

Subsidized Child Care Eligibility Application

In Tuolumne County, return completed form to:
Infant/Child Enrichment Services
20993 Niagara River Drive
Sonora, CA 95370
209.533.0377 f: 209.533.4017



www.icesagency.org

In Mariposa County, return completed form to:
Infant/Child Enrichment Services
PO Box 1898
Mariposa, CA 95338
209.966.4474 f: 209.742.7028

Complete this application to be placed on a wait list to receive child care payment assistance for families who have low income and a need for child care.

APPLICANT INFORMATION

Name _____ Date of Birth _____ Gender M F
Last First MI

Home Address _____ City _____ Zip _____ +4 _____

Mailing Address _____ City _____ Zip _____ +4 _____
(if different than home address)

Home Phone _____ Cell/Msg _____ Email _____

What is your relationship to the children needing child care? (Circle one)

Mother Father Grandparent Guardian Foster Parent Other _____

Is the second parent to at least one of the children living in the home? Yes No Total # in Family _____

SECOND PARENT INFORMATION (Complete this section ONLY if second parent currently lives in the home)

Name _____ Date of Birth _____ Gender M F
Last First MI

Cell/Msg _____ Email _____

NEED FOR CARE

Why do you need services? (check all that apply)

Applicant: Working School/Training Seeking Employment Medical Incapacitation Homeless CPS*

2nd Parent: Working School/Training Seeking Employment Medical Incapacitation Homeless CPS*

*Referred by Child Protective Services? Yes No

Foster Bridge Family? Yes No

(A CPS Social Worker may refer children who are receiving CPS services and require child care as part of a CPS case plan)

APPLICANT'S EMPLOYMENT INFORMATION

1) Employer Name: _____

Phone/Ext: _____

2) Employer Name: _____

Phone/Ext: _____

2ND PARENT EMPLOYMENT INFORMATION

1) Employer Name: _____

Phone/Ext: _____

2) Employer Name: _____

Phone/Ext: _____

APPLICANT'S SCHOOL/TRAINING INFORMATION

School Name: _____

Total Units this Semester/Quarter: _____

2ND PARENT SCHOOL/TRAINING INFORMATION

School Name: _____

Total Units this Semester/Quarter: _____

OFFICE USE ONLY:

Date of Input: _____ Rank #: _____ Notes: _____

INCOME INFORMATION

Are you currently on Cash Aid? Yes No (if yes, please enter amount rec'd last month in **Other Family Income** below)

Have you ever been on Cash Aid in California? Yes No

If yes, most recent County of Cash Aid _____ Date Cash Aid ended _____

Enter your **gross monthly** income from all sources. Please note that all income will require verification prior to enrollment.

Regular Income	Applicant	2nd Parent
Employment Income	\$	\$
Self-employment	\$	\$
Unemployment	\$	\$
Disability	\$	\$
Child Support Rec'd	\$	\$
Spousal Support Rec'd	\$	\$
Other	\$	\$

Other Family Income	
Cash Aid (children only)	\$
Cash Aid (family)	\$
Foster Care	\$
SSA (child)	\$
SSA (parent)	\$
SSI/SSP (child)	\$
SSI/SSP (parent)	\$

Income Adjustment	Applicant	2nd Parent
Child Support Paid	\$	\$

CHILD(REN) INFORMATION (enter information for each child in the household under age 18)

Name _____ Date of Birth _____ Gender M F
Last First MI

Relationship to applicant: Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Do you need child care? Yes No Name of Child Care Provider: _____

Does your child attend elementary school? Yes No If yes: School: _____ Grade ____

Name _____ Date of Birth _____ Gender M F
Last First MI

Relationship to applicant: Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Do you need child care? Yes No Name of Child Care Provider: _____

Does your child attend elementary school? Yes No If yes: School: _____ Grade ____

Name _____ Date of Birth _____ Gender M F
Last First MI

Relationship to applicant: Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Do you need child care? Yes No Name of Child Care Provider: _____

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Name _____ Date of Birth _____ Gender M F
Last First MI

Relationship to applicant: Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Do you need child care? Yes No Name of Child Care Provider: _____

Does your child attend elementary school? Yes No If yes: School: _____ Grade ____

Please read each statement carefully before signing:

- I acknowledge that this is only an application for subsidized child care and does not guarantee that I will receive services.
- I am responsible for child care costs until I am approved and enrolled in the program.
- I authorize ICES to obtain any information from applicable agencies and/or individuals that may affect my eligibility to receive state and/or federal subsidized child care services. I understand the information provided is needed to determine my eligibility for subsidized child care.
- I affirm that the information I provided is correct.

Applicant Signature: _____ Date: _____