



***Office Use Only***	
Received Date	
Family ID	
Ranking	

## Eligibility List Application

This is an application for subsidized child care. By completing this application does not guarantee you will receive services. In order to remain active on the list, you must take immediate action to inform Davis Street of any changes to your address, phone number or income. This application is valid for six (6) months. You must contact Davis Street every six (6) months to request to remain on the list or your name will be removed.

Parent/Guardian #1:			
First Name	Last Name	Date of Birth	Relationship to Child
Home Phone	Work Phone	Cell Phone	Email:
Marital Status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			Preferred Spoken Language
Street Address		City	Zip
Housing (check all that apply): <input type="checkbox"/> Currently homeless <input type="checkbox"/> Living in a shelter			

Parent/Guardian #2:			
First Name	Last Name	Work Phone	Cell Phone

Reason (Need) for care	Adult #1	Adult #2
Incapacity of Parent/Guardian		
Employment		
Vocational or college training/education		
Both employment and training/education		
Seeking Employment (Job Search)		

Monthly Gross Income and Sources ( Before taxes and any other)	Adult #1	Adult #2
Employment Salary or wages/self-employment income (before taxes)	\$	\$
Child and/or Spousal Support received	\$	\$
Unemployment	\$	\$
Social Security/Disability/ Workman's Comp	\$	\$
Cash Aid/Welfare	\$	\$
Other Income (please describe):	\$	\$
<b>Total Gross Income:</b>	\$	\$

Total family size – Number of adults and children related by blood, marriage or adoption living in the household:	
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As a parent, have you received Cash Aid (TANF) or have received a lump sum Diversion payment within the last 24 months in California?  
 No                       Yes    If yes, in which county? \_\_\_\_\_

The following information should be completed regarding only those children living in the home for which you have legal responsibility.

	Child #1	Child #2	Child #3	Child #4
First Name				
Last Name				
Date of Birth				
Gender (M/F)				
Does the child have Special Need? If Yes, does child have IEP/IFSP?	Y / N  IEP / IFSP	Y / N  IEP / IFSP	Y / N  IEP / IFSP	Y / N  IEP / IFSP
Is there an open CPS case for your family?	Y / N	Y / N	Y / N	Y / N
Is this a Foster Child?	Y / N	Y / N	Y / N	Y / N
What type of care will this child need? (please circle all that apply)	Full Time Part Time  <b>Preschool</b> Morning Care or Afternoon Care  No services needed	Full Time Part Time  <b>Preschool</b> Morning Care or Afternoon Care  No services needed	Full Time Part Time  <b>Preschool</b> Morning Care or Afternoon Care  No services needed	Full Time Part Time  <b>Preschool</b> Morning Care or Afternoon Care  No services needed

I understand the following:

- This information being provided is needed to determine my eligibility for a Subsidized Child Care program and will be verified prior to my enrollment.
- This is not a first come first serve program. Eligible families are ranked based on family size and adjusted income. When two (2) or more families rank equally, the family that applied first is given priority.
- This application is valid for 6 months; however, I understand that if I do not update this application within 6 months, my name will be removed from the list.
- By signing this form, I am stating that the information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Davis Street Family Resource Center

Attn: Eligibility List

3081 Teagarden Street

San Leandro, CA 94577

Phone: (510) 347-4620

Fax: (510) 483-4486

