Application for Preschool and Child Care

Please complete and return the attached application to be include on the eligibility list to:

Department of Child And Family Services
Child Care Resource Referral and Payment Program
(530) 865-1145, (530) 934-6598
Fax: (530) 865-4797

Or return to one of the program sites listed below.

Glenn County Subsidized Child Care Eligibility List

The programs listed below have joined together to make applying for subsidized child care and preschool services easier for families. A centralized listing of all applicants is kept in an internet database that is used by all agencies, saving time and expanding opportunities. Significant precautions have been taken to assure the confidentiality of your information, but no system is perfect. By signing the application (on Page 1) you acknowledge and grant permission for your application to be shared in this way and release agencies involved from wrong doing should security systems be breached.

Please complete the attached application and keep this page for reference.
Please be aware that completing this application DOES NOT guarantee enrollment into the program.

This information will be shared with the following programs in Glenn County:

1) Alternative Payment Program/CalWORKs (0-12 yrs. old)- assistance in paying childcare providers

2) Family Child Care Home Education Network (0-12 yrs. old)- specific licensed family childcare providers

3) Head Start/State PRESCHOOL in Orland, Willows, & Hamilton City (3-5 yrs. old) 8:15 to 2:15

4) Head Start/State PRESCHOOL EXTENDED DAY in Orland & Willows (3-5 yrs. old) 7:30 to 3:00

5) Early Head Start/State INFANT/TODDLER EXTENDED DAY in Willows (8 weeks to 35 mo.) 7:30 to 3:00

6) Early Head Start/State INFANT/TODDLER in Hamilton City (Pregnant Mothers & children age 8 weeks to 35 months old) 8:15 to 3:00

7) Head Start/State TODDLER EXTENDED DAY in Orland (24 mo. to 35 mo.) 7:30 to 3:00

8) Early Head Start PRENATAL and HOME BASED Program in Glenn Co. (Pregnant Mothers & children 0–3)

The Centralize Eligibility List is not responsible for actions or enrollment decisions made by participating preschool child care programs. If a parent has a complaint regarding action taken by CaFS in administering the Centralized Eligibility List, he/she may contact the Family Service Division Manager (530) 865-1145 to request resolution of the complaint. The Family Service division Manager will gather information from the parent and staff to render a written response to the complaint within 10 days. Should the parent believe the complaint continues unresolved, he/she may request a hearing with CaFS Director. During the hearing, the parent will present the complaint and Central Eligibility List staff will present any material facts pertinent to the action. The Director will mail a written decision within 10 days.

If a parent believes the Centralized Eligibility List has failed to comply with State and Federal laws and regulations, or has discriminated against the parent, child or family in any way, they may file a complaint with the Glenn County Superintendent of Schools.

Updated May 2019
Application for the Centralized Eligibility List  
(Incomplete applications can not be accepted)

Family Size: ___________ (list all members on application)  
Today’s Date: __________________

First Parent/Guardian:

Last Name: ___________________________  First Name: ___________________________  Middle Initial: ___________

Gender: ☐ Female  ☐ Male  Date of Birth: ___________________________  Other Names Used: __________________

Are you married and living with spouse: ☐ Yes  ☐ No

Is the second parent to at least one of the children living in the home: ☐ Yes  ☐ No

Street Address: ________________________________________  City: ______________________ Zip Code: _____________

Mailing Address: (If different) ________________________________________    City: ______________________ Zip Code: ____________

Home Phone (              ) _______________________  Cell/Message: (              ) _________________________________

E-mail: ________________________________________________  If it is okay at call Work:(              ) ________________________

Primary Language: ☐ English  ☐ Spanish  ☐ Other: __________________

Second Parent/Guardian in the home responsible for care of the child(ren):

Last Name: ___________________________  First Name: ___________________________  Middle Initial: ___________

Gender: ☐ Female  ☐ Male  Date of Birth: ______________________       Other Names Used: __________________

Cell/Message: (              ) __________________________  If it is okay to call Work: (              ) ________________________

E-mail: __________________________________________________________

Primary Language: ☐ English  ☐ Spanish  ☐ Other: __________________

Services Wanted—Preschool/Home-Base Program/Childcare:

