

**CONFIDENTIAL APPLICATION FOR
CHILD DEVELOPMENT SERVICES AND
CERTIFICATION OF ELIGIBILITY
CD 9600 Page 1 (REV. 12/99)**

Agency Name: _____ Family
 Identification/Case No.: _____
 Initial Subsidized Service Date: _____
 Type of Application: (Check one) Initial Recertification

Waiting List

SECTION I. FAMILY IDENTIFICATION: If you are a single parent/caretaker, check this box					See Instructions, Section I	
Name of Parent/Caretaker: Full name including middle initial A	SSN - parent A * See instructions, Sec I. A.	Sex	Phone No. (Home)	Phone No. (Work/School)		
Name of Parent/Caretaker: Full name including middle initial B		Sex	Phone No. (Home)	Phone No. (Work/School)		
Street Address	City	State	Zip	FIPS Code		

SECTION II. FAMILY ELIGIBILITY AND REASON FOR NEEDING SERVICE

A. Family Eligibility Status (Check as many as apply - Section II A does not need to be completed for School-Age Parenting and Infant Development (GSAP) applicants or for children served in Severely Handicapped programs-GHAN).

<input type="checkbox"/>	Protective Services (Attach Documentation)	<input type="checkbox"/>	Income Eligible (Attach Documentation)	<input type="checkbox"/>	Homeless (Attach parent's statement)
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B. Reason for Needing Service. Indicate all reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/caretaker listed above or "C" for the child. Attach documentation. (This section does not apply to State Preschool Programs - GPRE)

Parent/ Caretaker Child	Reason for Needing Service	Parent/ Caretaker	Reason for Needing Service	Parent/ Caretaker	Stages I, II, and III Set-Aside CalWORKs recipients only	
	Child referred for protective services because of neglect, abuse, or exploitation, or risk thereof		Education or training		CalWORKS Activities	Date family became ineligible for aid:
	Parent/Caretaker or child incapacitated due to medical (or) psychiatric special needs		Actively seeking employment		Diversion	Date: _____
	Working		Seeking permanent housing	Record date of entry into each stage: Stage 1 _____ Stage 2 _____ Stage 3 _____		

C. Employment /Training Information - Must be completed for each adult listed in Section I above to document need on the basis of employment or training. (Attach Documentation)

Parent Caretaker	Employer/School	Street Address					City	Zip
A								
A								
Days and Working/ Training Hours:	From: To:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Parent/ Caretaker	Employer/School	Street Address					City	Zip
B								
B								
Days and Working/ Training Hours:	From: To:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

SECTION III. FAMILY ADJUSTED GROSS MONTHLY INCOME AND SIZE

A. Family Monthly Income – Family's adjusted monthly income from all sources (Attach verification and documentation) \$ _____ C. Family size (Refer to "Funding Terms and Conditions" for instructions on calculating family size.) _____
 B. Family Income Sources (Check all that apply - Do not count the gray shaded areas in Section III. A. above) **Black shaded boxes for CalWORKs recipients only.**

<input type="checkbox"/>	Employment including self-employment	<input type="checkbox"/>	Other federal cash income programs (such as SSI)
<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Housing voucher or cash assistance
<input type="checkbox"/>	Cash or other assistance under Title IV of the Social Security Act (TANF)	<input type="checkbox"/>	Assistance under the Food Stamps Act of 1977
<input type="checkbox"/>	State-only alien and two-parent programs for CalWORKs recipients	<input type="checkbox"/>	Other

Section III B. is for federal data collection purposes only and does not need to be completed prior to the provision of child care services.

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SECTION IV. DATA ON CHILDREN - List all children residing in the home and counted in the family size

Complete for all children residing in the home			Complete only for children served by your agency				For children enrolled in more than one program or site, use additional lines as needed													
(1) FULL NAME OF CHILD INCLUDING MIDDLE INITIAL	(2) SEX		(3) BIRTH DATE MM/DD/YYYY	(4) SPECIAL NEEDS CODE	(5) ETHNICITY	(6) RACE	(7) NATIVE LANGUAGE		(8) PROGRAM CODE	(9) TYPE OF CARE CODE	(10) HOURS OF CARE PER DAY									
	M	F					Language Code	Is child limited English proficient?			M	T	W	TH	F	SAT	SUN			
											S									
									Provider/Site Name:		V									
											S									
									Provider/Site Name:		V									
											S									
									Provider/Site Name:		V									
											S									
									Provider/Site Name:		V									
											S									
									Provider/Site Name:		V									
											S									
									Provider/Site Name:		V									

SECTION V. CERTIFICATION AND SIGNATURE OF PARENT/CARETAKER

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| <p>1. I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.</p> <p>2. I will notify the agency immediately if there is any change in my income, family size, residence, employment, or reason for needing child development services.</p> <p>3. I understand that the information about my eligibility may be reviewed by representatives of the State of California, the Federal Government, independent auditors, or others as necessary for the administration of the program.</p> <p>4. I understand that if the agency denies this application for services, I have the right to appeal.</p> | <p>5. I understand that I must renew my eligibility at least once per year (at least once every six months for protective services children). I further understand that if I do not renew my eligibility, I will no longer be eligible for subsidized child care services for my child.</p> <p>6. I understand that I will receive a notice of approval or disapproval of my application within 30 days from the date I sign this form.</p> <p>7. I understand that this certification is not complete until all documentation is submitted and this form has been reviewed, signed, and dated by an agency representative and signed and dated by me.</p> |
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SIGNATURE _____	DATE _____
RELATIONSHIP TO CHILD: PARENT GRANDPARENT GUARDIAN FOSTER PARENT OTHER: PLEASE DESCRIBE _____	

SECTION VI. FAMILY FEE (See fee schedule)

Type of Fee	Full Time	Part Time
A. Daily fee (if any)		
B. Hourly fee (if any)		

SECTION VII. For Office Use Only (Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative)

ELIGIBILITY STATUS Accepted Denied	Date Notice of Action Sent (Attach copy)	Date Notice of Action Given (Attach copy)	First date of enrollment	Last date of enrollment
SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE		TITLE	Telephone Number	Date
SIGNATURE OF SUPERVISOR (Optional)		TITLE	Telephone Number	Date