

Subsidized Child Care Eligibility Application

In Tuolumne County, return completed form to:
Infant/Child Enrichment Services
20993 Niagra River Drive
Sonora, CA 95370
533-0377 Fax: 533-4017



www.icesagency.org

In Mariposa County, return completed form to:
Infant/Child Enrichment Services
PO Box 1898
Mariposa, CA 95338
966-4474 Fax: 742-7028

Complete this application to be placed on a wait list to receive child care payment assistance for families who have low income and a need for child care.

APPLICANT INFORMATION

Name _____ Date of Birth _____ Gender M F
Last First MI

Home Address _____ City _____ Zip _____ +4 _____

Mailing Address _____ City _____ Zip _____ +4 _____
(if different than home address)

Home Phone _____ Cell/Msg _____ Email _____

What is your relationship to the children needing child care? (Circle one)

Mother Father Grandparent Guardian Foster Parent Other _____

Is the second parent to at least one of the children living in the home? Yes No Total # in Family _____

SECOND PARENT INFORMATION (Complete this section ONLY if second parent currently lives in the home)

Name _____ Date of Birth _____ Gender M F
Last First MI

Cell/Msg _____ Email _____

NEED FOR CARE

Why do you need services? (check all that apply)

Applicant: Working School/Training Seeking Employment Medical Incapacitation Homeless CPS*

2nd Parent: Working School/Training Seeking Employment Medical Incapacitation Homeless CPS*

*Referred by Child Protective Services? Yes No

(A CPS Social Worker may refer children who are receiving CPS services and require child care as part of a CPS case plan)

APPLICANT'S EMPLOYMENT INFORMATION

1) Employer Name: _____

Phone/Ext: _____

2) Employer Name: _____

Phone/Ext: _____

2ND PARENT EMPLOYMENT INFORMATION

1) Employer Name: _____

Phone/Ext: _____

2) Employer Name: _____

Phone/Ext: _____

APPLICANT'S SCHOOL/TRAINING INFORMATION

School Name: _____

Total Units this Semester/Quarter: _____

2ND PARENT SCHOOL/TRAINING INFORMATION

School Name: _____

Total Units this Semester/Quarter: _____

OFFICE USE ONLY:

Date of Input: _____ Rank #: _____ Notes: _____

INCOME INFORMATION

Are you currently on Cash Aid? Yes No (if yes, please enter amount rec'd last month in **Other Family Income** below)

Have you ever been on Cash Aid in California? Yes No

If yes, most recent County of Cash Aid _____ Date Cash Aid ended _____

Enter your **gross monthly** income from all sources. Please note that all income will require verification prior to enrollment.

Regular Income	Applicant	2nd Parent
Employment Income	\$	\$
Self-employment	\$	\$
Unemployment	\$	\$
Disability	\$	\$
Child Support Rec'd	\$	\$
Spousal Support Rec'd	\$	\$
Other	\$	\$

Other Family Income	
Cash Aid (children only)	\$
Cash Aid (family)	\$
Foster Care	\$
SSA (child)	\$
SSA (parent)	\$
SSI/SSP (child)	\$
SSI/SSP (parent)	\$

Income Adjustment	Applicant	2nd Parent
Child Support Paid	\$	\$

CHILD(REN) INFORMATION (enter information for each child in the household under age 18)

Name _____ Date of Birth _____ Gender M F
Last First MI

Relationship to applicant: Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Do you need child care? Yes No Name of Child Care Provider: _____

Does your child attend elementary school? Yes No If yes: School: _____ Grade ____

Name _____ Date of Birth _____ Gender M F
Last First MI

Relationship to applicant: Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Do you need child care? Yes No Name of Child Care Provider: _____

Does your child attend elementary school? Yes No If yes: School: _____ Grade ____

Name _____ Date of Birth _____ Gender M F
Last First MI

Relationship to applicant: Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Do you need child care? Yes No Name of Child Care Provider: _____

Does your child attend elementary school? Yes No If yes: School: _____ Grade ____

Name _____ Date of Birth _____ Gender M F
Last First MI

Relationship to applicant: Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Do you need child care? Yes No Name of Child Care Provider: _____

Does your child attend elementary school? Yes No If yes: School: _____ Grade ____

Please read each statement carefully before signing:

- I acknowledge that this is only an application for subsidized child care and does not guarantee that I will receive services.
- I am responsible for child care costs until I am approved and enrolled in the program.
- I authorize ICES to obtain any information from applicable agencies and/or individuals that may affect my eligibility to receive state and/or federal subsidized child care services. I understand the information provided is needed to determine my eligibility for subsidized child care.
- I affirm that the information I provided is correct.

Applicant Signature: _____ Date: _____