Are you ONLY interested in Preschool Centers or Home-base Program? ☐ Yes  ☐ No

Do you have a NEED for childcare? ☐ No  ☐ Yes  Please indicate by checking all that apply below:

<table>
<thead>
<tr>
<th>1st Parent</th>
<th>2nd Parent</th>
<th>1st Parent</th>
<th>2nd Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ WORKING</td>
<td>☐ SCHOOL/TRAINING</td>
<td>☐ INCAPACITATED</td>
<td>☐ LOOKING FOR WORK</td>
</tr>
<tr>
<td>☐ REFERRER BY PROTECTIVE SERVICES</td>
<td>Because of neglect, abuse, exploitation, or risk thereof?</td>
<td>☐ HOMELESS &amp; SEEKING PERMANENT HOUSING</td>
<td></td>
</tr>
</tbody>
</table>

1st Parent/Guardian Employer/School Name: ___________________________  2nd Parent/Guardian Employer/School Name: ___________________________

Employer/School Zip code: ___________  Employer/School Zip code: ___________

By signing, I declare that the information on both sides is correct and true to the best of my knowledge and I will update the application with any changes in income, address, phone number, employment/training and family size. I understand that, if after 1 year I do not update this application, it will be removed from the Centralized Eligibility List.

Parent/Guardian Signature ___________________________________________________________________ Date ________________

Updated May 2019  Please fill out the back (Income Information and children)
### 1st Parents Schedule

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
<th>Sa</th>
<th>Su</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
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<td></td>
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<tr>
<td>To:</td>
<td></td>
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</tr>
<tr>
<td>Max Hours Worked a week</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If, parent is in school/training hours needed ______

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### 2nd Parents Schedule

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
<th>Sa</th>
<th>Su</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
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<tr>
<td>To:</td>
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</tr>
<tr>
<td>Max Hours Worked a week</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

If, parent is in school/training hours needed ______

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### 1st Parents Monthly Income Information Required:

- Hourly rate paid $ ______
- Monthly Gross Amount $___________
- CalWORKs Cash Aid or TANF $ ___________
- Child Support (or indicate paid out) $ ___________

### 2nd Parents

- Hourly rate paid $ ______
- Monthly Gross Amount $___________
- CalWORKs Cash Aid or TANF $ ___________
- Child Support (or indicate paid out) $ ___________

**Other income:** ___________ (Social Security, Unemployment, Disability, or other)

**Other income amount:** $ ___________

**FAMILY TOTAL GROSS MONTHLY INCOME:** $ __________

If you are currently or have in the past received CASH AID, when was the last date you received it ________________

Is either parent or both parents **Migrant Workers?**

- 1st Parent
- 2nd Parent

**FAMILY ANNUAL INCOME (last 12 months)** $ __________

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### Children’s Information: (List ALL children in this family UNDER age 18 living in the home) Attach extra sheet if necessary

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Gender</th>
<th>Birth Date</th>
<th>Relationship to Parents</th>
<th>Disability/ Special need?</th>
<th>Does Child NEED care?</th>
<th>List Services Wanted for each child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Natural, Guardianship</td>
<td>IEP/IFSP</td>
<td>Yes or No</td>
<td>Services available</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PD = part day</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FD = full day</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PRE = Preschool</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AS = After School</td>
</tr>
</tbody>
</table>

**List Services Wanted for each child**

- Services available
- PD = part day
- FD = full day
- PRE = Preschool
- AS = After School
- EVE = Evening
- WK = Weekend

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Please check your program preference:

- In which CITY would you prefer childcare? ____________________________
- Zip Code ____________________________

- Alternative Payment/CalWORKs (0-12)
- Family child Care Education Network (0-12)
- Hamilton City Infant/Toddler Center (8w-35m)
- Willows Infant/Toddler extended day (8w-35m)
- Early Head Start Prenatal & Home Base Program (0-3)

- Preschool (3-5)
- Preschool extended day (3-5)
- Orland Toddler Center (24m-35m)
- Updated May 2019