



Infant/Child Enrichment Services
Child Care Subsidy Application

PLEASE PRINT CLEARLY:

Applicant First Name MI Last Name Date of Birth
Co-Applicant* First Name MI Last Name Date of Birth

* Co-Applicant = spouse, biological parent, adoptive parent, step or foster parent, caretaker relative, legal guardian, domestic partner.

Phone Number(s) E-Mail Address
Home Address City Zip Code
Mailing Address (if different than home) City Zip Code

Children: (list all children in the household under age 18 whether they need child care or not)
If you have a child over the age of 13 who has special needs, check here. ____

Last Name First Name MI Date of Birth Gender M F
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Does your child attend elementary school? Yes No If yes: School: Grade
Does this child need child care? Yes No Need Referrals: Yes No
Name of child care provider, if you already have one:
Your child care providers relationship to your child, if any:

Last Name First Name MI Date of Birth Gender M F
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Does your child attend elementary school? Yes No If yes: School: Grade
Does this child need child care? Yes No Need Referrals: Yes No
Name of child care provider, if you already have one:
Your child care providers relationship to your child, if any:

Last Name First Name MI Date of Birth Gender M F
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Does your child attend elementary school? Yes No If yes: School: Grade
Does this child need child care? Yes No Need Referrals: Yes No
Name of child care provider, if you already have one:
Your child care providers relationship to your child, if any:

See next page to add more children. Total family size: ____

Office Use Only: Date Received: Rank: Letter sent Document Request sent

Applicant Name: _____

Children: (enter information for each child in the household under age 18 whether they need child care or not)

Last Name First Name MI Date of Birth Gender M F
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Does your child attend elementary school? Yes No If yes: School: _____ Grade ____
Does this child need child care? Yes No Need Referrals: Yes No
Name of child care provider, if you already have one: _____
Your child care providers relationship to your child, if any: _____

Last Name First Name MI Date of Birth Gender M F
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Does your child attend elementary school? Yes No If yes: School: _____ Grade ____
Does this child need child care? Yes No Need Referrals: Yes No
Name of child care provider, if you already have one: _____
Your child care providers relationship to your child, if any: _____

Last Name First Name MI Date of Birth Gender M F
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Does your child attend elementary school? Yes No If yes: School: _____ Grade ____
Does this child need child care? Yes No Need Referrals: Yes No
Name of child care provider, if you already have one: _____
Your child care providers relationship to your child, if any: _____

Last Name First Name MI Date of Birth Gender M F
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Does your child attend elementary school? Yes No If yes: School: _____ Grade ____
Does this child need child care? Yes No Need Referrals: Yes No
Name of child care provider, if you already have one: _____
Your child care providers relationship to your child, if any: _____

Last Name First Name MI Date of Birth Gender M F
Relationship to applicant: Natural Adoptive/Stepchild Foster Guardianship Grandchild
Does your child attend elementary school? Yes No If yes: School: _____ Grade ____
Does this child need child care? Yes No Need Referrals: Yes No
Name of child care provider, if you already have one: _____
Your child care providers relationship to your child, if any: _____

Applicant Name: _____

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

Applicant:

Co-Applicant:

- Working
- Self-Employed
- Seeking Employment
- Vocational School/Training
- GED/HSE/Diploma
- English as a Second Language
- Accredited/Unit-bearing Classes
- Training for a Trade/Profession
- Job-training through EDD
- Online Classes
- Homeless
- Seeking Permanent Housing
- Medical Incapacitation

- Working
- Self-Employed
- Seeking Employment
- Vocational School/Training
- GED/HSE/Diploma
- English as a Second Language
- Accredited/Unit-bearing Classes
- Training for a Trade/Profession
- Job-training through EDD
- Online Classes
- Homeless
- Seeking Permanent Housing
- Medical Incapacitation

Referral:

Referral:

- Foster Bridge Family
- CPS Referral
- At-risk

- Foster Bridge Family
- CPS Referral
- At-risk

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

Other information regarding your need for child care subsidy: _____

Applicant Name: _____

Income Information

Are you currently on Cash Aid? Yes No (if yes, please enter amount currently received in Other Family Income below)

Have you been on Cash Aid in the last two years (24 months)? Yes No

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

If you are currently receiving Cash Aid or have received it in the past two years (24 months), please submit a Passport to Services along with this application (be sure it shows the last month you received Cash Aid.)

Does your income fluctuate/vary from month to month or seasonally? Applicant: Yes No
 Co-Applicant: Yes No

Enter your **gross monthly income from all sources (see below for a list of income sources that require disclosure)**. Please note that all income will require verification prior to enrollment.

Regular Income	Applicant	Co-Applicant
Employment Income	\$	\$
Self-employment	\$	\$
Unemployment	\$	\$
Disability	\$	\$
Child Support You Receive	\$	\$
Spousal Support You receive	\$	\$
Income from other sources*	\$	\$
	\$	\$

Other Family Income	
Cash Aid (child(ren) only)	\$
Cash Aid (family)	\$
Foster Care Grant	\$
Guardianship Grant/Support	\$
SSA (child)	\$
SSA (parent)	\$
SSI/SSP (child)	\$
SSI/SSP (parent)	\$

Income Adjustment	Applicant	2nd Parent
Child Support You Pay	\$	\$

**Seasonal work; Inheritance; lottery winnings; rental income; worker’s compensation; survivor benefits; dividends; interest on bonds; income from estates or trusts; pensions or annuities; allowance for housing or automobiles provided as part of compensation; grants or scholarships not identified for educational purposes (such as tuition, books, or supplies); insurance or court settlements for lost wages or punitive damages; net proceeds from the sale of real property, stocks, or inherited property; other enterprise for gain (such as Mary Kay, Avon, etc.), such must be disclosed as income and backed up by documentation.*

Please read and initial the following carefully before signing:

- _____ I acknowledge that my submitting this application does not guarantee that I will receive services.
- _____ I will not receive any assistance paying for child care until I am 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 and complete.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Return application to:

Tuolumne County ICES:
 20993 Niagara River Drive, Sonora, CA 95370
 Phone: 209-533-0377 Fax: 209-533-4017
 Email: info@icesagency.org

Mariposa County ICES:
 5067 Jones Street/PO Box 1898, Mariposa, CA 95338
 Phone: 209-966-4474 Fax: 209-742-7028
 Email: ices@sti.net