

**CONFIDENTIAL APPLICATION
FOR CHILD DEVELOPMENT
SERVICES AND CERTIFICATION
OF ELIGIBILITY**

Agency Name: _____ _____ <input type="checkbox"/> FRPM Site
Family Identification/Case No.: _____
Initial Subsidized Service Date: _____
Type of Application: (Check One) <input type="checkbox"/> Initial <input type="checkbox"/> Recertification
Pilot Program: (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: State regulations require a formal application and certification for child development services. You will receive written notice of your eligibility no later than 30 days from the date of your signature on this form. This form must be completed by an agency representative in consultation with the family. The agency must verify and certify family eligibility prior to beginning services. **Refer to the attached instructions for the completion of this form.**

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.	Phone no. (cell or home)	Phone no. (work/school)
Name of parent/caretaker (full name, including middle initial) B.	Phone no. (cell or 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.)

- Protective Services
- Programs for the Severely Handicapped
- Current Aid Recipient
- CSPP Only** - Qualified FRPM Resident
- Income Eligible
- Part-Day CSPP Only** - Exceptional Need
- Homeless
- Part-Day CSPP Only** - Over-Income

B. Reason for Needing Service. Indicate all the reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/caretaker listed above. Attach documentation. (This section does not apply to part-day state preschool programs or programs for severely handicapped.)

Parent/ Caretaker	Reason for Needing Service
	Family is experiencing homelessness
	Parent/caretaker is employed
	Child(ren) is (are) recipient(s) of child protective services, or identified as being abused, neglected, or exploited or at risk thereof
	Parent/caretaker is incapacitated
	Parent/caretaker is enrolled in vocational training or educational program
	Parent/caretaker is seeking employment
	Family is seeking permanent housing

Parent/ Caretaker	Stages 1, 2, and 3 CalWORKs recipients only	
	CalWORKs activities	Date parent became ineligible for aid:
	Diversion	Date: _____
Record date of entry into each stage: Stage 1: _____ Stage 2: _____ Stage 3: _____		
Place checkmark below if applicable <input type="checkbox"/> CSPP Only - No Need Required <input type="checkbox"/> CSPP Only - FRPM Qualified Resident		

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. The family's adjusted monthly income from all sources (Attach verification and documentation.): \$ _____
- B. Family income sources (Check all that apply. Do not count the gray shaded areas below)
Black shaded boxes for CalWORKs recipients only.

NOTE: Section III B is for federal data collection purposes only.

Employment, including self-employment	Other federal cash income programs (such as SSI)
Child support	Housing voucher or cash assistance
Cash or other assistance under Title IV of the Social Security Act (TANF)	Assistance under the Food Stamps Act of 1977
State-only alien and two-parent programs for CalWORKs recipients	Other: _____

- C. Family size (See "Funding Terms and Conditions" for instructions on calculating family size.): _____
- D. Parent(s) currently on active duty (i.e. serving full-time) in the U.S. Military? Yes No
- E. Parent(s) a current member of a National Guard or Military Reserve Unit? Yes No

SECTION IV (A). Data on Children.

List all children residing in the home and counted in the family size.

(1) Full Name of Child Including Middle Initial	(2) Gender (M or F)	(3) Birth Date

SECTION IV (B). Data on Children. Complete only for children served by agency					
(1) Full Name of Child Including Middle Initial	(4) Adjustment Factor Code	(5) Ethnicity	(6) Race	(7) Native Language	
				Language Code	Child is English Learner? (School age ONLY)

SECTION IV (C). Data on Children. Complete only for children served by agency												
(1) Full Name of Child Including Middle Initial	Provider/site Name	(8) Program Code	(9) Type of Care Code	(10) Hours of Care Per Day								
				S	M	T	W	T	F	S	S	
				S								
				V								
				S								
				V								
				S								
				V								
				S								
				V								

SECTION V. Certification and Signature of Parent/Caretaker.

- | | |
|--|--|
| <p>1. I understand that I am self-certifying single parent status under penalty of perjury in Section 1 of this document when the single parent/caretaker box has been checked.
Parent Initials: _____</p> <p>2. 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>3. I understand that if the agency denies this application for services, I have the right to appeal.</p> <p>4. 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>5. I understand that this certification is not complete until all documentation is submitted and this form has been signed and dated by me and reviewed, signed, and dated by an agency representative.</p> <p>6. I certify that my family assets do not exceed \$1,000,000; Child Care and Development Block Grant Act Section 658 p (4)(B).</p> <p>7. I understand that I am certified as eligible to receive services and have met all eligibility and/or need requirements for not less than 12 months, at which point eligibility and/or need requirements shall be recertified.</p> |
|--|--|

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature	Date	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: Please describe
Signature	Date	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: Please describe

Section VI. Family Fee. (Refer to the current CDE Family Fee Schedule.)

Type of Fee	Flat Monthly Fee Rate (See the instructions for Section VI.)	
<input type="checkbox"/> Full-time 130 hours or more per month	Flat Monthly Rate: \$ <input type="text"/>	Specifics:
<input type="checkbox"/> Part-time Under 130 hours per month	Flat Monthly Rate: \$ <input type="text"/>	Specifics:

Section VII. For Office Use Only.

(Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative.)

Eligibility Status: <input type="checkbox"/> Denied <input type="checkbox"/> Approved Site Name:	Date Notice of Action Sent (Attach copy)	Date Notice of Action Given (Attach copy)	First Date of Subsidized Service	Last Date of Enrollment
Signature of Authorized Agency Representative	Title		Telephone number	Date
Signature of Authorized Agency Representative	Title		Telephone number	Date