Tulare County Centralized Eligibility List Application for Subsidized Child Care Services

Submission of this application is not a guarantee of enrollment and it is not possible to determine how long you might wait for services. Programs enroll the most eligible children first based on need, family size and income, and admission priorities established by the California Department of Education.



Tim A. Hire, County Superintendent of Schools

Initial Application Date:

| PARENT A: Living in the h | ome? | PARENT B: Living in th | e home? | | | | |
|---|--|---|---|--|--|--|--|
| ☐ Homeless ☐ Asian ☐ Employed ☐ Black © ☐ Seeking ☐ Cauca ☐ Training ☐ Hispar | can Indian or Alaskan Native or African American sian nic or Latino e Hawaiian or Other Pacific Islander | ☐ Homeless ☐ Asi ☐ Employed ☐ Bla ☐ Seeking ☐ Ca ☐ Training ☐ His | ck or African American ucasian panic or Latino tive Hawaiian or Other Pacific Islander | | | | |
| Language spoken | | Language spoken | | | | | |
| ☐ Speak English? | | ☐ Speak English? | | | | | |
| |] Grandparent ☐ Foster | Relationship to Child: Parent | ☐ Grandparent ☐ Foster | | | | |
| | Other | ☐ Guardian | ☐ Other | | | | |
| Last Name, First Name: | | Last Name, First Name: | | | | | |
| DOB: | | DOB: | | | | | |
| Street Address: | | Street Address: | | | | | |
| Mailing Address: | | Mailing Address: | | | | | |
| City, State, Zip: | | City, State, Zip: | | | | | |
| Home Phone: | Best to call: | Home Phone: | Best to call: | | | | |
| Cell Phone: | Home Work Cell | Cell Phone: | Home Work Cell | | | | |
| Message Phone: | Best Time: | Message Phone: | Best Time: | | | | |
| Work/School Information | | Work/School Information | | | | | |
| Employer/School Name: | | Employer/School Name: | | | | | |
| Employer Address: | | Employer Address: | | | | | |
| City: | Zip: | City: Zip: | | | | | |
| Phone: | OK to call? □Yes □No | Phone: OK to call? | | | | | |
| Monthly Income (before taxes): \$ | | Monthly Income (before taxes): \$ | | | | | |
| Other Income: \$ /month | | Other Income: \$/month | | | | | |
| Other Income Type: TANF/Cash Aid | ☐ Child Support ☐ Disability | Other Income Type: TANF/Cash Aid Child Support Disability | | | | | |
| ☐ Workers' Comp ☐ Foster Care | ☐ Unemployment | ☐ Workers' Comp ☐ Foster Care ☐ Unemployment | | | | | |
| | • • | · · | , , | | | | |
| SSI (Disability) SSI (Survivor Be | enerits) | SSI (Disability) SSI (Survivor Benefits) | | | | | |
| U Other | | ☐ Other | | | | | |
| Currently participating in CalWORKs act | ivity? □Yes □No | Currently participating in CalWORKs activity? | | | | | |
| Previously participated in CalWORKs ac | tivity? □Yes □No | Previously participated in CalWORKs activity? | | | | | |
| If no longer receiving CalWORKs cash a | id, list date last received | If no longer receiving CalWORKs cas | sh aid, list date last received | | | | |
| ☐ 50% or more of family income from a | agricultural work? | List zip code(s) or cities where you | ı prefer to have child care: | | | | |
| ☐ Family moved during last 24 months | to look for or get agricultural work? | | | | | | |
| If you list data of last move | | İ | | | | | |

In order to help us determine your family size, please complete the following information for all children under the age of 18 in your household, even if you aren't requesting child care for them.

