalWORKs Recipient?	Have you ever received Diversion? (Diversion: One-time payment issued to CalWORKs applicants)	If Yes, what was the date the aid ended or the one-time payment received?		
Y / N				
		Parent/ Guardian #1	Parent/ Guardian #2	
Working		<input type="checkbox"/>	<input type="checkbox"/>	
City/ Zip Code of Employment:				
Education/ Training		<input type="checkbox"/>	<input type="checkbox"/>	
City/ Zip Code of School/ Training:				
Medically Incapacitated/ Disabled		<input type="checkbox"/>	<input type="checkbox"/>	
Actively Seeking Employment		<input type="checkbox"/>	<input type="checkbox"/>	
Homeless/ Seeking Permanent Housing		<input type="checkbox"/>	<input type="checkbox"/>	
Seeking Part-Day Educational Preschool		<input type="checkbox"/>	<input type="checkbox"/>	
Agricultural or Migrant Worker		<input type="checkbox"/>	<input type="checkbox"/>	
MONTHLY INCOME & SOURCES				
(Enter total dollars, before taxes & deductions, for each source of income for parents/ guardians in the household).				
GROSS MONTHLY INCOME		Parent/ Guardian #1	Parent/ Guardian #2	
Employment salary or wages /self-employment income (before taxes)		\$	\$	
Cash Aid (CalWORKs)		\$	\$	
Child/ Spousal support (that you receive)		\$	\$	
Unemployment Benefits		\$	\$	
Worker's Compensation		\$	\$	
Disability		\$	\$	
Other income (please describe):		\$	\$	
TOTAL GROSS INCOME		\$	\$	

CHILD LIVING IN THE HOME			
First Name	Last Name	Date of Birth	
Does your child have any Special Needs?			
<input type="checkbox"/> No Special Needs	<input type="checkbox"/> IEP (Individual Education Plan)	<input type="checkbox"/> IFSP (Individual Family Service Plan)	<input type="checkbox"/> Other
Is your child currently enrolled in subsidized child care?		Is your child proficient in English?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where?	<input type="checkbox"/> YES <input type="checkbox"/> No	
Services Needed: (check all that apply)			
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Preschool	<input type="checkbox"/> Evening <input type="checkbox"/> Overnight <input type="checkbox"/> Weekends <input type="checkbox"/> No Services Needed
Preferences for child care?			
Preferred Program or Preferred Provider:			

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Preferred Program or Preferred Provider:			

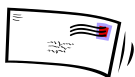
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Please remember that this is only an application for DSFRFC subsidized child care. This application does not guarantee that you will receive services.
 I understand the information provided is needed to determine my eligibility for a subsidized child care program and will be verified prior to my enrollment. I affirm this information is correct.

Signature: _____

Date: _____

Please return this application by mail, fax or in person to:



Davis Street Family Resource Center
 c/o Lorena Naveja
 3081 Teagarden Street
 San Leandro, CA 94577



Fax: (510) 483-4486
 ATTN: Lorena Naveja

FOR OFFICE USE ONLY			
<input type="checkbox"/> CAPP	<input type="checkbox"/> Daycare	<input type="checkbox"/> Davis Street @ 1190	Rank Number _____
<input type="checkbox"/> C2AP	<input type="checkbox"/> Preschool	<input type="checkbox"/> Davis Street @ Garfield	
<input type="checkbox"/> C3AP	<input type="checkbox"/> Before & After School Care	<input type="checkbox"/> Davis Street @ Thomas Jefferson	
		<input type="checkbox"/> Davis Street @ Roosevelt	