



GLENN COUNTY
OFFICE of EDUCATION

Application for Preschool and Child Care

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



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

QR code:



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

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: _____ 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

Primary Language: English Spanish Other: _____

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:() _____

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: _____

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:**

1 ST	2 ND Parent/Guardian	1 st	2 nd Parent/Guardian
<input type="checkbox"/>	<input type="checkbox"/> WORKING	<input type="checkbox"/>	<input type="checkbox"/> SEEKING EMPLOYMENT
<input type="checkbox"/>	<input type="checkbox"/> SCHOOL/TRAINING	<input type="checkbox"/>	<input type="checkbox"/> INCAPACITATED
<input type="checkbox"/> REFERRED BY PROTECTIVE SERVICES (Because of neglect, abuse, exploitation, or risk thereof?)			
<input type="checkbox"/> HOMELESS & SEEKING PERMANENT HOUSING			

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 _____

Please fill out the back (Income Information and children's Information)



1st Parents Schedule

	M	T	W	Th	F	Sa	Su
From:							
To:							
Max Hours Worked a week							
If, parent is in <u>school/training</u> hours needed _____							

2nd Parents Schedule

	M	T	W	Th	F	Sa	Su
From:							
To:							
Max Hours Worked a week							
If, parent is in <u>school/training</u> hours needed _____							

Monthly Income Information Required:

1st Parents Hourly rate paid \$ _____

2nd Parents Hourly rate paid \$ _____

Monthly Gross Amount \$ _____

Monthly Gross Amount \$ _____

CalWORKs Cash Aid or TANF for Family \$ _____

CalWORKs Cash Aid or TANF Child/ren only \$ _____

Child Support Received \$ _____ or (Paid out) (\$ _____)

Other income: (Unemployment, Disability, Spousal support, SSA, SSI, Social Security, or other) \$ _____ 1st/ 2nd Parent

FAMILY TOTAL GROSS MONTHLY INCOME: \$ _____

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

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

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

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)

	Last Name	First Name	Middle Initial	Gender M or F	Birth Date	Relationship to Parents: <u>Natural, Guardians or Foster</u>	Disability/Special need? (IEP/IFSP) Yes or No	Does Child NEED care? Yes or No	Options	List Services Wanted for each child
1									PD = part day	
2									FD = full day	
3									PRE = Preschool	
4									AS=After School	
5									EVE = Evening	
									WK =Weekend	

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.)