

# 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.*

## Tulare County Office of Education

*Tim A. Hire, County Superintendent of Schools*

**Initial Application Date:** \_\_\_\_\_

<b>PARENT A:</b> <input type="checkbox"/> Living in the home? <input type="checkbox"/> Married <input type="checkbox"/> Single  <input type="checkbox"/> Parent Incapacitated <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Homeless <input type="checkbox"/> Asian <input type="checkbox"/> Employed <input type="checkbox"/> Black or African American <input type="checkbox"/> Seeking <input type="checkbox"/> Caucasian <input type="checkbox"/> Training <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> None of the above <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other	<b>PARENT B:</b> <input type="checkbox"/> Living in the home? <input type="checkbox"/> Married <input type="checkbox"/> Single  <input type="checkbox"/> Parent Incapacitated <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Homeless <input type="checkbox"/> Asian <input type="checkbox"/> Employed <input type="checkbox"/> Black or African American <input type="checkbox"/> Seeking <input type="checkbox"/> Caucasian <input type="checkbox"/> Training <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> None of the above <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other
Language spoken _____ <input type="checkbox"/> Speak English?	Language spoken _____ <input type="checkbox"/> Speak English?
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> 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:
Cell Phone:	Home ___ Work ___ Cell ___
Message Phone:	Best Time: _____

<b>Work/School Information</b>  Employer/School Name:  Employer Address:  City: _____ Zip: _____ Phone: _____ OK to call? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Income (before taxes): \$ _____ Other Income: \$ _____/month Other Income Type: <input type="checkbox"/> TANF/Cash Aid <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Workers' Comp <input type="checkbox"/> Foster Care <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI (Disability) <input type="checkbox"/> SSI (Survivor Benefits) <input type="checkbox"/> Other _____  Currently participating in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Previously participated in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If no longer receiving CalWORKs cash aid, list date last received _____  <input type="checkbox"/> 50% or more of family income from agricultural work?  <input type="checkbox"/> Family moved during last 24 months to look for or get agricultural work? If yes, list date of last move. _____	<b>Work/School Information</b>  Employer/School Name:  Employer Address:  City: _____ Zip: _____ Phone: _____ OK to call? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Income (before taxes): \$ _____ Other Income: \$ _____/month Other Income Type: <input type="checkbox"/> TANF/Cash Aid <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Workers' Comp <input type="checkbox"/> Foster Care <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI (Disability) <input type="checkbox"/> SSI (Survivor Benefits) <input type="checkbox"/> Other _____  Currently participating in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Previously participated in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If no longer receiving CalWORKs cash aid, list date last received _____  <b>List zip code(s) or cities where you prefer to have child care:</b> _____ _____ _____
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## Tulare County Centralized Eligibility List Applicant Program Preferences

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Please print clearly

Depending on your circumstances, your child may be eligible for one or more types of services. Please select which of the following types of services you are interested in.

- Part Day                       Full Day
- Comprehensive early learning and development program promoting school-readiness - located in a center based environment. 3 – 5 years (*State Preschool and Head Start programs*)
- Comprehensive early learning and development program promoting school-readiness - located in a licensed family child care home education network environment. Birth – 6 years (*Migrant and General Child Care programs*)
- Comprehensive early learning and development program promoting school-readiness – weekly home visit option. Birth – 5 years (*Early Head Start Home Base and Head Start Home Base programs*)
- Child care and development services provided by a licensed family child care home provider. Some providers offer services during non-traditional hours, such as evenings, weekends, and overnight. Birth – 13 years (*Alternative Payment, CalWORKs Stage 2, and CalWORKs Stage 3 programs*)
- Child care services provided by a license-exempt provider. Services may be provided during non-traditional hours, such as evenings, weekends, and overnight. Birth – 13 years (*Alternative Payment, CalWORKs Stage 2, and CalWORKs Stage 3 programs*)