Application for Preschool and Child Care

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

QR code: [Barcode Image]

Department of Child and Family Services
(530) 865-1145, (530) 934-6598
Fax: (530) 865-4797
676 E. Walker St. Orland CA 95963

Child Care Resource Referral and Payment Program
(530) 865-1118 or 1-800-394-2818
Fax: (530) 865-1283

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:

HELP PAYING FOR *LICENSED OR NON-LICENSED CHILD CARE PROVIDERS
*Alternative Payment Program/CalWORKs (0-12 yrs. old)
*Family Child Care Home Education Network (0-12 yrs. old) - Specific FCC Enrolled Childcare Providers

CENTERS

Head Start/State PRESCHOOL in Orland, Willows, & Hamilton City (3-5 yrs. old) 8:15 to 2:15
Head Start/State PRESCHOOL EXTENDED DAY in Orland & Willows (3-5 yrs. old) 7:30 to 3:00
Early Head Start/State INFANT/TODDLER EXTENDED DAY in Willows (8 wks. to 35 mo.) 7:30 to 3:00
Early Head Start/State INFANT/TODDLER in Hamilton City (Pregnant Mothers & children age 8 wks. to 35 mo.) 7:45 to 3:15
Early Head Start/State TODDLER EXTENDED DAY in Orland (24 mo. up to 35 mo.) 7:30 to 3:00

EDUCATIONAL HOME VISITS

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 childcare 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 July 2023
Application for the Centralized Eligibility List (Incomplete applications CAN NOT be accepted) pg. 1

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: ______________ City: ___________________ Other Names Used: ___________________

Street Address: ___________________ City: ___________________ Zip Code: ___________ 
Mailing Address: (If different) ___________________ City: ___________________ Zip Code: ___________ 

Home Phone ( ) ___________________ Cell/Message: (If different) ( ) ___________________ 
E-mail: ___________________ If it is okay to call Work: ( ) ___________________

Are you the parent, grandparent or guardian to one or more of the children? □ Yes □ No

Are you married and currently living with your spouse? □ Yes □ No

Is the second parent to at least one of the children living in the home? □ Yes □ No

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: ______________ City: ___________________ Other Names Used: ___________________

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

E-mail: ___________________

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

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

Why do you NEED childcare? Check the boxes for all that apply below:

<table>
<thead>
<tr>
<th>1ST Parent/Guardian</th>
<th>2ND Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ WORKING</td>
<td>□ □ SEEKING EMPLOYMENT</td>
</tr>
<tr>
<td>□ □ SCHOOL/TRAINING</td>
<td>□ □ INCAPACITATED</td>
</tr>
</tbody>
</table>

□ REFERRED BY PROTECTIVE SERVICES (Because of neglect, abuse, exploitation, or risk thereof?)

□ HOMELESS & SEEKING PERMANENT HOUSING

1st Parent/Guardian Employer/School Name: ___________________

Employer/School Zip code: ___________________

2nd Parent/Guardian Employer/School Name: ___________________

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 ________________

Please fill out the back (Income Information and children’s Information)
1st Parents Schedule

<table>
<thead>
<tr>
<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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</table>

Max Hours Worked a week

If, parent is in school/training hours needed __________

Is either parent or both parents Migrant Workers? □ 1st Parent □ 2nd Parent

Monthly Income Information Required:

1st Parents Hourly rate paid $ __________ 2nd Parents Hourly rate paid $ __________

Monthly Gross Amount $ __________

CalWORKs Cash Aid or TANF for Family $ __________

CalWORKs Cash Aid or TANF Child/ren only $ __________

If you are currently or have in the past 24 months received CASH AID list the date you last received it __________

Are you currently receiving CalFRESH (SNAP)? □ YES □ NO

Other income: (Unemployment, Disability, Spousal support, SSA, SSI, Social Security, or other) $ __________

Child Support Received $ __________ or (Paid out) ($ __________)

FAMILY TOTAL GROSS MONTHLY INCOME: $ __________

If, applying for Early/Head Start Center-List your Family Income for the last 12 months $ __________

(From last year’s tax’s or W-2s)

Children’s Information: (IF NEEDED, ATTACH A PAPER OF ADDITIONAL CHILDREN’S INFORMATION)

(List ALL children in this family under the age of 18 living in the home) (Include age 18 that are attending High School)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Gender M or F</th>
<th>Birth Date</th>
<th>Relationship to Parents: Natural, Guardians or Foster</th>
<th>Disability/Special need? (IEP/IFSP)</th>
<th>Yes or No</th>
<th>Does Child NEED care? Yes or No</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td></td>
<td></td>
<td></td>
<td>PD = part day</td>
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<td>FD = full day</td>
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<td>PRE = Preschool</td>
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<td></td>
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<td>AS = After School</td>
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<td>EVE = Evening</td>
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Please check your program preference: ☑

Which CITY would you prefer childcare? (Orland, Willows, Hamilton City, etc.)

*Help paying for Licensed or non-licensed child care

☐ *Alternative Payment & Cal-Works (0-12yrs.) ☐ * Family Child Care Education Network (0-12yrs.)

Center Child Care

☐ Hamilton City Infant/Toddler Center (8w-35m) ☐ Preschool part day (3-5yrs.) Orland, Willows & Hamilton

☐ Willows Infant/Toddler extended day (8w-35m) ☐ Preschool full day (3-5yrs.) Orland & Willows

☐ Orland Toddler Center (24m-35m)

Educational Home Visits ☐ Early Head Start Prenatal & Home Base Program (Prenatal, newborn to age 3yrs.)