MODOC COUNTY PLEASE COMPLETE AND RETURN TO:

Centralized Eligibility List
Application for Subsidized Child Care Services in Modoc County

Mail/Fax or/Drop off: CEL Administrator
Modoc Child Care Resource & Referral
112 E. 2nd Street
Alturas, CA 96101
(530) 233-5437
Fax 233-4744

1. PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian A : ________________________________/ B :_________________________________
Address: ____ Home Phone:_________________
City: ___________________________________ Work Phone A :________________/ B :_________________

What is your relationship to the child/children needing care? ☐ Mother ☐ Father Guardian/Foster Parent ☐
Other: ____

Are you: Employed? Parent A: ☐ Yes ☐ No Gross monthly A : $__________ Parent B: ☐ Yes ☐ No Gross monthly B : $__________

Name of Employer:____________ Zip Code of employer: Parent A: _____________ How many hours per week do you work? ___
Name of Employer: ____________ Zip Code of employer: Parent B: _____________ How many hours per week do you work? ___

In school/training? Parent A: ☐ Yes ☐ No Parent B: ☐ Yes ☐ No
Name of school or program:___________Zip Code of school or program: Parent A : ___________ Currently enrolled in _______units
Name of school or program:___________Zip Code of school or program: Parent B : ___________ Currently enrolled in _______units

Have you received cash aid through the Department of Social Services within the past 24 months? Parent A: ☐ Yes ☐ No Parent B:: ☐ Yes ☐ No
Cash Aid Term Date______________ Diversion Date _____________

Please ☒ if you are:

Parent A:
- ☐ Actively Seeking employment
- ☐ Incapacitated
- ☐ Seeking Permanent Housing
- ☐ Part-day Educational Preschool
- ☐ CalWorks Activities

Parent B:
- ☐ Actively Seeking employment
- ☐ Incapacitated
- ☐ Seeking Permanent Housing
- ☐ Part-day Educational Preschool
- ☐ CalWorks Activities

Family Size___________

Language Preference:
☐ English ☐ Spanish Other (specify) _______ ☐ Is this a CPS/At Risk Referral? ☐ Yes ☐ No _____

2. CHILD INFORMATION (FOR EVERY CHILD LIVING IN YOUR HOUSEHOLD)

	Name		Birth Date	Child Care	Schedule of Care Needed (Please ☒) Full-Time	Part-Time	Evening	Weekend
1.	________________________	**M / F**	____/____/____	☐ **Yes** ☐**No**	☐	☐	☐	☐
2.	________________________	**M / F**	____/____/____	☐ **Yes** ☐**No**	☐	☐	☐	☐
3.	________________________	**M / F**	____/____/____	☐ **Yes** ☐**No**	☐	☐	☐	☐
4.	________________________	**M / F**	____/____/____	☐ **Yes** ☐**No**	☐	☐	☐	☐

Are any of these children currently receiving subsidized child care services (except part-day State Preschool)?

☐ Yes ☐ No If yes, through what program ____

Please ☒ if any of the following apply to any of these children:
☐ Exceptional Needs (has an IEP or IFSP) ☐Limited English Proficient Name of Child ______________

Program / Provider Preference:
____

☐ No preference (your application will be available for openings in all Subsidized Programs).

Parents Signature: **Date:**

The Family meets the eligibility requirements for the following subsidized child care programs:

CAPP CFCC C2AP C3AP CDSS STAGE 1

PLEASE NOTE: *Completion of this application is not a guarantee of services. Your placement on the CEL is based on an eligibility ranking system. Your total gross income and the number of people in your family unit determine your rank number. Families with the lowest rank number will be contacted first when an opening becomes available. Modoc County CEL, does not discriminate on the basis of age, sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, mental or physical disability in determining which families will be served.*

FOR CEL OFFICE USE ONLY:

Date Application Received: ___________________________ Rank: ___________ Family ID#: _______________

Data Entry Completed by: ____ Date: ____________________

File Status

Active Status: ☐ Yes ☐ No Enrolled: ☐ Yes ☐No Exit Date: ______________

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