| CHILDINFORMATION | ☐ Male | ☐ Female | | : | Special N | eed? | | | | | |
|--|----------------|-------------------|-------|-----|---------------|---------------|------------|-----|------|----------|----------|
| Last Name, First Name | | | | | | | ОВ | | IEP? | IFSP? | CWS? |
| Name and Address of School, I | Preschool or P | rogram attending | Grade | | Schoo | ol District Y | ou Live In | | | | |
| Trainio and Address of Sofiosi, i | | rogram altoriumg | | | Conoc | or Diotriot 1 | | | | | |
| ☐ Speak English? | Need: Full- | time ☐ Part-time☐ | | Mon | Tue | Wed | Thur | Fri | Sat | Sun | |
| Language(s) spoken | ☐ Hours pe | r week vary | From | · | | | | | | | _ |
| | ☐ No care i | needed | То | | | | | | | | |
| | | | | | | 10 | | | | | |
| CHILD INFORMATION Last Name, First Name | ☐ Male | ☐ Female | | | Special No | eed? | OB | | IEP? | IFSP? | CWS? |
| Last Name, First Name | | | | | | | ЮБ | | | | |
| Name and Address of School, | Preschool or F | Program attending | Grade | | School | ol District Y | ou Live In | | | <u> </u> | |
| | | | | Mon | Tue | Wed | Thur | Fri | Sat | Sun | |
| ☐ Speak English? | | time ☐ Part-time☐ | From | _ | 140 | 7700 | 11101 | | | | - 1 |
| Language(s) spoken | ☐ Hours pe | · | То | | | | | | | | = |
| | ☐ No care i | needed | | | _ | | | | | | |
| CHILD INFORMATION | ☐ Male | ☐ Female | | | Special No | eed? | | | | | |
| Last Name, First Name | | | | | | | ОВ | | IEP? | IFSP? | CWS? |
| | | 1 | | | 1 | | | | | | |
| Name and Address of School, I | Preschool or P | rogram attending | Grade | | School | ol District Y | ou Live In | | | | |
| ☐ Speak English? | Need: Full- | time ☐ Part-time☐ | | Mon | Tue | Wed | Thur | Fri | Sat | Sun | |
| Language(s) spoken | │ │ | | From | | | | | | | | |
| | │ | needed | То | | | | | | | | |
| | | | | | | | | | | | |
| CHILD INFORMATION | ☐ Male | ☐ Female | | ; | Special N | eed? | | | | | |
| Last Name, First Name | | | | | | | ОВ | | IEP? | IFSP? | |
| Name and Address of School, I | Preschool or P | rogram attending | Grade | | School | ol District Y | ou Live In | | | | |
| | ı | | | | | | | | | | |
| ☐ Speak English? | Need: Full- | time ☐ Part-time☐ | | Mon | Tue | Wed | Thur | Fri | Sat | Sun | |
| Language(s) spoken | ☐ Hours pe | r week vary | From | | | _ | _ | | _ | | <u> </u> |
| | ☐ No care i | needed | То | | | | | | | | _ |
| CHILD INFORMATION | Male | Female | | | Special Ne | eed? | | | | | |
| Last Name, First Name | | | | | - p 20.00 140 | | OOB | | IEP? | IFSP? | CWS? |
| | | 1 | | | 1 | | | | | | |
| Name and Address of School, F | Preschool or P | rogram attending | Grade | | School | ol District Y | ou Live In | | | | |
| ☐ Speak English? | Need: Full- | time Part-time | | Mon | Tue | Wed | Thur | Fri | Sat | Sun | |
| Language(s) spoken | Hours pe | | From | | | | | | | | |
| | □ No care i | - | To | | | | | | | | |

Tulare County Centralized Eligibility List Applicant Program Preferences

| Parent Name | Home Phone |
|---|--|
| Please p | print clearly |
| Depending on your circumstances, you which of the following types of services | our child may be eligible for one or more types of services. Please select ses you are interested in. |
| ☐ Part Day ☐ Full Day | |
| | and development program promoting school-readiness - located in a center ars (State Preschool and Head Start programs) |
| | and development program promoting school-readiness - located in a licensed ion network environment. Birth – 6 years (Migrant and General Child Care |
| | g and development program promoting school-readiness – weekly home visit v Head Start Home Base and Head Start Home Base programs) |
| providers offer services durin | services provided by a licensed family child care home provider. Some g non-traditional hours, such as evenings, weekends, and overnight. Payment, CalWORKs Stage 2, and CalWORKs Stage 3 programs) |
| | by a license-exempt provider. Services may be provided during non-traditional ekends, and overnight. Birth – 13 years (<i>Alternative Payment, CalWORKs ge 3 programs</i>) |