



San Joaquin County Centralized Eligibility List – CEL

Connecting Families with Child Care and Preschool Programs

MAIN APPLICATION

PLEASE PRINT CLEARLY OR TYPE

SECTION I: PARENT/GUARDIAN #1 INFORMATION

- 1) What is your first name? _____ Mr. Mrs. Ms. Miss (circle one)
- 2) What is your last name? _____
- 3) What is your street address or PO Box? _____
(Please include Apartment number if you have one. If giving a PO Box we need your physical address too)
- 4) What city/town do you live in? _____
- 5) What state? _____
- 6) What is your zip code?
- 7) What county do you live in? _____
- 8) What is your day time phone number? - - ext
- 9) What is a second phone number we can reach you at? - - ext
- 10) Do you have an alternate phone number? - - ext
- 11) What is your Email address? _____
- 12) What is the name of your work place? _____
(If you do not work, skip to question #14)
- 13) What is your work phone number? - - ext
- 14) If you are seeking child care services, please list the zip code(s) where you prefer the service to take place?
preference #1 _____ preference #2 _____ preference #3 _____
Selecting zip code(s) helps agencies within the zip code(s) you selected, know that you are seeking services within their area.
- 15) What is the name of your school or training program? _____
(If this does not apply to you, skip to question #16)
- 16) What are your reasons for needing subsidized child care or preschool?
(Please check all that apply. If you are seeking child care, you MUST have at least one reason checked below)
 - Working
 - Attending School/Training Program
 - Medically Incapacitated/Disabled
 - Actively Seeking Employment
 - Homeless – Seeking Permanent Housing
 - Child has an open CPS case or is declared At-Risk by a professional
- 17) If you are seeking 3 to 4 hours a day of educational part day preschool, check box below.
Note: Preschool is for children who are currently 3 or 4 years old or will be 3 or 4 year old for the upcoming school year (Please checkmark this box below if seeking part day preschool)
 Seeking Part-Day (3-4 hours) Educational Preschool Program
- 18) Is there a 2nd Parent or Guardian living in the home? Yes No
(If your answer is No, please skip all of Section II)

SECTION II: PARENT/GUARDIAN #2 INFORMATION

This section is only to be completed for the second parent or guardian that lives in the home and is related by blood, marriage, adoption or is a legal guardian to the child(ren) listed in this application.

- 1) What is parent/guardian #2's first name? _____ Mr. Mrs. Ms. Miss (circle one)
- 2) What is parent/guardian #2's last name? _____
- 3) What is the name of parent/guardian #2's place of work? _____
(If parent/guardian #2 does not work, skip to question #5)
- 4) What is parent/guardian #2's work phone number? - - ext

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- 5) What is the name of parent/guardian #2's school or training program? _____
(If this does not apply, skip to question #6)
- 6) What are the reasons for parent/guardian #2 needing subsidized child care or preschool?
(Please check all that apply. If you are seeking child care, you MUST have at least one reason checked below)
- Working
 Attending School/Training Program
 Medically Incapacitated/Disabled
 Actively Seeking Employment
 Homeless – Seeking Permanent Housing
 Child has an open CPS case or is declared At-Risk by a professional
- 7) If you are seeking 3 to 4 hours a day of educational part day preschool, check box below.
 Note: Preschool is for children who are currently 3 or 4 years old or will be 3 or 4 year old for the upcoming school year (Please checkmark this box below if seeking part day preschool)
- Seeking Part-Day (3-4 hours) Educational Preschool Program

SECTION III: INCOME

1) Complete Income Chart for both parent/guardian #1 and parent/guardian #2 (if living in the same home)

<i>GROSS MONTHLY INCOME (before taxes and deductions)</i>	<i>Parent/ guardian #1</i>	<i>Parent/ guardian #2</i>
Employment salary or wages/self-employment income (before taxes)	\$	\$
Cash Aid (Cal WORKS)	\$	\$
Spousal Support <u>that you receive</u>	\$	\$
Child Support (not TANF) <u>that you receive</u>	\$	\$
Unemployment benefits	\$	\$
Worker's Compensation	\$	\$
Social Security Income (such as, Medicare, disability insurance, survivor's benefits, retirement benefits, or special veteran's benefits)	\$	\$
Other Income (not listed above)	\$	\$
TOTAL INCOME	\$	\$

2) In the last 12 months, did any portion of your family's income come from employment in fishing, agriculture, cannery, nurseries (plants), or any agriculturally related work? Yes No

3) How did you hear about CEL?

- CEL brochure CEL website CEL poster
 Radio Child care/preschool agency Friend or family
 Bus Advertisement San Joaquin County Office of Education Community Event/fair
 Other _____

SECTION IV: CERTIFICATION STATEMENT AND SIGNATURE

I understand this information is needed to determine my eligibility for Child Development Services. I affirm that this information is correct and understand that falsifying information invalidates my eligibility for services. This application expires one year from the date received.

 Signature (I understand that this is NOT Enrollment)

 Date

*Mail completed applications which are the Main application and the Child Information form(s) to:

San Joaquin County Office of Education
 Early Childhood Education/CEL
 PO Box 213030
 Stockton, CA 95213-9030

Questions or assistance: 209-953-2121